

Partnership Agreement for Referring Organizations

1) Client Qualifications:

For a client to receive our services we require them to be enrolled in a case managed program or be receiving pastoral care with one of our partnering agencies/congregations. We qualify the type of program and your case manager/pastor qualifies the client. We look for programs that offer support for your clients for a minimum of 3 months, promote self sufficiency and address the underlying cause for their current situation. We require that your case manager/worker document the date of a home visit except in the case of sheltered clients. Before a client schedules their pick-up appointment, all appropriate paperwork must be completely filled out. Qualified participants will only be eligible for the Home Starter Package once in a five year period.

Clients must fall into one of the following categories:

- (1) homeless (meaning they are exiting an area shelter)
- (2) at-risk for homelessness (household income does not exceed 30% of area median income – see chart below)
- (3) other (household income not exceeding 50% of median income and experiencing a crisis, refugee being resettled, or experiencing a natural disaster with median income over 30%). In an attempt to insure that those clients with the greatest needs, have the greatest access to services, our fee structure favors those clients with the least resources. (See below)

INCOME LIMITS FOR 2008

Established by U.S. Department of Housing and Urban Development

	Extremely Low 30% of Median	Very Low Income 50% of Median	Low-Income 80% of Median
1 Person	\$14,400	\$24,050	\$38,450
2 Person	\$16,500	\$27,500	\$43,950
3 Person	\$18,550	\$30,900	\$49,450
4 Person	\$20,600	\$34,350	\$54,950
5 Person	\$22,250	\$37,100	\$59,350
6 Person	\$23,900	\$39,850	\$63,750

2) Referral Process:

Your case manager acts as our liaison with your client to ensure the client requests what they need and that their request is reasonable for their family size. All referral forms must be completed and faxed to our offices prior to an appointment being scheduled. All of our appointments are scheduled by phone through our program administrator. Clients must arrive on time. Clients arriving more than 10 minutes after their appointment time will be asked to reschedule. Clients who fail to show up for a scheduled appointment more than once, will no longer be eligible for services.

3) Level of Assistance:

CARITAS utilizes a unit system. Number of units given is determined by the number of people in the household. A household of 1-2 people will receive 5 units, a household of 3-4 people will receive 7 units and a household of 5-6 people will receive 8 units. Any household with more than 6 people will be determined at the time of service. Furniture is limited to items in inventory at the time of pick-up appointment only. This package is simply to get them started and is not intended to furnish entire homes. A unit equals one of the following items: beds, sofas, table and chair set, and dressers. Lamps, end tables, sheets, towels, cookware, dishes and other household goods are all given on an as needed basis (for example: one sheet set per bed, 2 pots per household, 1 dish set per person, etc.) All of our items have been donated and are in better than average condition.

4) Collaboration:

By signing and accepting this agreement, CARITAS and your agency have agreed to collaborate in supplying basic furniture and household goods for your clients. Your agency's responsibility is to identify, qualify and further support your client with the tools necessary to help achieve self sufficiency. It is further agreed and understood that if your agency is asked, it will write a letter of collaboration to include in a funding proposal.

5) Agency donations and public relations:

CARITAS acts as a clearinghouse for donations to be distributed directly to qualified clients. We rely upon donations of furniture and household goods to survive. By partnering with CARITAS you agree that donations of items for which your agency has no immediate need, be referred to CARITAS.

7) Web site:

Within 60 days; both agencies agree to make available or place a link on their website for information purposes or to identify our community partners.

8) Authorized Case Managers:

All Case Managers/workers must attend an orientation before they can refer clients. Orientations are offered quarterly.

9) Fees: See fee schedule

10) Billing:

All fees must be paid by agency check or money order. ***Fees are due at the time of service or if the agency utilizes the advance billing option, invoices are due 15 days after invoice date. Invoices not paid within 30 days may result in suspension of service.***

From time to time, CARITAS may revise policies or procedures. We will notify management of such changes and management will pass the information on to the Case Managers.

Referral Partner Application

Initial Application
 Renewal
 Date: _____

Agency: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____ Ext _____

Title/Position: _____ Email: _____

Name of Program: _____ Website: _____

Type of Program: _____

Does your agency operate a shelter? Emergency Transitional

What population is being served by your agency? (See partnership agreement for definitions)

homeless
 at-risk
 other

Billing:

Billing Mode

Time of Service	
Advanced Billing**	

(Please check one.)

**Advanced Billing Only: How many clients do you want us to bill you for each month? _____

Billing Contact Person _____ Email _____
 Phone _____ Ext _____ Fax _____

All fees must be paid by agency check or money order. Fees are due at the time of service or if the agency utilizes the advance billing option, invoices are due 15 days after invoice date. Invoices not paid within 30 days may result in suspension of service.

1	Authorized Case Manager _____	Email _____
	Phone _____ Ext _____	Fax _____
	Has the case manager attended orientation? Yes _____ No _____	If yes, When? _____
2	Authorized Case Manager _____	Email _____
	Phone _____ Ext _____	Fax _____
	Has the case manager attended orientation? Yes _____ No _____	If yes, When? _____
3	Authorized Case Manager _____	Email _____
	Phone _____ Ext _____	Fax _____
	Has the case manager attended orientation? Yes _____ No _____	If yes, When? _____
4	Authorized Case Manager _____	Email _____
	Phone _____ Ext _____	Fax _____
	Has the case manager attended orientation? Yes _____ No _____	If yes, When? _____

*** If you have more than 4 case managers that are authorized to refer clients, please use a blank paper to give us their contact info. Thanks

Signed _____ Date _____
(Executive Director/Authorized Agent)

Print Name _____