



MARY ISAAK CENTER RECUPERATIVE CARE PROGRAM MANUAL

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Program Overview

COTS Recuperative Care (RC) program offers post-acute care for homeless individuals who have been discharged from the hospital but do not have a safe, comfortable environment in which to rest and recover from illness, injury or surgery. Offering a short-term residence in a co-ed, six-bed dorm within the Mary Isaak Center Emergency Shelter, the Recuperative Care program includes intensive case management and healthcare coordination along with a variety of other supportive services available at the facility. To promote personal recovery and independence, RC clients are also encouraged to continue receiving medical care, home health nursing services and physical therapy during their stay. The Recuperative Care program accepts referrals from both Kaiser (Santa Rosa) and Providence—the community partners who fund the program.

Program Objective

Recuperative Care was developed in response to the growing need for adequate shelter for homeless individuals who are particularly vulnerable due to acute health conditions. With health education, access to resources and a safe, sanitary space in which to heal, the goal of Recuperative Care is to influence health stabilization and increase the client's ability to be proactive in their own healthcare. In turn, this alleviates the strain on local hospitals and emergency services by reducing visits to the ER, of which homeless individuals are high utilizers.

Outreach and Referral

Hospital case workers from Providence and Kaiser (Santa Rosa) may submit a referral any time they have a patient who is ready for discharge and meets the eligibility requirements (see eligibility below). A completed referral form with supporting documentation may be sent via confidential fax to the Recuperative Care team for review (see referral form in Appendix). Referring institutions are encouraged to call Recuperative Care before referral submission to discuss the case and determine the patient's appropriateness for the program.

Recuperative Care will also notify the funding healthcare partners as beds become available. Recuperative Care beds are not guaranteed until the referral has been accepted and the intake scheduled.

Determining Eligibility

COTS Recuperative Care (RC) team may consult with Petaluma Health Center nursing staff to determine referral eligibility. Referrals must meet the following requirements to be accepted into the program:

- Must be at least 18 years of age and without access to adequate shelter
- Must have an acute medical condition that requires respite
- Must be free from all communicable diseases
- Must be behaviorally appropriate for group setting, including no known active risk of suicide attempt or assault
- Must be able to manage their own medications and medical equipment, including syringes, etc.
- Must be able to complete Activities of Daily Living (ADLs) independently
- Must be agreeable to program requirements and behavior agreements
- Must not be a registered sex offender (PC-290) or convicted arsonist.

In addition to the eligibility requirements, referral acceptance is dependent upon receiving a complete referral form and sufficient supporting documentation. The RC team may contact the referring institution for more information to aid in their decision.

Intake Process

Once an individual is accepted into the program, the RC team and hospital case worker coordinate the patient's arrival (typically between 10:00AM and 8:00 PM, seven days a week.) The patient must arrive with the following items:

- At least two weeks of prescribed medications in-hand (or order available for same-day pharmacy pick up or delivery)
- A follow-up primary care appointment scheduled
- Home health or outpatient treatments arranged, if needed
- Assistive devices and/or medical supplies, if needed
- Hospital discharge papers with medication list
- A negative result from a COVID-19 test taken within 72 hours prior to arrival

Intake includes bed, locker assignment, and completion of HMIS and intake paperwork, including a review of the RC Behavioral Agreement. A brief orientation to Recuperative Care is offered, including explanation of program and its policies, tour of facility, and explanation of meal schedule and onsite offerings. New clients are monitored to ensure that they have the independent living skills required for a safe stay in Recuperative Care.

Program Participation

During the first few days of the client's stay, RC staff perform a needs assessment and create an Individual Action Plan or IAP (see appendix) with the client to determine strengths and personal goals. TB testing is required within first week of stay unless TB clearance can be acquired from referring institution. Clients are also enrolled in the county's Coordinated Entry System (CES) to assist with housing placement

Clients are expected to rest, follow their medical treatment plan, and not engage in any behaviors that may impede their healing. Sobriety and substance abuse recovery are strongly encouraged, and numerous recovery offerings are offered onsite each week.

