

Case Management Training Manual

Case Management has taken on different meanings and connotations over time.

For Community Action Partnerships, working under the Community Service Block Grant (CSBG), self-sufficiency case management means that a client becomes a taxpayer instead of a tax user, totally self-sufficient without further need of any type of public assistance.

For Case Managers who must use the Results Oriented Management and Assistance (ROMA) program (required under CSBG), a global look at case management, includes:

Assessing the client and family situation

Creating a case plan with the client

Linking the client to needed resources

Coordinating those resources

Monitoring the results &

Helping the client to become involved in the community

Using a number of resources, the Case Manager forms a partnership with the client to enable the low-income client and family to become self-sufficient.



Planning - Mutually Developed

The purpose of planning is to develop an individualized self-sufficiency map that reflects help needed to overcome the client's barriers to self-sufficiency.

This plan should be mutually developed by the client and the case manager to promote client ownership, active participation and involvement. It should reflect self-identified goals, and the resources to meet those goals, such as bus passes for transportation, day care for children while client works and attends classes, housing and others.

Planning should be structured for short-term goals so the client can experience immediate success, as well as long-term goals for self-sufficiency.

Sample Questions:

Where do you want to be in five years?

What do you think it will take to get there?

What is stopping you from reaching that long-term goal?

Would you be willing to both work and attend classes for awhile?

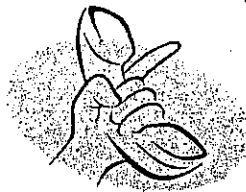
Would you be willing to sign a contract with me as a commitment to finish?

The self-sufficiency plan* is a viable document that will change as the client's circumstances change. It may be that a client wanted to be a Licensed Practical Nurse, but then, as horizons widened, decided to continue to Registered Nurse.



*See Forms

Follow-Up



There should be frequent and regular follow-ups with the client, particularly at the beginning.

Case managers want to be sure the client is on top of things, to make referrals if necessary, and make sure the support systems are in place and working for the client.

Questions to ask:

How do your children like day care?

How are you getting to work and school? Do you need bus passes?

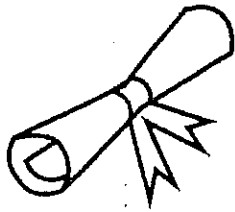
How is school?

Are you doing something in your community? PTA? Church? Civic Group?

Would you like to open a savings account for a house, car or more education?
CAA can match your money.

Any other problems?

If you think the client may want to quit the program, you need to find out if there is a particular barrier keeping him/her from continuing. Sometimes, the client doesn't really want to talk to you because of embarrassment, frustration or hostility. Reinforce that you and others care, and refer to success obtained to date.



Saying Goodbye

One of the most difficult actions for both case managers and clients is saying "goodbye".

Case management promotes bonding with the client, and, therefore, it becomes difficult to let go.

Once a client has reached self-sufficiency, meaning he/she no longer needs public assistance to support the household, the case manager should declare the client self-sufficient. Giving the client a self-sufficiency certificate, or holding a graduation ceremony makes this action easier for both client and case manager. It also is creating a role model for the children who should be present when the client is declared self-sufficient.

When the client has reached the wonderful accomplishment of self-sufficiency, the case manager's notes should summarize the case from the beginning, list steps taken to assist, and a date of termination with information about the new job and how much client is now earning.

Case managers may call the graduate every once in awhile to make sure the client has maintained self-sufficiency and is contributing to the community in some way, even if it is taking a neighbor shopping. However, if the case manager has done the job well, the client will not only be self-sufficient, but growing every day!

Forms

**BROWARD COUNTY COMMUNITY ACTION AGENCY
FAMILY SELF-SUFFICIENCY PROGRAM APPLICATION**

Name: _____ Date: _____

Address: _____ Home Phone: _____
Street Apt.

_____ Work Phone: _____
City State Zip

Messages: _____

PLEASE LIST ALL HOUSEHOLD MEMBERS INCLUDING APPLICANT

<u>NAME</u>	<u>DOB</u>	<u>SOC. SEC.</u>	<u>SEX</u>	<u>RELATION</u>	<u>ETHNICITY</u>	<u>EDUCATION</u>	<u>EMPLOYMENT</u>	<u>FS</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Marital Status: Married () Single () Divorced () Widow(er) () Separated () Cohabiting ()

Housing Status: Rent () Own () Public () Homeless () Other ()

Housing Type: Apt () House () Mobile Home () Homeless () Other ()

Transportation: Public () Own () Others ()

Family Type: Single Parent - Female () Single Parent - Male () Two Parent () Single () Two Adults ()

Language: English () Spanish () Haitian Creole () Other ()

HOUSEHOLD EXPENSES (MONTHLY):

Rent/Mortgage _____	Transportation _____
Electric _____	Insurance _____
Gas _____	Medical _____
Water _____	Other _____
Food _____	

