

YOU WILL NEED TO PROVIDE THE FOLLOWING INFORMATION AT TIME OF INTERVIEW FOR ASSISTANCE

1. **Proof of gross family income for the past four weeks prior to the date of assistance.** (*Pay Stubs, Income Tax Statements, Social Security Income, Worker's Compensation, Veteran's Pension, Unemployment Compensation, Child Support, Disability, etc.*) **for self and spouse.**
 - **If you have no income** – you will provide a typed Notarized letter of support from the person or entity who is assisting you with the date, your name and address and the exact dollar amount that is being provided to you or the Head of Household Expenses Form must be completed.
2. You are required to apply for Medicaid and if denied, you will need to provide documentation in order to be served.
3. **Proof of family unit assets.** (*Most recent bank statement, Life Insurance Policies, mutual funds, annuities, etc.*)
4. **Proof of County Residency.** (*Utility Bill or other bill addressed to you*)
5. **Proof of Identification.** *Florida Driver's License or Picture I.D. with correct Collier County address and Social Security Card for self and all dependents.*
6. **Proof of Legal Status.** If you are a US citizen, a copy of birth certificate or US passport. If permanent resident, permanent residency card. If naturalized citizen, copy of citizenship certificate.
7. **Medical Documentation.** (*If you are applying for prescription assistance, you must provide prescriptions. For medical assistance, you must provide a referral from your doctor and the most recent office notes.*)

There is a Co-Pay Medical: \$10.00 RX: \$5.00

Revised 05/28/2019





Collier County
Public Services Department
Community & Human Services Division

COLLIER COUNTY SOCIAL SERVICES
Calculation of Monthly Household Expenses
(For Applicant's Claiming Zero Income)

Name of Head of Household: _____

Address for Household: _____

<u>Monthly Expenses</u>	<u>Paid By Whom</u>	<u>Monthly Payment</u>
Mortgage/Rent	_____	_____
Electricity	_____	_____
Water/Sewage	_____	_____
Phone (Home and Cell)	_____	_____
Cable/Internet	_____	_____
Food (excluding Food Stamp purchases)	_____	_____
Car Payment	_____	_____
Car Insurance	_____	_____
Other Monthly Expenses Not Specified Above	_____	_____
Total Monthly Expenses	_____	_____

Number of Adults in Home (persons over 19 years of age) _____

Applicant's Contribution (Divide Total Expenses by Number of Adults) _____

I attest that the information provided above is accurate and that I am financially supporting the applicant.

Name of Payer (Please Print)

Signature of Payer

Applicant's Name (Please Print)

Applicant's Signature

Applicant's Address: _____

Date: _____

Revised 11-15-18





Date: _____

RE: _____

Income Verification

Please verify last four weeks gross income (including tips) for the above-named person

Pay Period Ending: _____ Total Gross: _____

Pay Period Ending: _____ Total Gross: _____

Pay Period Ending: _____ Total Gross: _____

Pay Period Ending: _____ Total Gross: _____

Employer Signature: _____

Title: _____

Name of Company: _____

Phone: _____

Please call 239-252-2273 if you have any questions.

Thank you,





RELEASE OF INFORMATION

I, _____ authorize the release of information to agencies and persons as deemed necessary by the Collier County Community and Human Services Division to obtain assistance for me or my family from other agencies or organizations within the community.

I understand that while I will not necessarily be refused service by failure to sign this form, refusal to provide needed information may make it difficult to arrange services to help me. If I believe I have been unfairly denied program services, or if information is wrongfully used, I will be entitled to a Grievance Procedure or a Fair Hearing.

A photocopy of the original of this Authorization of Release of Information shall be as valid as the original signed authorization.

I understand that this release is valid for one (1) year.

I hereby confirm I am not a relative of an employee nor am I a current or former employee of Collier County Community and Human Services Division or former county department serving social, senior or housing programs.

ACKNOWLEDGEMENT

I hereby acknowledge that I have reviewed a copy of the Collier County Community and Human Services Division Notice of Privacy Practices and have been provided an opportunity to receive a copy.

Client Signature: _____ Date: _____

CM Int'l's: _____

Revised 11.15.18





STATEMENT OF UNDERSTANDING

I understand that if I am to receive further assistance from the Collier County Community and Human Services Division, I must provide proof of an attempt to secure employment by having a Job Search Record completed with a **minimum of four employers** within the last four weeks of my request for assistance. If I am temporarily disabled and I am **not** applying for Social Security Disability, I must provide a doctor's statement of my temporary disability status. Failure to complete the above as requested will result in a review of your continued participation in our assistance program.

