

Faith Connection Assistance Eligibility Process

Do not send clients to, or have clients call, Career Plus. Do not send client to area churches for assistance.

- 1. Identify and list the assistance needed?
2. Are resources available through DSS?
3. Did available resources completely meet client's need?
4. List reasons client is ineligible and go to # 5.
5. Does need, and eligibility, support making a community referral?



- 6. SW personally contacts the following community resources to check for availability of resources and documentation that client will need to provide for assistance. Go to # 7.

Table with 3 columns: Community Partner, Contact Information, Assistance Available. Rows include Salvation Army, Hope Station, and Operation Care.

- 7. Has client's need been completely met through community resources?
a. Yes. STOP! Process complete.
b. No. SW fills out form WC-900 and forwards to Faith Connection representative.
c. If WC-900 is approved Faith Connection representative will email SW an approval code.
d. County order will need to be filled out, signed and dated by worker and supervisor.
e. County order can be given directly to client for vendors that accept county orders.
f. County order should be presented to fiscal with original receipts.
g. Fiscal will type check while worker waits (or request check from county office - depending on urgency) and give to worker, or client may pick up check at designated time.

Faith Connections Supplemental Assistance Request

Case Manager & Program Name:		Date:	
		Phone #:	
Client Name & Address:		Case #:	County Order #:
		Social Security #:	
Reason for Referral:			
Faith Connection Assistance Needed (Dollar amount or item needed):			
Vendor Name & Address:			
<i>Please list below all sources and amounts of assistance used to meet client's assistance request:</i>			
Client/Family:	EA:	CIP:	CR: DV: DOT:
CP&L:	WCMN:	Family Preservation:	Special Needs for Handicap:
Salvation Army:	Hope Station:	Operation Care:	
Other (Name & Amount):			
Client is currently receiving: Food Assistance <input type="checkbox"/> Medicaid <input type="checkbox"/>			
Working: <input type="checkbox"/> Yes <input type="checkbox"/> No		Compliant to DSS Programs: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this client in an ongoing crisis: <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:			
Notes/Comments :			
Faith Connection Office Use Only	Client Tracking #:		
	Approved By: Becky Stottlemyre		Phone #: 4323
Assistance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Assistance Approved: \$	
Reimbursement Requested From:			
Reimbursement Received: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please review "Expectations For Office Mentoring Program" with client before making referral. If client is in agreement with the expectations, please have client sign the "Office Mentor Agreement".

Referral for Office Mentoring

Date _____

Referring Workers Name _____

Client's Name _____

Social Security Number _____

Client's Address _____

Contact Number _____

Criminal Record Yes No
(printout from ACIS must be attached)

Substance Abuse Yes No

Children's Names

Absent Parent's Name and Last Known Address _____

Client's Work History/Experience _____

Position you are referring client for: Data Entry/Computer Experience Front Desk/Reception

Hours and time that client is available for work _____

Please have client fill out and attach the following items:

Office Mentor Achievement List Office Mentor Action/Goal Plan Job Readiness Checklist WC-910