

HCS Emergency Financial Assistance (EFA) Client Disclosures and Authorizations

Authorization of Representation/Release of Information/Consent for Services/CAREWare

My signature authorizes HCS to release information (including HIV status and other protected health information) to housing and service providers operating within the HOPWA Housing System, Ryan White Services System, and DCDOH. This authorization may be revoked in writing. Revocations may be sent to HCS, Attn: EFA Program Manager, 2410 17th Street, NW Suite 100, Washington, DC 20009.

I understand that HCS will evaluate my application to determine eligibility for services available under the Emergency Financial Assistance Program Standards for the District of Columbia Eligible Metropolitan Area (EMA). HCS may need to speak with me or other parties to verify information contained within the submitted application. My signature confirms my consent for HCS to conduct activities necessary to fully evaluate my financial assistance application. I also understand that HCS, upon review of my financial assistance application, may request that I meet with a housing counselor to discuss my housing stability or to discuss concerns regarding the circumstances of my financial assistance request.

My signature confirms that to the best of my knowledge and belief, the information contained within my application for financial assistance is true, complete, and accurate. I understand that if I have provided any false information within the application or during the application process, it may result in the denial of my application and may result in further investigation involving any intention to misuse government funds.

My signature also confirms that I also understand that information I provide during the application process may be entered into CAREWare, which is an electronic health and social support services information system for Ryan White HIV/AIDS Program grant recipients and their providers. I understand that HCS staff may need to speak with me to collect additional information about my household for entry into CAREWare. I understand that failure to provide information requested by HCS for CAREWare may be grounds for the denial and closure of my application for housing assistance.

_____ **(Initials) I have read and understood the Authorization of Representation/Release of Information/Consent for Services/CAREWare.**

Housing Counseling Services Client Rights and Responsibilities

Housing Counseling Services, Inc. supports the rights of the client to express their concerns and opinions, actions and choices, and strives to ensure that each client is given respect, consideration, privacy and encouraged to participate in the development of their housing plans to achieve their housing, financial, and/or educational goals. These rights include the following:

- The right to services, regardless of race, ethnicity, language, religious belief, sexual orientation, gender, age, marital status, health status, disability, and source of income.
- The right to services delivered in a culturally competent manner.
- The right to services without the threat of physical, sexual, psychological, and fiduciary harassment/abuse.
- The right to information about the organization, its funders, and its services.
- The right to access services easily and in a timely manner.
- The right to be informed of available services/resources (ex. legal, financial, and mental health services) to address their current/future housing related needs.
- The right to have the confidentiality of their client files maintained. Only where compelling ethical, moral or legal reasons (ex. child protection legislation) will information be shared.
- The right to freely file a grievance, complaint, or appeal without retaliation Housing Counseling Services' clients have the following responsibilities in accessing services.
- The responsibility to treat HCS staff, volunteers, and other HCS clients with dignity and respect.
- The responsibility to provide HCS staff with true and accurate information to ensure that the best possible service is provided.
- The responsibility to assist in the development and participation in an agreed-upon service/housing plan to address their housing related need(s).
- The responsibility to keep their scheduled appointments and to ensure prompt arrival. Clients should also provide timely notification of an appointment cancellation.
- The responsibility to inform HCS of any changes in their contact information (name, address, phone, etc).
- The responsibility to report any concerns about the delivery of HCS services, possible fraud or abuse.

_____ (Initials) I have read and understood the HCS Client Rights and Responsibilities Statement.

Housing Counseling Services Client Grievance Procedures

The following procedures have been established to address client grievances with Housing Counseling Services (HCS) staff, policies, or procedures. This document is provided to any client requesting it.

1. If a client feels that HCS staff, procedures, or policies have prevented them from accessing services in a positive manner, they will be notified of these grievance procedures.
2. HCS staff working with the grieving party shall provide the full name, phone number, email address, and address of their direct supervisor. The client will be asked to contact that supervisor to discuss their concerns to seek an acceptable redress of their concerns.
3. The supervisor will respond to the client's concern directly, either in writing, in person, or through direct telephone conversation.