Service Delivery

Recuperative Care is staffed seven days a week from 8:30 am to 5:30 pm, with an RC Specialist on duty until 10 pm Tuesday thru Thursday. During this time, staff assist clients with coordinating medical care and case management tasks. Outside of these hours, COTS shelter staff and/or hired security is onsite 24/7 and available to Recuperative Care clients.

Recuperative Care provides Enhanced Care Management (ECM), or wrap-around services to support all client needs. Supportive services offered include, but are not limited to, the following:

- Prescription pickup
- Transportation assistance to medical appointments or Emergency Room, if needed
- Assistance with scheduling medical and home health appointments
- Communication with healthcare team to allow for continuity of care
- Assistance with applications for CalFresh, EDD, SSI, and other benefits
- Assistance with acquiring documentation such as an ID, social security card or birth certificate
- Needs assessment and Individual Action Plan focusing on personal goals
- Referrals to onsite services and community resources
- Strength-focused case management on a weekly basis
- Client Enrichment Services – financial literacy, legal support, basic computer skills, rental readiness, job skills, etc.
- Social Support Services to help client process emotions and resolve interpersonal issues
- Transition plan upon exit from Recuperative Care

Facilities

Recuperative Care features a large restroom including an ADA-accessible shower with a pull-down, padded bench seat. Each Recuperative Care bed comes with full bedding and a remote to adjust position for greatest comfort. There is storage space underneath each bed, in the nightstand, and in assigned locker. The RC Specialist office is co-located within the dorm, and clients have phone access for business or medical-related calls. Additional blankets, pillows, and towels available upon request. Clients may request use of vital signs equipment and wound care supplies, as well.

Mary's Kitchen located on the 1st floor of the Mary Isak Center, provides three meals a day, to be eaten in the dining room. Laundry facilities are located onsite for clients to wash their clothes and bedding. RC clients are encouraged to participate in activities occurring at the Mary Isak Center, including recovery meetings, legal assistance, financial literacy classes, life skills groups, art classes, movie nights, etc.

Recuperative Care is designed for a short stay with the average stay being 40 days. Length of stay is based upon individual need and condition, which is re-evaluated regularly. Ideally, clients would exit to permanent housing; however, if no permanent housing options are available, they may exit directly to Mary Isak Center Emergency Shelter, pending bed availability.

Appeals Procedure

COTS uses a formal resolution process to resolve any disputes or difficulties that may arise between COTS clients and staff. (See Resolution Process Form in Appendix.) Resolution process is described at program intake and client signs to acknowledge they understand the procedure.

Rights and Responsibilities

All clients have a right to be treated with respect and dignity, without being subject to abusive, profane or aggressive language. Clients have a right to a safe, habitable shelter environment. Clients have a right to express their thoughts and opinions without fear of retaliation.

COTS strives to create a positive, harmonious living environment for our clients. For this to be possible, clients must maintain certain basic behavioral agreements (see Client Behavioral Agreement in Appendix):

- Be nonviolent and not demonstrate aggressive or threatening behavior
- Treat staff, other clients, neighbors, and property with respect

- Not create a nuisance by touching other clients' belongings or possessing/using illegal drugs and/or alcohol in Recuperative Care or anywhere on campus
- Follow emergency exit procedures and other safety regulations
- Keep their area clean and habitable

If the client violates a behavioral agreement, a written warning notice of the violation will be served. RC staff will make every effort to work with the client to modify inappropriate behaviors before exiting them from the program.

Request for Reasonable Accommodation

The Americans with Disabilities Act (ADA) sets forth certain requirements with respect to persons with disabilities. COTS will strive to conform to applicable federal, state or local laws regarding protections for client with disabilities. We will seek to provide changes to the program's normal policies and practices that are necessary due to clients' disabilities in the form of reasonable accommodations, provided that such accommodations do not cause an unreasonable hardship to the organization. Requests for reasonable accommodations may be directed to the Supportive Programs Manager.