Signature: _____ Date: _____

Case Manager: _____

Revised: 11.18.18





Collier County
Public Services Department
Community & Human Services Division

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Mortgage/Rent	_____	_____
Electricity	_____	_____
Water/Sewage	_____	_____
Phone (Home and Cell)	_____	_____
Cable/Internet	_____	_____
Food (excluding Food Stamp purchases)	_____	_____
Car Payment	_____	_____
Car Insurance	_____	_____
Other Monthly Expenses Not Specified Above	_____	_____
Total Monthly Expenses	_____	_____

Number of Adults in Home (persons over 19 years of age) _____

Applicant's Contribution (Divide Total Expenses by Number of Adults) _____

I attest that the information provided above is accurate and that I am financially supporting the applicant.

Name of Payer (Please Print)

Signature of Payer

Applicant's Name (Please Print)

Applicant's Signature

Applicant's Address: _____

Date: _____

Revised 11-15-18



Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home or by mail. To request confidential communications, you must make your request in writing to your case manager. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of protected health information that may be used to make decisions about your care. This includes medical records, but does not include psychotherapy notes. To inspect and copy protected health information, you must submit your request in writing to your case manager. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other associated costs processing your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access, you may request a review of that denial.

Right to Amend. If you believe that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the County.

To request an amendment, your request must be submitted in writing to your case manager. In addition, you must provide a reason for the request.

We may deny your request for an amendment if it is not in writing. We may also deny your request if it does not include a reason to support the request. In addition, we may deny your request if you ask for an amendment to information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the protected health information kept
- Is not part of information you would be permitted to inspect or copy
- Is accurate and complete

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures; you must submit your request in writing to your case manager. Your request must state a time period not longer than six years and the time period cannot extend to dates before April 14, 2003. The first list your request within a 12-month period will be free. You may be charged for the cost of providing additional lists.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice at any time. To obtain a paper copy of this notice, ask your case manager. You may obtain an electronic copy of this notice at our web site www.collier.gov.net/humanservices.

We are required by law to:

- Maintain the privacy of protected health information about you
- Give this notice of our legal duties and privacy practices
- Abide by the terms of the notice in effect

Questions and Complaints:

If you have any questions or complaints about the way the Collier County Community & Human Services Department handles your protected health information or if you believe your privacy rights have been violated, you may complain by contacting the Collier County Privacy Officer at 252-8906 or request to meet with the Privacy Officer. You may also contact us by writing to:

Collier County Risk Management
3311 E. Tamiami Trail, Building D
Naples, FL 34112

You can also contact the Secretary of the U.S. Department of Health and Human Services. Note there will be no retaliation against you for filing a complaint or for making requests regarding your protected health care information or if you disagree with Collier County Community & Human Services related decisions.

Notice Updates

Collier County Community & Human Services Department may need to change its privacy practices from time to time. Before making such changes however, the department will modify this Notice and begin distributing it to individuals when they receive services. These new practices will then apply to all information held by the Collier County Community & Human Services Department. At any time, you have a right to get a paper copy of the latest version of this Notice by contacting the Community & Human Services Privacy Officer Assistant or by visiting www.collier.gov.net/human services.



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Notice Requirements

Collier County Community & Human Services Department (CHS) is required by federal and state laws to maintain the privacy of your health care information. The law also requires us to give you a Notice telling you about the law, your rights and our privacy practices. This Notice represents the Community & Human Services Department programs that support your health care needs, which are:

- Services for Seniors
- Social Services
- RSVP (Retired Senior Volunteer Program)

This Notice went into effect April 14, 2003 and lasts until it is replaced. If our Privacy Practices change, this notice will also change. You will find it and any future Notices, posted in the Community and Human Services Department (CHS) and on our website www.colliergov.net/humanservices. If you would like additional copies, please contact us at the address listed on the back.

Use and Disclosure of Your Protected Health Care Information

As part of our day-to-day activities, Collier County's Community & Human Services Department (CHS) may need to create, receive or keep medical information about clients. Examples of how we might issue or disclose your information include the following activities:

Treatment: Collier County might disclose your medical condition with doctors, nurses, technicians or hospital staff to arrange or provide medical treatment. We might request copies of medical records to arrange treatment based on eligibility for treatment in health plans or to arrange transportation. We may use your information to contract with Health Care Providers and Plans for medical treatment for members of the Employee Benefit Plan.