4. If the grieving party still feels that the concern is not being addressed satisfactorily, the supervisor will provide the full name, email address and address of the Executive Director or Deputy Director (in the absence of the ED).
5. The grieving party will be asked to write a letter outlining their grievance or concern and present it directly to the Executive Director or Deputy Director.
6. The Executive Director or Deputy Director will offer to meet with the original staff member, supervisor, and client to discuss the grievance and attempt to resolve any concerns.
7. After the meeting, the Executive Director or Deputy Director will write a letter responding to the written letter and/or issues outlined in the meeting.
8. If the grieving party still feels that their concern is not being addressed satisfactorily, the Executive Director will provide the full name and mailing address of the President of the Board of Directors.
9. The grieving party will be asked to forward a copy of their original written grievance, the HCS written response, and provide any additional information.
10. The President of the HCS Board of Directors will review the written request for a grievance hearing. The Board will directly hear grievances only as they concern HCS policy or complaints against the HCS Management. Other complaints will be referred to the Executive Director with recommendations for action.

_____ (Initials) I have read and understood the HCS Client Grievance Policy, and I understand the procedure for initiating the grievance process.

EFA Food Voucher Statement

I understand that I am applying for the Ryan White Emergency Financial Assistance (EFA) food voucher. If approved I acknowledge that this voucher is intended for personal expenses related to my well-being and shall not be used to purchase alcohol, tobacco products, lottery tickets, or non-food items. Furthermore, I will not bargain, trade, nor exchange this card for other monetary value, products, and or services.

_____ (Initials) I have read and understood the EFA Food Voucher Agreement Statement.

DCEMA CAREWARE Centralized Eligibility System Release of Information

Housing Counseling Services (HCS) is a Ryan White Program service provider for the D.C. Department of Health. As a service provider, utilizing the CAREWARE system, HCS participates in the D.C. Eligible Metropolitan Area (EMA) Centralized Eligibility System (CES) in which Ryan White service providers in the D.C. metropolitan region can share client eligibility information and documents to help streamline the Ryan White eligibility determination process. The CAREWARE system is a computer software program specifically developed to help collect information and coordinate services for people living with specific health conditions.

Your signature gives HCS authorization to share with other providers in D.C. Eligible Metropolitan Area (EMA) Centralized Eligibility System information and documentation you have submitted to HCS to verify your eligibility for Ryan White services, utilizing the CAREWARE

system, including health status documentation, income documentation, residency documentation, and insurance documentation.

Your authorization for utilizing your eligibility information/documentation submitted with this application for Ryan White EFA services will expire five years from the date of your signature. You may revoke this authorization at any time by submitting a revocation request to HCS to the attention of the Program Manager for the EFA Program. Furthermore, you understand that this Release of Information only applies to HCS and not to other providers within the EMA Centralized Eligibility System. Information disclosed as a result of this Release of Information may be re-disclosed by other providers within the EMA Centralized Eligibility System and may no longer be protected by local, state, or federal privacy laws. Your decision not to give HCS authorization to share your eligibility information/documentation with other providers through the D.C. Eligible Metropolitan Area Centralized Eligibility System will not impact your ability to receive assistance through the Emergency Financial Assistance Program. The expiration of this disclosure statement expires 365 days from the date of the customer's signature.

_____ **(Yes or No) I authorize HCS to share my Ryan White eligibility information/documentation with providers in the D.C. Eligible Metropolitan Area (EMA) Centralized Eligibility System.**

Disclosure/Authorization to Obtain Information Statement

I understand that Housing Counseling Services, Inc. (HCS) may need to contact individuals and/or agencies (including but not limited to landlords/property management companies, mortgage companies, utility companies, telephone companies, employers, government agencies, medical/support service providers, pharmacies, and attorneys) to acquire information and verify eligibility for its programs and to maintain contact with me. My signature below serves as my consent for HCS to contact individuals, businesses, and/or service provider(s) necessary to document my eligibility and my need.

Further, as a participant in a program funded by the local and federal government, I understand that annual audits will be conducted to verify HCS' compliance with local and federal regulations. My signature below also authorizes HCS to allow the review of my personal program file, including all verifications and documentation, by the HCS Organizational Auditor or Funding Agency Compliance Auditor/Monitor. All Auditors/Monitors are prohibited from disclosing any personal client information to any source. This authorization will remain in effect as long as an Organizational Auditor or Compliance Auditor/Monitor determines that the review of client files is necessary to complete federally mandated audits, reviews and report(s).

_____ **(Initials) I have read and understood the Disclosure/Authorization to Obtain Information Statement.**

Applicant Name (Printed)

Applicant Signature

Date