Equal Access

COTS programs adhere to HUD's Equal Access ruling, as stated below:

§ 5.106 Equal access in accordance with the individual's gender identity in community planning and development programs.

(a) Applicability. This section applies to assistance provided under Community Planning and Development (CPD) programs, including assistance under the following CPD programs: HOME Investment Partnerships program (24 CFR part 92), Housing Trust Fund program (24 CFR part 93), Community Development Block Grant program (24 CFR part 570), Housing Opportunities for Persons With AIDS program (24 CFR part 574), Emergency Solutions Grants program (24 CFR part 576), Continuum of Care program (24 CFR part 578), or Rural Housing Stability Assistance Program (24 CFR part 579).

The requirements of this section apply to recipients and subrecipients, as well as to owners, operators, and managers of shelters and other buildings and facilities and providers of services funded in whole or in part by any CPD program.

(b) Equal access in accordance with gender identity. The admissions, occupancy, and operating policies and procedures of recipients, subrecipients, owners, operators, managers, and providers identified in paragraph (a) of this section, including policies and procedures to protect privacy, health, safety,

and security, shall be established or amended, as necessary, and administered in a nondiscriminatory manner to ensure that:

- (1) Equal access to CPD programs, shelters, other buildings and facilities, benefits, services, and accommodations is provided to an individual in accordance with the individual's gender identity, and in a manner that affords equal access to the individual's family;
- (2) An individual is placed, served, and accommodated in accordance with the gender identity of the individual;
- (3) An individual is not subjected to intrusive questioning or asked to provide anatomical information or documentary, physical, or medical evidence of the individual's gender identity; and
- (4) Eligibility determinations are made and assisted housing is made available in CPD programs as required by § 5.105(a)(2).

(c) Placement and accommodation in temporary, emergency shelters and other buildings and facilities with shared sleeping quarters or shared bathing facilities—

(1) Placement and accommodation. Placement and accommodation of an individual in temporary, emergency shelters and other buildings and facilities with physical limitations or configurations that require and are permitted to have shared sleeping quarters or shared bathing facilities shall be made in accordance with the individual's gender identity.

(2) Post-admission accommodations. A recipient, subrecipient, owner, operator, manager, or provider must take nondiscriminatory steps that may be necessary and appropriate to address privacy concerns raised by residents or occupants and, as needed, update its admissions, occupancy, and operating policies and procedures in accordance with paragraph (b) of this section.

(d) Documentation and record retention. Providers shall document and maintain records of compliance with the requirements in paragraph (b) of this section for a period of 5 years.

HMIS Data Collection

COTS participates in a county-wide project called the Homeless Management Information System (HMIS), which collects information on people who are homeless or at risk of homelessness. HMIS is administered by the Sonoma County Community Development Commission (CDC). COTS enters the information into a secure computerized database for storage and analysis. All persons having access to HMIS information have agreed to keep the information strictly confidential. (See HMIS Privacy Policy in Appendix.)

Privacy Policy

COTS' staff works very hard to maintain the privacy of the clients in our programs. Clients' personal information is shared among staff members only for the purposes of referrals, professional consultation, and staff supervision. Only appropriate information will be shared. We do not confirm or deny the identity of the participants in our program to outside parties, with the exception of law enforcement, probation and parole officers. In all other instances, a written consent must be signed by the client prior to sharing of personal information.

Record Keeping

HMIS data is collected at intake and throughout the program in accordance with Sonoma County Community Development Commission (CDC) requirements. Case managers maintain confidential case notes from all case management meetings and/or phone calls, including a copies of budget worksheets, signed leases, any documentation of payments made to owners for a security deposit or rental assistance, and any other required supporting documentation, such as dates of occupancy. Client files are kept behind double locks at COTS' Mary Isaak Center for a period of two years following program exit, and then at an offsite location behind double locks for a period of five years, for a total of seven years. Client may request to review his/her file in writing at any time. The request will be reviewed by senior COTS management and a response will be given within fourteen days.