Payment: The CHS Department may use or disclose information to discuss your condition, any treatments given to you, or to review the cost of services in order to arrange for payment. We may use or disclose this information with an insurance company. We may contact others to pay for or bill for services.

Health Care Operations: Collier County Case Managers or business partners might discuss or review your condition to assure you receive quality care, to verify you are actually receiving services being billed, or to develop better ways to provide care. We may use your information to manage, purchase services, or evaluate our providers and contractors. Health information may be used or disclosed for legal purposes or for internal management purpose.

Other Uses and Disclosures: The Community & Human Services Department may contact you to:

- Arrange your appointments or your eligibility interviews
- Provide you with information about new medications, treatments, benefits and services that are available
- Market services or raise funds for the department

Collier County may provide information to government officials who:

- Are responsible for Public Health and Disease reporting
- Provide Health Oversight (Nursing Homes, Physician Licensing, FDA, CHS, research, Audits and Investigations)
- Respond to Judicial-related requests (Subpoenas, Trials, Court Hearings)
- Provide Law Enforcement Services
- Conduct lawful military and intelligence activities
- Are military personnel
- Are authorized by workers' compensation laws
- Respond to threats to public safety from unsafe products, unsafe drinking water, or disease
- Protect against abuse, neglect, domestic violence and other crimes

Collier County Community & Human Services (CHS) may provide information to:

- Licensed researchers or care groups, who are under strict rules regarding how they use and disclose protected health care information, may use the information about individuals with your condition for a study to improve ways to treat or manage diseases like diabetes, high blood pressure or cancer

- Hearing and Appeals groups to resolve disputes, render opinions or provide independent reviews
- Others involved in your care
- Responders in emergency situations
- Funeral Directors
- Others as required by law

Other Uses of Protected Health Information

Other uses and disclosure of protected health information not covered by this notice or the laws that apply to use will be made only with your written permission and authorization. If you give permission to use or disclose protected health information, you may revoke that permission, in writing, at any time. If you revoke such permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. We are unable, however, to take back any disclosures previously released with your permission.

Your Rights Regarding Your Protected Health Information

You have the following rights regarding the protected health information we maintain about you.

Right to Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a test you had.

We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, submit a written request to your case manager and tell us (a) what information you want limited; (b) whether our use or disclosure will be limited; and (c) to whom limits apply such as spouses.



Information Network for the Community of Collier County
Client Consent for Network Data Sharing/Release of Information Authorization

What is INCCC of Collier County?

When you request or receive services from Collier County Housing and Human Services, we collect information about your household and enter it into a computer program that helps us to keep track of that information in the INCCC (Information Network for the Community of Collier County.) This program is used primarily by the Collier County Hunger & Homeless Coalition, a group of agencies and county departments working together to provide services to homeless and low-income persons and families. For us to share information with other partner agencies, you must sign a Release of Information Authorization. A legal guardian must sign for a minor or a person who is unable to provide consent. We will not deny services to you if you choose not to authorize sharing of information with partner agencies.

Why should you agree to have your information shared with other agencies that use INCCC of Collier County?

By sharing your information with the partner agencies in INCCC you will help:

- Yourself, by providing your basic information only once.
• Yourself, by allowing the agency to identify other services or programs you may be eligible for.
• The agency, by allowing the agency to better coordinate services for you and your household.
• The agency, by allowing them to better assess your needs and track whether your needs are met.
• The agency, by allowing them to count accurately the number of homeless persons, the services available and what other services are needed.

How is my information kept secure and for how long if I agree to allow my information to be shared?

- If you allow us to share information about you, only authorized persons at INCCC Partner Agencies will be able to view your information.
• Executive Directors of the INCCC Partner Agencies and agency staff who are authorized to view your information have signed agreements to treat your information in a professional and confidential manner, and maintain agency procedures to ensure this.
• INCCC maintains many safeguards, including a PKI Certificate on the agency computers that access your information. This means only specific computers used by authorized persons can access your information.
• Collected information may be used in reports to funders, and to show need for services, but no personal information is included.

What information will be shared?

