PERFORMANCE MEASUREMENT AND CLIENT TOOLS, POLICIES, AND PROCEDURES

**Intake and Selection:** Working Together Agreement

#### **What to expect from joining the Pathway of Hope**

#### **The Salvation Army Pathway of Hope (POH)** is a holistic approach designed to support you and your family as you take action to meet your aspirations and goals. Through your involvement, you will have opportunities to develop a network of support, enroll in healthy family programs, and access resources based on your action plan.

#### **Hours & Appointments:** To achieve maximum benefit from the program, you will be asked to meet with your caseworker or touch base by phone approximately once a week. Your caseworker will work with you to determine the best time to meet. It is expected that all appointments will be kept. Please notify your caseworker if you will need to cancel an appointment at least 24 hours in advance at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Pathway of Hope:** Once it is determined that you and your family are eligible, you’ll begin working with your caseworker to complete a comprehensive assessment and develop an action plan that includes steps to connect your family with needed services. Through your active participation and follow-up with these action steps, you and your family will gain the most benefit from your involvement with Pathway of Hope.

#### Based upon your identified goals, you and your caseworker will decide how long you will work together. In the event that you repeatedly miss scheduled appointments and/or participate in activities that put yourself or others at risk, you may be asked to discontinue your involvement in the services offered through the Pathway of Hope.

#### **Fees:** All services received through Pathway of Hope are provided at no charge to you.

#### **Confidentiality:** Information you provide is considered confidential. This information is shared only with your written permission. Exceptions are related to state mandates that your caseworker will review with you.

#### **Grievance Policy:** This agency provides its applicant or clients with a means of expressing and resolving a complaint or appeal. Clients have a right to raise questions about agency decisions concerning them or services provide. If you feel that a decision or service was unacceptable, you have the opportunity to present your point of view to the supervisor. If you experience difficulty with your caseworker or The Salvation Army, you have the right to use our client grievance procedure. A copy is available upon request.

#### **Consent for Use of Information**: The Salvation Army conducts program evaluation to assess the effectiveness of Pathway of Hope. As part of this evaluation, information on your participation will be shared with the evaluation team. To insure the confidentiality (privacy) of your participation in the Pathway of Hope, your responses to questionnaires, surveys, assessment tools, and all identifying information will be voided except for a digitized ID code.

#### The results of the evaluation will be used in compiled evaluation reports that may be used for quality improvement reports and publication, however, **your identity will not be revealed**.

#### If you have any questions about our evaluation of the Pathway of Hope, please contact us at: xxx-xxx-xxxx

#### **Voluntary Participation Disclosure**: Your signature below indicates that your participation in the Pathway of Hope program is completely voluntary.

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| **Signature of pathway Participant** |  | Date |  | **Signature of Pathway Worker** |  | Date |