Appendices

Recuperative Care Cover Sheet

Fax to 707.776.4771 Attn: Recuperative Care Referral Line: 707.789.6389

COTS Recuperative Care program provides shelter and meals to homeless patients who need a safe place to continue to heal after release from hospital. Recuperative Care is NOT staffed by medical personnel. Referred patients must meet all eligibility requirements on referral form.

Referring agency name _____ Staff name _____
Phone number _____ Fax number _____
Referring staff email _____

Patient Name _____ **DOB** _____

Patient must arrive with:

- Discharge papers
- At least a two-week supply of medications (this may be picked up on the way, or delivered to MIC.)
- Scheduled follow-up appointment with primary care provider
- Home Health services pre-arranged, if needed
- Negative COVID-19 test result within 72 hours prior to arrival

For Recuperative Care staff only

Cleared for Recuperative Care?

- Yes, Intake approved for ____/____/____ for _____ days.
- No,
 - Not Eligible to Return to the Mary Isak Center
 - No Recuperative Care beds available
 - Requires a level of care that's inappropriate for RC/MIC
 - Patient did not arrive at Recuperative Care from hospital
 - Other _____

Legal clearance determined? (Megan's Law and County Warrants): Yes No

Recuperative Care Staff Signature

Date

Recuperative Care Program Referral Form

Please complete form and fax to **707.776.4771**, Attn: Recuperative Care Staff
Include the H&P and a signed Release of Information.

Date: _____

Eligibility Requirements

- Must be homeless and at least 18 years of age.
- Must be agreeable to program requirements and behavior agreements.
- Patient has an acute medical need requiring respite care.
- Patient is free from all communicable diseases.
- Must be behaviorally appropriate for group setting (including no known active risk of suicide attempt or assault).
- Must be able to manage own medications, wound care, medical equipment (including syringes) and be independent with all ADLs.
- Per SB-1152, patient will be provided with food, transportation, and new clothing when exited from hospital.
- Patient will be provided with at least a two-week supply of medications and discharge papers upon exit from hospital.
- Patient is not a registered sex offender (PC-290) or convicted arsonist.

Please note: Patients referred to COTS Recuperative Care program who do not meet all eligibility requirements will be sent back to referring institution.

Referral Process

In addition to passing all eligibility requirements, the following steps must be completed before any patient will be admitted to COTS Recuperative Care program.

- It is recommended to first check on bed availability: call Recuperative Care at 707.789.6389, seven days a week from 9AM to 5 PM (until 10PM Tuesday-Thursday).
- Complete referral form and cover sheet and fax to 707.776.4771, Attn: Recuperative Care. Please also include a Release of Information signed by the patient, the H&P and any other applicable documentation (progress notes, PT/OT evaluations) that can help us make an informed decision.
- RC Staff and the consulting nursing team review the referral. The patient's social worker may be called for further information. It may take up to one day to receive a determination. Please note: Acceptance into Recuperative Care program does NOT guarantee acceptance into MIC Emergency Shelter.
- Intakes are seven days a week from 10AM to 4 PM (until 8PM Tues.-Thurs.) Patients must arrive with discharge papers, a two-week supply of medication, and follow-up appointments/home health visits arranged. ** NEW REQUIREMENT: A negative COVID-19 test result within 72 hours prior to intake (rapid tests OK)**

Referring Institution Information

Referring Provider Name

Address – Phone - FAX

Patient Information

Patient's Name (first, middle, last)
DOB SSN

Nickname
Gender

Primary Language

Previous Living Situation

Marital Status Single Married Divorced Widow(er)

Military Service Yes No

Hospice Client Yes No

Transfer from SNF Yes No If yes, SNF name and contact information:

Medical Information

Primary Care Provider
Address

Clinic Name

Phone

FAX

List acute medical need (reason why patient requires respite care)

Current medical diagnoses (only include diagnoses made by licensed medical professionals)

Current Medications

Dosage

➤ Does patient need assistance with getting dressed?

No assistance/independent

Minimal assistance

Stand-by assistance/supervision

Significant assistance

➤ Does patient need assistance with toileting?