PLEASE LIST THE INFORMATION OF ALL HOUSEHOLD MEMBERS

EARNED INCOME:

Gross Pay : _____ Weekly () Bi-Weekly () Monthly () Yearly ()
Gross Pay : _____ Weekly () Bi-Weekly () Monthly () Yearly ()

UNEARNED INCOME (MONTHLY):

AFDC	_____	SSI	_____
Child Support	_____	Social Security	_____
Unemployment	_____	Veteran's	_____
Workers' Comp.	_____	Pension	_____
Other	_____		

BARRIERS TO SELF-SUFFICIENCY:

Employment	_____	Health	_____
Education	_____	Housing	_____
Transportation	_____	Legal	_____
Day Care	_____	Life Management Skills	_____

Comments: _____

Client's Signature

Date

Date (Recertification)

Broward County Community Action Agency

SELF-SUFFICIENCY PLAN

GOAL: (long range) _____

BARRIERS: ___ Housing ___ Education ___ Child Care
 ___ Transportation ___ Employment ___ Health
 ___ Legal ___ Other _____

OBJECTIVE 1. (short-term) _____

OBJECTIVE 2. (short-term) _____

ACTIVITIES FOR:	Completion Time Frame	Person Responsible
OBJ # _____	_____	_____
OBJ # _____	_____	_____
OBJ # _____	_____	_____
OBJ # _____	_____	_____

Objective 3: Maintain at a minimum, monthly contact with my case manager. I verify that I participated in the development of this plan and agree to the terms it sets forth. I fully understand that should I fail to comply with the provisions in this plan, I can be terminated from case management and any additional assistance.

Client

Case Manager

Date

Date

THE TENNESSEN WARNING NOTICE

Minnesota Statutes, section 13.04, subdivision 2

<p>The notice must be given when:</p>	<ul style="list-style-type: none"> • An individual • Is asked to supply • Private or confidential data • Concerning self <p><i>All four conditions must be present to trigger the notice requirement</i></p>
<p>The notice does <i>not</i> need to be given when:</p>	<ul style="list-style-type: none"> • The data subject is not an individual; • The subject offers information that has not been requested by the entity; • The information requested from the subject is about someone else; • The entity requests or receives information about the subject from someone else, or • The information requested from the subject is public data about that subject.
<p>Statements must be included that inform the individual:</p>	<ul style="list-style-type: none"> • Why the data are being collected from the individual and how the entity intends to use the data; • Whether the individual may refuse or is legally required to supply the data; • Any consequences to the individual of either supplying or refusing to supply the data; and • The identity of other persons or entities authorized by law to receive the data.
<p>Consequences of giving the notice are:</p>	<p>Private or confidential data on individuals may be collected, stored, used and released as described in the notice without liability to the entity.</p>
<p>Consequences of giving an incomplete notice, or <i>not</i> giving the notice at all, are:</p>	<p>Private or confidential data on individuals cannot be collected, stored, used or released for any purposes other than those stated in the notice unless:</p> <ul style="list-style-type: none"> • The individual subject of the data gives informed consent; • The Commissioner of Administration gives approval; or • A state or federal law subsequently authorizes or requires the new use or release.

DHS Disclaimer:

The sample form which follows does not constitute legal advice or counsel in any way. This language is provided merely as an example, to aid agencies in developing their own policies.

SAMPLE

Your Privacy Rights

You have rights under the Minnesota Government Data Practices Act. This Act protects your privacy, but also lets us give information about you to others if a law requires it AND we tell you before we do it.

- We are asking you for this information so we can:
 - ◇ Tell you from other persons by the same or similar name
 - ◇ Decide if you can receive services from us and what or how much you can get
 - ◇ Report to the government so we can continue to provide these services.
- Generally, you are not required to give us the information. However, if you do not give us the information, we may not be able to determine whether we can help you.
- The law allows us to share your information with staff from the Minnesota Department of Human Services, the United States Department of Agriculture (USDA), and others who may need to view your information in order to do their jobs.
- You have the right to copies of information we have about you. If you do not understand the information, you may have it explained to you. If you do not think the information is accurate or complete, you may object in writing to the food shelf director. For more information on how to do this, ask the staff person working with you.

Signature

Date

When to get a signed release form

A **consent form** or **authorization to release information form** states that an individual will let us share protected information about them with others.

In your job, you might also hear the release form referred to as:

- A written authorization
- Consent
- Informed consent
- A consent to release information
- Other similar names

Generally, we must get a signed release form from our clients and other individuals from whom we collect information before we can share that information with others.

The release form must:

- Identify the specific information to be shared.
- Identify with whom the information may be shared.
- Indicate how long it will be in effect.
- Indicate that permission for release can be withdrawn at any time by the individual when they request it in writing.

You should not release protected information if the release form you receive from someone does not contain all of these elements.

