

Family Participation Agreement

My family agrees to join the FaDSS program. We understand that FaDSS helps our family achieve our goals for well-being and self-sufficiency. We agree to work with our FaDSS Specialist throughout our time in the program. As a family participating in FaDSS, we understand and agree to the following:

1. We will work toward self-sufficiency and well-being for our entire family.
2. Our family can expect to be treated ethically, honestly, fairly, and respectfully without regard to age, race, ethnicity, national origin, disability, religion or familial status. Our beliefs, culture, and values are respected and valued.
3. We may ask questions at any time, in ways that best meet our needs. We may request information in writing or verbally, in a language of our preference, and we may request accommodations related to disability at any time. We may also request a language interpreter to be provided by FaDSS.
4. We agree to meet with our FaDSS Specialist two times a month for our first three months in the program. We agree to meet at least monthly after that.
5. When possible, I will give advance notice when I need to reschedule a home visit with my Specialist.
6. We will actively work with our Specialist to explore and set goals for our family's success.
7. I understand I will be given the opportunity to participate and complete assessments provided by my Specialist to help guide goal setting and activities.
8. We may request referrals to other resources or programs that may be useful to our family.
9. Our FaDSS Specialist may advocate for or with our family as we work toward our goals.
10. What we share with our FaDSS Specialist, including case record documentation will be kept confidential unless we give written permission. There may be limited situations when our FaDSS Specialist may share confidential information without my written permission. These include the following: If our family faces imminent danger or harm. In the case of suspected child abuse or neglect, our FaDSS Specialist may share relevant information with our PROMISE JOBS or Income Maintenance workers (if applicable and appropriate).
11. Data collected in the FaDSS program is owned by the Iowa Department of Health and Human Services and is used for program support, operations and quality improvement. FaDSS personnel include HHS staff administering the program as well as contractors outside of HHS working in the FaDSS program. We agree that data collected in the FaDSS program may be provided to the FaDSS personnel and contractors who need it to provide services.
12. The FaDSS Specialist may only conduct electronic searches of family members with my prior consent and when necessary and relevant to the provision of services.

Exceptions to obtaining my consent include emergencies when a family member poses a serious, imminent risk to self or others.

13. The FaDSS Specialist may ask that pets be contained in a separate area during visits if the pet is showing signs of aggression.
14. We agree that any potentially dangerous items such as weapons or illegal substances will be put away during visits.
15. If someone in the household is intoxicated or under the influence at the time of a visit, I understand that the visit be rescheduled.
16. We will provide accurate information to my Specialist for eligibility reviews within the given time period.
17. We may continue to participate in FaDSS until we no longer meet program eligibility criteria, we are no longer actively engaged in the program, or we choose to exit the program.
18. We may voluntarily withdraw from FaDSS at any time.

If we have concerns about participation in FaDSS or any of the items agreed upon above, we may contact the FaDSS Coordinator about the concern or incident.

Coordinator Information

Name:

Phone Number:

Email:

Appeal Process: If we are not satisfied that our concerns have been addressed by the FaDSS Coordinator, we may contact the FaDSS State Program Manager by telephone or in writing (email or mail). If in writing, I may write a letter explaining the reason I disagree or are unsatisfied with services. I understand I have the right to remain in the program throughout the appeal process.

Address

Phone

Page Humphrey, Community Services Bureau Chief 515-343-6459

FaDSS@hhs.iowa.gov

Lucas State Office Building, 3rd Floor

321 E 12th St

Des Moines, Iowa 50319



Family Member Signature:	Family Member Signature:
Name	Name
Date	Date
Specialist Signature:	
Name	
Date	