No assistance/independent

Minimal assistance

Stand-by assistance/supervision

Significant assistance

➤ Does patient need assistance with bathing?

No assistance/independent

Minimal assistance

Stand-by assistance/supervision

Significant assistance

➤ Does patient need assistance with transfers? (If assistance is needed, please provide PT evaluation.)

No assistance/independent

Minimal assistance

Stand-by assistance/supervision

Significant assistance

- Does patient need assistance with eating and/or drinking? No assistance/independent

Stand-by assistance/supervision

Significant assistance

Minimal assistance

- Ambulatory? Yes No
- Can the patient manage their medications? Yes No
- List mobility restrictions (wheelchair, walker, cane, etc.)
- Is patient's pain controlled with oral medications? Yes No
- Any history of abuse of pain medications? Yes No
- Is the patient experiencing detox? Yes No If yes, from what substance?

- Is patient appropriate for communal environment? Yes No
- Does patient have any communicable diseases? Yes No If yes, treatment must be completed prior to referral to Recuperative Care. If yes, list diseases and treatments:

- Will Home Health be ordered for this patient? Yes No If yes, which company is providing Home Health Services?
- Please identify which home health services will be provided:
- Is patient a trauma victim? Yes No
- Does patient have history of psychotic episodes? Yes No
- Recommended length of stay in Recuperative care _____
- Is the patient agreeable to coming to Recuperative Care (RC)? Yes No
- What is the patient's housing plan after RC?

Signatures

By signing below, I certify that the above information is true and correct.

Print name

Signature

Date

Position Title

Referring Institution

Additional notes for the RC team (optional):

Welcome to Recuperative Care

Client Name _____ Program Entry Date _____

COTS Recuperative Care (RC), also known as respite, is a short-term shelter program created to simulate a home environment where an individual can take time to heal from illness, injury or surgery and not be out on the street. The co-ed program provides meals, showers and a laundry facility, and offers intensive case management, which includes assistance with your healthcare plan.

While in Recuperative Care, clients are responsible for their own care (eating, dressing, toileting, bathing, etc.) Clients manage their own medications, maintain personal hygiene, and get to the dining room for meals independently.

While clients can come and go voluntarily, you are expected to rest and recover while in Recuperative Care. Long periods spent outside of the unit may lead RC staff to assume that you do not need this level of care.

There are no medical workers or nursing services in Recuperative Care. This is a shelter—not a hospital or skilled nursing facility. If arranged by the hospital discharge planner, home health nurses or physical therapists are welcomed to visit. Ask Petaluma Health Center (PHC) nurses questions while they are onsite Monday, Tuesday and Thursday mornings in the room next door.

Eating is generally not allowed in the dorm, but water is encouraged.

All clients need to establish with a primary care provider and pharmacy.

The amount of time spent in Recuperative Care depends on the individual. On average, clients stay about 2-4 weeks. About half of clients move downstairs to the MIC Emergency Shelter after Recuperative Care.

Substance use will not be tolerated. Abusive behavior of any kind will not be tolerated.

Clients exhibiting these behaviors may be asked to leave. COTS is under no obligation to offer Recuperative Care to anyone who cannot follow the Resident Behavior Agreement.

The rules of Recuperative Care at COTS Mary Isaak Center have been explained to me, and I agree to follow the policies of the program.

Signature _____ Date _____

Staff Signature _____

Resident Behavioral Agreement

Welcome to the Mary Isaak Center Recuperative Care Program! To ensure a positive experience while in our program, staff will review each of the following agreements with you. Initial next to each item to indicate that you understand and will abide.

_____ I acknowledge that I am able to use the bathroom, shower, dress and transfer in and out of bed safely on my own. I am able to get downstairs to the dining room for meals independently.

_____ I will be responsible for myself, my actions, and my interactions with others.

_____ **I will not behave in a way that is verbally, physically, or sexually harassing or abusive towards others.** I understand that these behaviors may be cause for an immediate exit from MIC.