DHS Disclaimer:

The sample form which follows does not constitute legal advice or counsel in any way. This language is provided merely as an example, to aid agencies in developing their own policies.

SAMPLE

Release of Information

You have rights under the Minnesota Government Data Practices Act. This Act protects your privacy, but also lets us give information about you to others listed on this form IF you agree.

I authorize _____ (agency) to release and/or obtain the following information (please check boxes to release specific information):

- My name, address and phone number
- Other (must be listed): _____
- _____

I understand that the information may be given to or obtained from the following persons or agencies (must be written in before you sign):

- _____
- _____
- Others _____

This information will be used in order to assist me with _____

I understand that this consent for release of information will expire one (1) year after I have signed it.

I also understand that I can withdraw my consent at any time; however, this will not affect information released before I withdrew my consent.

I understand that I am not required to release this information. However, if I do not it may not be possible for the agencies helping me to provide or obtain assistance for me. I also understand that I will not be denied assistance for refusing to agree to release the information requested.

Signature of Participant: _____ Date _____

Signature of person who explained this form and your rights: _____

SAMPLE

The sample, which follows does not constitute legal advice or counsel in any way. This language is provided merely as an example, to aid agencies in developing their own policies. No agency should ever publish a policy or enter into a contract without first consulting legal counsel.

(Agency Name)

Release of Information
Your Rights to Data Privacy

We are asking you to agree to the release information that you have given us and/or to obtain information from the agencies or persons listed on this form. This information will allow us to serve you better and will also help us to determine whether this program has been successful.

I agree that the (Agency) can release and/or obtain the following information about me from the agencies listed below. I understand that:

- This information cannot be released without my consent.
- I have the right to look at all written information the agency released and have copies of it. To get copies, I should talk to: _____ (case manager) at _____ (agency).

I understand that this consent for release of information will expire one (1) year after I have signed it. I also understand that I can withdraw my consent at any time.

If I want to withdraw my consent to release this information, I must write to _____ (name) at _____ (agency) _____ (address)

Stopping my consent will not affect information the agency has already released.

I understand that I do not have to consent to release any information that tells people that my child(ren) or I are disabled. I understand that if I am asking for help because of a disability, this agency may need information about the disability to help me.

If I have questions about anything on this form, I understand that I should talk to: _____ (staff person) before I sign this.

(See reverse side of form)

RELEASE OF INFORMATION

I authorize _____ (agency) to release and/or obtain the following information and the purpose of its use. (please check boxes to release specific information):

My name, address and phone number
Other (must be listed):

<input type="checkbox"/>	_____	. Purpose _____
<input type="checkbox"/>	_____	. Purpose _____
<input type="checkbox"/>	_____	. Purpose _____
<input type="checkbox"/>	_____	. Purpose _____
<input type="checkbox"/>	_____	. Purpose _____

I understand that the information may be given to or obtained from the following agencies (must be written in before you sign):

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	Others _____

This information will be used in order to assist me with transportation, housing and other basic needs to help me move toward self reliance .

I understand that I am not required to agree to release this information. However, it may not be possible for the agencies helping me to provide or obtain assistance for me. I also understand that I will not be denied assistance for refusing to agree to release the information requested.

I understand that this release of information will expire one (1) year after I have signed it. I also understand that I can withdraw my consent to release this information at any time; however, this will not affect information released before I withdrew my consent.

Signature of Participant: _____ Date _____

Printed Name of Participant: _____

Name of Person Signing for Participant: _____

Reason Participant Unable to Sign: _____

Signature of Parent/Guardian: _____ Date _____

Signature of person who explained this form and your rights: _____

(Name of Food Shelf)

GRIEVANCE POLICY

Most problems are solved at _____ through open communication and finding out all the facts before making judgments. Individuals directly involved should always make the first attempt to solve any problem. If there are questions regarding the jobs and responsibilities of a staff person, please contact the Food Shelf Director.

The following procedure will be used to address concerns/complaints of clients, volunteers, or community members regarding the _____.

1. If a problem develops the individual and staff person together should informally attempt to resolve the problem.
2. If this proves unsuccessful, the complaint should be brought to the attention of the immediate supervisor.
3. If this proves unsuccessful, the individual should submit, in a reasonable time but no more than 30 days after the alleged occurrence, his or her complaint in writing to the _____ Director. The _____ Director must respond in writing to the individual within ten (10) working days.

Alternative means for filing complaints, such as personal interview or a tape recording of the complaint, will be made available upon request.*

4. If the individual is dissatisfied with the response from the Food Shelf Director, he or she may appeal to the full Board of Directors of the _____ or their designated sub-committee.

The individual, either in person or through legal counsel or both, shall have the right to address the Board of Directors. The decision of the Board of Directors shall be final.

* In an attempt to comply with ADA guidelines, _____ personnel will remain available to assist any person who, due to special needs or limitations, is not able to follow any or all of the above steps in the Grievance Policy.