The information about you (or any person for whom you have legal custody or guardianship) that may be shared with our other Partner Agencies in the information network when you sign this authorization includes:

- Family/Relationship Information
• Income & Benefits Information
• Education & Vocational History
• Employment History
• Housing History
• Veteran Information
• Program & Service Involvement
• Primary Client Identifiers: Name, Birth Date, Gender, Social Security Number, Race, Ethnicity, Veteran Status

This information that you agree may be shared will be available to other INCCC of Collier County Partner Agencies for a period of three (3) years. You may stop the permission for sharing by contacting this agency and requesting in writing to stop data sharing, in which case any currently shared information will become non-shared from that point forward. INCCC Partner Agencies may change over time; you may always request a current listing of INCCC Partner Agencies.

Name of Client, printed

Name of Legal Guardian (for minor or unable to provide consent), printed

If you agree that you understand the INCCC Interagency Data Sharing process, please complete below:

I choose to Consent to share my information in Network Data Sharing with the INCCC Partner Agencies.

I choose to Decline to share my information in Network Data Sharing with the INCCC Partner Agencies.

SIGNATURE OF CLIENT OR GUARDIAN

Date

SIGNATURE OF CLIENT OR GUARDIAN

Date

Agency Personnel Name (printed)

Agency Personnel Signature

Agency Name

Date



BRIEF EXPLANATION OF INCCC (HMIS)

When you request services (such as housing, case management, health or social services) from a agency, which is a member in the Collier County Hunger & Homeless Coalition, we collect personal information directly from you for reasons that are described in detail in our Notice of Uses and Disclosures.

We may be required to collect some personal information by law, or by organizations that give us funds to operate this program. Other personal information that we collect is important to run out programs, to better understand the needs of persons who are homeless, and to improve services to address those needs.

The information is entered into a countywide central database called the INCCC. Authorized individuals at our agency may have access to your information for case management, billing, administrative or analytical purposes. There are also a limited number of employees or contractors of the Collier County Hunger & Homeless Coalition that may have access to your personal identifiers for system administration purposes, such as backing up the database and merging duplicate client records.

Unless you request that your record remain hidden, your personal identifiers (such as your name, date of birth, gender and social security number) will also be disclosed to other INCCC agencies so they can easily locate your record if you go to them for services. Beyond your identifiers, this agency will only share your information with other agencies if you give written consent. Specifics on our privacy policies and the safeguards we're using to protect your information are included in our Notice of Uses and Disclosures (*provide copy of Notice to client*).

You should be aware that you have the right to refuse to provide personal information, unless it is necessary to determine eligibility for a specific program or service. You will not be denied services if you decide not to share information that is not specifically required to determine program eligibility. Also, you have the right to see a copy of your client information upon request.

IF AGENCY IS PART OF A DATA SHARING NETWORK:

If you receive services from more than one agency, you may be asked for the same information by each agency. If you are interested, the INCCC allows parts of your information, such as education and employment information, to be shared with other agencies in our sharing network. That means your information can be made available to all of the agencies in our network that you go to for help. Sharing information between agencies can reduce the number of times you are asked for the same information, and it can help improve the overall quality of services you receive. Numerous safeguards are in place to ensure the confidentiality of the information you provide. You must provide your written permission for us to share your data with other agencies in our Network. You can do so by signing this form. You are not required to share your information in order to receive services from this agency. If you do provide permission to have your general client information shared with other agencies that provide services to you, you may revoke that permission in writing, at which point your general client information will no longer be shared with other agencies.



Information Network for the Community of Collier County

**INCCC Partner Agencies List;
Provided as an attachment to the
Client Consent for Network Data Sharing**

This attachment to Collier County Housing and Human Services Client Consent for Network Data Sharing agreement lists those INCCC (Information Network for the Community of Collier County) Partner Agencies who will receive access to your specified information.

Please note that the number and names of the participating agencies is subject to change. However, a copy of the listing is available upon request at any time.

