

Employment Coaching

First Session:

- Client and coach will work together to complete intake paperwork.
- Intake paperwork includes consent for services and completing a blank job application.
- Client and coach will go over client's resume or discuss experience so coach can create one for client.
- Client and coach will schedule follow up appointment.
- Employment Coach and client will discuss possible vocational trainings.

Second Session:

- This can be in person or on Zoom.
- Client and coach will discuss completed resume and if needed, cover letter.
- Employment Coach can teach client Zoom basics.
- Client and Employment Coach can work in Resource Room or on internet to search for job leads.

Follow up phone calls, emails, and texts:

- Client will let Employment Coach know if client obtains a job.
- Client can call before any interview to discuss common interview questions.
- Client can call Employment Coach anytime with questions or to discuss interviews.

Every 2 months:

- Employment Coach will call client every 2 months to check in.



Financial Coaching

First Session:

- Client and coach will work together to complete intake paperwork.
 - Intake paperwork includes consent for services, credit release authorization, and initial budget.
- Client and coach will discuss client's financial goals.
- Client and coach will work together on a plan for the client to reach those financial goals.
- Client and coach will schedule follow up appointments.

Every 3 months:

- Client and coach will complete a follow up budget.
- Client and coach will discuss progress towards goals and make alterations to the plan, if needed.

Every 6 months:

- Client and coach will complete a follow up credit pull.
- Client and coach will discuss progress towards goals and make alterations to the plan, if needed.

Follow-Up Sessions:

- Client and coach will set up any additional follow up appointments based on the client's request.

Note: All services are at no charge including the credit pulls. Credit pulls are soft inquiries, so they do not affect your credit.



Credit Release Authorization

I provide Family Houston with authorization to access my credit report now and periodically, not more frequently than three times a year for a period not to exceed two years. I understand I may request a coaching session at Family Houston in the future to discuss the information in any of the credit reports pulled at Family Houston. In addition, I understand Family Houston will contact me each time a credit score is pulled to update me. I further understand that I may withdraw this authorization at any time without penalty. I understand all inquiries by Family Houston into my credit will be 'soft inquiries' and will not adversely impact my credit or credit rating. All personal information will be held confidential by Family Houston.

A copy of this authorization form may be accepted as an original.

Name

Signature

Date

SSN



CONSENT FOR SERVICES

I, _____ wish to receive services provided by **Family Houston**. I understand that my identity and my receipt of services are confidential. I understand that no information or records associated with my case will be knowingly released to anyone outside the above named agency without my informed written consent, or a subpoena, court order or legal statute.

I am giving this consent of my own free will. This consent will remain in effect until such time as I provide in writing, a statement revoking my consent.

I fully release and hold **Family Houston**, their Officers, Directors, Board Members, employees, and agents (i.e.: volunteers, students) harmless from any and all damages, losses, liabilities (joint or several), payments, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, proceedings, costs, disbursements or expenses (including without limitation, fees, disbursements and expenses of attorneys, and other professional advisors and of expert witnesses and costs of investigation and preparation) of any kind or nature whatsoever resulting from, relating to or arising out of my receipt of services.

I was given a copy of my Client Rights and Responsibilities and a copy of the Grievance Policy and Procedures. I was offered an opportunity to discuss them in a language and format I understand; and I agree to abide by them.

CLIENT SIGNATURE OR MARK
(IF OF LEGAL AGE AND LEGALLY COMPETENT)

DATE



CLIENT RIGHTS & RESPONSIBILITIES

As a client of Family Houston, we respect your right to receive high quality, professional services at an affordable price.

1. ACCESS TO CARE - You have the right to receive services without regard to race, religion, gender, ethnicity, sexual orientation, age or handicap.
2. RESPECT AND DIGNITY - You have a right to be treated with respect while receiving program services, with your dignity and personal values or beliefs recognized and respected at all times.
3. RIGHT TO SERVICE - You have the right to receive adequate and humane services regardless of the source of financial support.
4. QUALITY STAFF - You have a right to expect an adequate number of competent, qualified, and experienced clinical staff to supervise and implement your treatment plan.
5. SAFETY - You have the right to a humane and safe environment free from abuse, neglect and exploitation.
6. EXPLANATION OF RIGHTS - You have the right to receive a complete explanation of your rights in non-technical terms in a language that you understand.
7. PRIVACY - You have the right of privacy. All information about your treatment will be kept confidential within the limits of the law.

CLIENT RESPONSIBILITIES

You are subject to possible expulsion from Family Houston for violation of the following rules:

1. PHYSICAL VIOLENCE - No physical violence, or the threat of physical violence, toward any family member, program client, or Family Houston staff member.
2. ABSENCES - No more than two (2) consecutive absences for scheduled appointments or group meetings.
3. TARDINESS – Arriving late for an appointment is your responsibility, as is the reduced time in session.
4. SUBSTANCE USE - No use of alcohol or other mind-altering substances before or during treatment services. You will be required to leave the premises if you smell of alcohol or appear to be impaired for any reason.
5. WEAPONS - No weapons are permitted on the premises of Family Houston.
6. AGENCY PROPERTY - No destruction of agency property will be allowed.
7. CONFIDENTIALITY - No breaking of confidentiality by talking about other program clients outside of the session.
8. SMOKING - No smoking in the building.

GRIEVANCE PROCEDURE

Should you have a conflict with a staff member, or a complaint about your treatment, you have the right to a grievance procedure as described below:

1. You, or your family, may complain directly to any staff member, Program Manager or Program Director.
2. The immediate supervisor will discuss the complaint with the staff member and the outcome of this meeting will be documented in writing.
3. If you are not satisfied with this outcome, you will be informed of your right to appeal the case to Family Houston' administration. If you wish to do so, your request is to be put in writing and a meeting is to be arranged with the next level of administration. The outcome of this meeting will be documented in writing. As a last resort, you will be permitted to grieve directly to the President of Board of Directors if all other appeals have proved unsatisfactory.
4. You will be informed of the time frames for resolving complaints. Family Houston will acknowledge and document all complaints within 24 hours (or 72 hours if the complaint is lodged on a Friday). Any appeal will proceed as quickly as possible. You will be informed of findings and recommendations within 7 calendar days. Final disposition of all complaints will occur within 14 calendar days unless the appeal is taken to the President. Appeals to the President will be considered within 5 days of receipt of the appeal. You will be informed for the result of the appeal by registered letter to be mailed within 24 hours of the President's decision.
5. If you would like this procedure explained further or in your native language, please ask for assistance. You may have it explained as often as you like.

I have read, understood, and agree to the terms of the Client Rights and Responsibilities.

Signature

Date