_____ I will not touch or take other clients' belongings.

_____ I understand that I am not to bring any weapons (including knives) onto campus. I acknowledge that weapons will be confiscated by staff and locked up for safety.

_____ **I agree to respect COTS staff and the MIC facility.** I will not intentionally cause damage.

_____ I understand that the Recuperative Care office area are off-limits to clients. I will ask staff if I need something.

_____ I will be appropriately clothed in common areas at all times. I understand that the use of urinals or urinating in any kind of container in the dorm is prohibited.

_____ I understand that I may be under video surveillance while in Recuperative Care.

_____ I will keep the area around my bed clean and tidy and maintain good hygiene.

_____ I understand that visitors (other than approved healthcare professionals) are not allowed in Recuperative Care. I will greet visitors outside. I will not share my door code with anyone.

_____ **I understand that I cannot possess, sell or use illegal drugs, marijuana, or alcohol on COTS property. I acknowledge that maintaining sobriety is a requirement of the RC program.**

_____ **I will store all prescribed and/or over-the-counter medication in my locked locker.** I will not give or sell my medications to anyone.

_____ I agree to keep my personal items locked in my assigned locker or under my bed. **Excessive belongings or belongings that block walkways are not allowed.** COTS is not responsible for lost or stolen items.

_____ I will not "panhandle"/solicit money from the public or other clients while staying at MIC.

_____ I will consider others' sensitivities and not use bleach products anywhere in the MIC facility.

_____ **There is no eating or drinking (except water) anywhere in recuperative care.** Non-perishable foods/snacks may be stored in client lockers and eaten *outside* of recuperative care.

_____ I agree to ask RC Staff before changing mattresses, beds or lockers. I will not move or rearrange furniture in Recuperative Care.

_____ I understand I am responsible for doing my own laundry, including bed linens.

_____ I agree to follow the treatment plan(s) set forth by my physician(s), including participating in recommended therapies and taking medications as prescribed.

_____ If I am a smoker, I understand that I will be encouraged to use nicotine patches or gum, as smoking will impede my healing.

_____ I will attend the monthly Recuperative Care House Meeting, should it occur during my stay.

_____ I will attend case management meetings with Recuperative Care staff and work on an exit plan. I understand that residency in Recuperative Care is short-term and does not guarantee admittance into the MIC Emergency Shelter.

_____ **I understand that I will be exited from the Recuperative Care program if I spend any nights out (medical emergencies and hospitalizations may be exempt).**

_____ **COVID-19 Precautions:** 1) I will wear a mask while in Recuperative Care and in the MIC facility (except while eating, drinking or sleeping), 2) I will make all attempts to reduce the transmission of COVID-19 by social distancing and sanitizing/washing my hands frequently, 3) I will let RC staff know if I am experiencing any symptoms of illness and be willing to take a COVID-19 test, if advised, and 4) I understand that I am encouraged to receive a COVID-19 vaccination to protect myself and others from contracting the virus.

I will abide by the agreements above while in the COTS Recuperative Care program and work with RC staff to correct any behavioral violations I may incur. I acknowledge that if I do not correct my violations I may be exited from the program and the MIC facility.

Client Signature

Date

Staff Signature

Date

Individual Action Plan (IAP)

Name:
COTS Staff:

Date:
Dates in Program:

Goal: **Housing**

Goal: **Mental and Physical Health**

Goal: **Income/Budget/Savings**

Goal: **Legal Issues**

Goal: **Recovery/Personal Growth Activities**

Ultimate goal:

Strengths that will assist me in achieving the goals listed above:

In the interest of furthering my growth and working towards my personal goals, I agree to make measurable progress towards each of these goals.

