

Name:

DOB:

Date of Intake:

Medicaid No:

ID No:

## **Overview of Service**

Iowa Aftercare services assist youth ages 18 -21 who have aged out of foster care in Iowa. The services include support, advocacy, and assistance with independent living skills in the areas of housing, budgeting, education, employment, and social support systems. The assigned Self Sufficiency Advocate will meet regularly with the client to offer assistance in these areas and to assist them in accessing assistance that is available to them such as housing assistance, the Preparation for Adult Living money, student financial aid, and Medicaid coverage. The overall goal is to help the youth advance to the level that will let them function well as an independent adult at age 21. This is accomplished through formal education, work experience, and coaching for life experiences including but not limited to budgeting, seeking employment, leasing an apartment, purchasing household items and a car, insurance, and banking.

## **Client Rights**

- To have access to services for which you are eligible regardless of race, creed, color, religion, national origin, gender, age, political belief, physical or mental disability or sexual identity or gender identity.
- To know the qualifications, training and experience of the agency staff working with you.
- To receive services based on your treatment needs.
- To consistent enforcement of program rules and expectations.
- To the freedom to express and practice religious and spiritual beliefs.
- To provide informed consent and participate in decisions about service, care and/or treatment.
- To privacy and confidentiality. Written permission must be obtained before information can be released to others, except where disclosure is mandated by law or judicial action.
- To receive assistance in interpreting and understanding the information written regarding you, your care, and the services received.
- To express any concerns to agency staff and/or their supervisors(s) who work with you and to receive a response from them.
- To express opinions/recommendations regarding routines, rules, or policies and receive a response to them.
- To request an in-house review of your care, treatment and service plan.
- To appeal adverse decisions by the organization.
- To obtain a second opinion, at your own expense, with respect to assessment findings and follow-up services.

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- To be advised if a referral to another agency for additional or alternative services is needed.
- To refuse services to the extent permitted by law and to be advised of potential risks or outcomes should services be refused.
- To be made aware of any fees you would be expected to pay for services prior to receiving services..
- To receive considerate, respectful care at all times.

### **Client Responsibilities**

- To participate fully in the planning and provision of services.
- To ask questions, if any, to gain a full understanding of the services being received.
- To provide as much information as possible about your situation and/or family history so that services can be planned to provide the best possible assistance.
- To follow recommended plan or talk with agency staff if unable to follow the plan.
- To keep appointments or notify the staff at least 24 hours ahead of time if an appointment cannot be kept.
- To accept responsibility for the potential risks or outcomes if treatment is refused or the worker's instructions are not followed.
- To follow the organization client grievance procedure if the need occurs.
- To report any change of address, phone number or other information to agency staff.
- To make any concerns known to the worker or program supervisor.
- To maintain conduct that: 1) is consistent with campus and program guidelines, 2) does not jeopardize your personal safety and well being or that of other clients, visitors, or employees, 3) honors "use of campus" expectations (i.e. tobacco free), and 4) is respectful of property, equipment, and other clients.

### **Staff Responsibilities**

- Meet with each client at least twice a month, and more often if needed.
- Develop, monitor, and support the implementation of a Self Sufficiency Plan for each youth.
- Follow the policies and procedures of Children's Square U.S.A. including respecting the rights of clients.



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Intake: \_\_\_\_\_  
Medicaid No: \_\_\_\_\_ ID No: \_\_\_\_\_

Mary Elks  
Transition Services Supervisor  
[melks@childrensquare.org](mailto:melks@childrensquare.org)

**Children’s Square Council Bluffs Office**

North 6th Street & Avenue E  
PO Box 8C  
Council Bluffs, Iowa 51502  
P: 712-322-3700

*I hereby state that I have read and understand the above rights and responsibilities and that a copy has been given to me. I will adhere to them to the best of my ability. I have also received literature from Children’s Square regarding services available to me as a client of Children’s Square U.S.A.*

\_\_\_\_\_  
Client/Legal Guardian/Legal Custodian\* \_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Agency Staff\*\* \_\_\_\_\_  
Date

\* Please circle appropriate person signing i.e. Client, Legal Guardian or Legal Custodian  
\*\* If sent by mail or email, note to that effect on the Client/Legal Guardian/Legal Custodian line and signature of staff sending document on Witness/Agency Staff line