



Part 3 - Client/Agency Responsibility Checklist

Name _____ SSN _____

My signature indicates the following items have been discussed with me to my satisfaction and any questions have been answered.

THORMINC Organizational Payee Services (Agency) rules have been explained to me.

Services are made available to clients without regard to race, religion, creed, or origin.

The Agency's expectations of me have been explained:

A client is expected to provide truthful, accurate information to the best of his/her knowledge. The client needs to notify the agency when changes occur in health, living conditions, or employment and income.

My rights and responsibilities as a client have been explained:

A client has the right to confidential treatment of information provided to any Agency staff member. The client's responsibility is to provide adequate, accurate information so that the agency will provide efficient service to meet client needs.

Hours of service availability have been explained to me:

Agency hours are Monday – Thursday, 10:00a.m. - 4:00p.m.

Services are not available after 5:00p.m., on weekends, or scheduled holidays.

In office conferences are done by appointment.

The Grievance procedure to follow when a violation of a client's rights has occurred has been explained.

Stage 1: Within 30 days of incident of complaint, there should be an informal discussion with the service staff directly involved.

Stage 2: Within 14 days of stage 1 A written complaint should be submitted to family services, Attention: Director of financial management representative payee program. A response from the program director will be given within 14 working days of complaint.

Stage 3: A formal appeal to family services addressed to executive director must be filed within 14 days of completing stage 2. The executive director will give a response within 14 days.

I agree to release any information from family services, Inc. to any agency who is acting in an advocacy role to work for the benefit of my finances. I agree to have all sources of income and bills directed to family services, Inc.

Client Signature: _____

Date: _____