Participant's Signature _____

Resolution Process

It is a program participant's right, as well as a COTS policy, to be informed of and to utilize a formal resolution process to resolve any disputes or difficulties that may arise between COTS residents and staff. The following is a description of the resolution process:

1. The first step is to fill out the Resolution Process form (provided during intake meeting.) The form asks you to describe the problem you are having and with whom. It is very important that you include as many details as possible.
2. The second step is to have an in-person meeting with the staff person with whom you are having a problem in order to express your feelings and explain your grievance. Ask the staff person to consider your side of the issue and to try to resolve the grievance at this meeting.
3. If the discussion with the staff person has not resolved the problem, let the staff person know that you are requesting a meeting with their supervisor to help resolve the dispute.
4. The staff member will set up the appointment with their supervisor for you. Be sure to bring your completed Resolution Process Form with you to the meeting with the staff person's supervisor.
5. If the discussion with the staff person's supervisor has not resolved the problem, let the supervisor know that you are requesting a meeting with the Director of Programs. Please be aware that the Director of Programs may have other staff involved in the meeting.
6. If the discussion with the Director of Programs does not resolve the dispute, inform that you will be writing a letter of grievance to the Chief Executive Officer of COTS and requesting a meeting to resolve the dispute. (Also include copy of completed form.) Mail letter of grievance and completed Resolution Process form to: COTS Chief Executive Officer, P.O. Box 2744 Petaluma, CA 94953

Note: The Board of Directors of COTS will not be involved in the resolution process unless the grievance directly involves the Chief Executive Officer of COTS, or unless the Chief Executive Officer recommends that they hear a particular grievance, and it is necessary that they decide the issue.

I HAVE READ AND UNDERSTOOD THE ABOVE RESOLUTION PROCESS.

Signature: _____ Date: _____



Sonoma County HMIS Release of Information

I acknowledge that the Sonoma County Continuum of Care Homeless Management Information System is used by provider agencies that work together to provide services for those experiencing homelessness. I acknowledge that Client information assists the agencies to plan for and provide services for me, as the client and my family (if applicable). This information will be shared among agencies to provide coordination and delivery of those services. I understand that all information entered into HMIS is protected by passwords and encryption technology and that steps are taken to safeguard the information that is entered into HMIS. Every project that receives federal homeless project funds from the U.S. Department of Housing and Urban Development is required to enter data on persons served with those funds into HMIS. Some projects funded through the U.S. Veterans Administration and the U.S. Department of Health and Human Services may also be required to enter data into HMIS.

I acknowledge that HMIS agencies that offer services may enter, see, and update information about me and/or my household members (if applicable) including name, gender, race, ethnicity, date of birth, veteran status, proof of homelessness, income, insurance, disabilities, and service transactions. Any agency that views my information must keep it confidential and use it for program purposes only. My decision to grant or not grant permission to share my information will not affect services provided for me. You have the right to revoke (take back) this authorization verbally, or by sending a signed notice to the Sonoma County HMIS Administrator: 1440 Guerneville Road, Santa Rosa, CA, 95403 or via e-mail at Daniel.Overbury-Howland@sonoma-county.org; or call (707) 565-7500.

Initial here if you **DO** wish to share all of your information with the agencies listed below. This includes any information currently in HMIS.

Initial here if you **DO NOT** wish to share your information.

Client's Signature

Print Name (Client)

Other Party (Guardian)

Print Name

Date

HOUSEHOLD MEMBERS (if applicable):

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Agencies Currently Participating in Sonoma County HMIS

Buckelew Programs
Catholic Charities of the Diocese of Santa Rosa
COTS
Community Action Partnership
West County Community Services
Community Support Network
County of Sonoma Human Services
DEMA
Face to Face
Interfaith Shelter Network
Legal Aid Sonoma County
Burbank Housing Corporation
SHARE Sonoma County
Sonoma Applied Villages Services (SAVS)
St. Vincent De Paul
Department of Veterans Affairs
Reach for Home
Santa Rosa Health Centers
Sonoma County Housing Authority
Sonoma County District Attorney
Social Advocates for Youth
Sonoma County Behavioral Health
Dry Creek Rancheria Band of Pomo Indians
The Living Room
Unsheltered Friends
TLC Child and Youth Services
Nation's Finest
Coordinated Entry
West County Health Centers
Department of Veteran Affairs
Any disaster response agency