INCCC Partner Agencies

Collier County Housing and Human Services
Catholic Charities Family Resource Center
Catholic Charities Guadalupe Social Services
David Lawrence Center, Path Program
Immokalee Friendship House
St. Matthew's House
Wolfe Apartments

*D600C2006 List of INCCC Partner Agencies
Attachment for D602C2005 Client Consent to Release Information
Date: 04/08/2009*

Collier County Community and Human Services
SOCIAL SERVICES - Income Eligibility Form

Effective Date: _____ Name of Applicant (s): _____

A. Recipient Information (select one)

- a. _____ Initial Eligibility
b. _____ Re-certify Eligibility

B. Type of Program: (select one)

<input type="checkbox"/>	Prescription Voucher
<input type="checkbox"/>	Medical Voucher

C. Household Information

Member	Names - All Household Members	Relationship	Age	Income
1				
2				
3				
TOTAL				

D. Assets: All household members excluding minors

Member	Asset Description	Cash Value	Income from Assets
TOTAL			

F. Recipient Statement: I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

Signature of Head of Household

Date _____

Signature of Spouse or Co-Head of Household

Date _____

Signature- Case Manager

Date _____



INCOME TAX RETURN STATEMENT

I, _____, attest that neither I nor my spouse filed an Income Tax Return last year for one of the following reasons:

1. Did not work last year and thus had no income.
2. Earned income was not enough to file a return.
3. Income is from Social Security Retirement and/or Disability only.

Applicant

Date

Revised: 11.15.18





Date: _____

RE: _____

Income Verification

Please verify last four weeks gross income (including tips) for the above-named person

Pay Period Ending: _____ Total Gross: _____

Pay Period Ending: _____ Total Gross: _____

Pay Period Ending: _____ Total Gross: _____

Pay Period Ending: _____ Total Gross: _____

Employer Signature: _____

Title: _____

Name of Company: _____

Phone: _____

Please call 239-252-2273 if you have any question

Thank you

Revised: 11.15.18




Collier County
Public Services Department
Community & Human Services Division

JOB SEARCH RECORD

If you are requesting assistance with prescriptions or medical, **have no income**, and have not yet applied for Social Security Disability, you must provide proof of an attempt to secure employment within the **last four weeks by completing this job search.**

Failure to complete job search will result in a review of your continued participation in our assistance program.

CLIENT NAME: _____

Date: _____

Company Name: _____

Contact Person: _____

Phone Number: _____

Position: _____

Signature: _____

Action Taken: _____

Date: _____

Company Name: _____

Contact Person: _____

Phone Number: _____

Position: _____

Signature: _____

Action Taken: _____

Date: _____

Company Name: _____

Contact Person: _____

Phone Number: _____

Position: _____

Signature: _____

Action Taken: _____

Date: _____

Company Name: _____

Contact Person: _____

Phone Number: _____

Position: _____

Signature: _____

Action Taken: _____

I attest that the above information is an accurate reflection of my job search activities.

Signature

Date

Revised: 11.15.18





RIGHT TO REFUSE OR DISCONTINUE SERVICES

The Social Services Program of Collier County Community and Human Services Division reserves the Right to refuse or Discontinue Services if any of the following apply:

I _____ understand that any falsification of documents or any attempt to obtain a prescription voucher, medical voucher, or shelter assistance through misrepresentation will result in termination of services to me and discontinuation from any further services from Collier County Community and Human Services Division – Social Services Program.

I further understand that if I am arrested for possession of a controlled substance, unlawful sale and/or distribution of a controlled substance, unlawful possession of prescription medication, conspiracy to possess and/or distribute controlled substances, or a similar type of drug related offense I will be refused further services from Collier County Community and Human Services Division – Social Services Program.

I also understand that if I am requesting or currently receiving assistance from the Collier County Community and Human Services Division – Social Services Program and I test positive by a physician for illegal drugs, I will be refused further services.

I further agree that if I display any behavior considered by staff to be threatening in any manner to the employee’s safety and wellbeing I will be refused further services.

SIGNATURE

DATE

Revised 11.18.18





Notice of Social Security Number Collection and Usage

The Community and Human Services Division- Social Services Program of Collier County, as a department of the Collier County Government Agency, is authorized pursuant to section 119.071(5), *Florida Statutes*, to collect your Social Security Number for the performance of its duties and responsibilities as prescribed by law.

Your Social Security Number shall be collected for one or more of the following reasons:

1. Credit Report Investigation
2. Personal Identity Verification
3. Employment Verification
4. Income and Asset Verification
5. Medical or Child Care Allowance Verification
6. Medicare/Medicaid Benefit Verification
7. Social Security Benefit Verification
8. State Unemployment Benefit Verification
9. Conduct Client Assessments

Your Social Security Number will only be collected and disclosed for these listed purposes, and as may otherwise be authorized by law, and once collected, will be maintained as confidential and exempt from public records under Chapter 119, *Florida Statutes*, by this agency.

Client's Signature

Date

CM Initials: _____

