GRAVES
COUNSELING AND
WELLBEING GROUP

1442 E OAK ST • CUSHING, OK 74023
918.285.6268 (main) • 918. 376.0170 (fax)
info@gravescounseling.com
GRAVESCOUNSELING.COM
GCWG

CONSUMER HANDBOOK

Graves Counseling & Wellbeing Group/ 1442 E Oak Street / Cushing, OK 74023 / 918.285.6268

HOURS OF OPERATION:

Monday	9:00 am – 7:00 pm
Tuesday	9:00 am – 6:00 pm
Wednesday	9:00 am – 6:00 pm
Thursday	9:00 am – 6:00 pm
Friday	Appointment Only

*Additional non-traditional hours are available if necessary to assist in service delivery.
*Walk-ins are unable to be accommodated. Please call to schedule an appointment. If it is an emergency, please call the 24/7 crisis line that is listed below as well as in the window of the office.

EMERGENCY CONTACT INFORMATION:

Graves Counseling and Wellbeing Group	Therapist Direct Lines
▪ Nicki/Nichole	1-918-285-0947
▪ Christie	1-918-285-6752
▪ Ian	1-918-399-5407
▪ Alexis	1-918-509-8451
▪ Samantha	1-918-987-9405
▪ Melissa	XXXX
*If it is an emergency, PLEASE CALL. DO NOT TEXT!	
GCWG Crisis Line	1-918-285-0947
Suicide Prevention Lifeline	1-800-273-8255 OR Dial 988
Reach-out Hotline	1-800-522-9054

SERVICES PROVIDED: Services are provided for children, teens, adults, couples, and families. We are offer case management and crisis intervention services. Treatment areas include (BUT ARE NOT LIMITED TO):

- Abuse (physical, sexual, emotional)
- Adolescent and Teen Struggles
- Anger Management
- Anxiety
- Addiction Issues
- Bereavement/Grief
- Codependence
- Depression and Mood Disorder
- Disruptive Behaviors
- Family Issues
- Life Management Struggles
- Relationship/Marital Struggles
- School Difficulties
- Self-Esteem
- Self-Harm
- Stress Management
- Social Difficulties
- Substance Use Difficulties
- Traumatic experiences
- Work/Career Difficulties

LICENSING INFORMATION: Each provider is required to furnish information regarding professional training, orientation/techniques, experience, fees, and credentials. Listed below, you will find providers and credentials for Graves Counseling and Wellbeing Group personnel:

Nichole Graves, LPC (License # 5025), LADC/Mh (License # 1065)
Christie Hamner, LPC (License # 7063), LADC/Mh (License # 1284),
Ian Smith, MS, LPC (License # 10038)
Aglaia "Alexis" Martin, LPC (License # 2560), RPT (Registration # T1175)
Samantha Bannon, BA, Master's Level Clinical Intern (Site Supervisor: Nichole Graves, LPC, LADC/Mh – 918-285-0947)
Melissa Watts, BS, Master's Level Clinical Intern (Site Supervisor: Nichole Graves, LPC, LADC/Mh – 918-285-0947)

LPC & LMFT: State Board of Behavioral Health Licensure
3815 N Santa Fe, Suite 110
Oklahoma City, OK 73118
Phone: 405.522.3696
Fax: 405.522.3691
Website: https://www.ok.gov/behavioralhealth/

LADC: Oklahoma Board of Licensed Alcohol and Drug Counselors
101 NE 51st Street
Oklahoma City, OK 73105
PO Box 54388
Oklahoma City, OK 73154
Phone: 405.521.0779
Fax: 405.521.0291
Website: www.okdrugcounselors.org

LCSW: Oklahoma State Board of Licensed Social Workers
3700 N Classen Boulevard, Suite 162
Oklahoma City, OK 73118
PO Box 18817
Oklahoma City, OK 73154
Phone: 405.521.3712
Website: https://oklahoma.gov/socialworkers.html

CODE OF ETHICS:
American Counseling Association Code of Ethics
https://www.counseling.org/resources/ethics

National Board for Certified Counselors Code of Ethics
https://www.nbcc.org/assets/ethics/nbcccodeofethics.pdf

Oklahoma Licensed Alcohol and Drug Counselor Code of Ethics
http://www.okdrugcounselors.org/download.php/40/Ethics_Revised.pdf

SUMMARY OF TREATMENT PROCESS: Consumers are first screened for appropriateness of services. If appropriate, they will be oriented to services and sign all consents and releases. Consumers will then complete intake, biopsychosocial assessment, and strengths-based assessment. Based upon this information, a treatment

plan will be developed with the consumer by the fifth (5) session. This plan will include goals and objectives to be reached throughout services, as well as a diagnosis of concern being addressed in services. Treatment plans will be updated every six (6) months, at a minimum, but modified as needed. The ultimate goal of services is to exhibit alleviated/eliminated symptoms. However, there is no guarantee as to the results that may be obtained. Once goals have been reached and symptoms have been alleviated/eliminated, a discharge plan is developed with the client and information about how to resume services is discussed. If you would like to resume services after discontinuing, simply contact your therapist directly or the main phone line at 918.285.6268.

ORGANIZATIONAL & FACILITY DESCRIPTION:

VISION: The vision of this agency is a community where every individual thrives emotionally, physically, economically, and socially to his or her greatest potential.

MISSION: It is our mission to provide quality services to the underserved. We aim to empower GCWG clients (age 2 and older), the people of Payne County, and surrounding communities through screening, intake, assessment, crisis intervention services, treatment, advocacy, education, and resource development provided in an accessible, safe, caring, and stable environment.

PROGRAM: Mental Health Services

Description & Philosophy: When individuals or families are confronted with situations that produce stress, counseling services are often needed. These services include screening, intake, referral services, crisis intervention/emergency services, assessment, treatment planning, and outpatient therapy services. All services will be provided by appropriately qualified staff members, and the aim will be to provide services that are recovery-oriented, person-centered, culturally competent, and trauma-informed.

Screening: GCWG screens all consumers, regardless of funding source, that are interested in services for admission and places only clients who meet the admission criteria in this level of care. Screening will occur within 3 days of initial contact. The mission of screening services is to provide a culturally appropriate, consumer driven, and recovery-oriented screening that determines appropriateness of admission through the identification of the consumer's presenting problem (including co-occurring mental health and substance use disorders), any urgent or critical needs (e.g., risk to self or others, including suicide risk factors), and availability of funding sources, as well as place consumers in a proper level of care. The screening process also aims to provide appropriate referrals to consumers who do not meet admission criteria. Admission screening includes an interview with the consumer, consumer's family as appropriate and

available, and others as appropriate and approved by the consumer at GCWG, as well as a review of eligibility for admission to appropriate types or levels of services based on the person's presenting problem, current symptoms as identified by screens for MH, SA, and trauma, identification and documentation of any urgent or critical needs, availability of funding sources, strengths, abilities, needs, and preferences, all of which are recorded in the consumer screening and intake packet. If the screening identifies urgent or critical needs or a crisis situation, a brief crisis intervention will be conducted or referred to the appropriate provider or resource. Admission screening will be performed by GCWG's appropriately credentialed intake counselor, his or her designee, or counseling staff.

Admission and Exclusionary Criteria: Services are intended for children, adolescents, adults, couples and families (age 2 or older) with mental health and/or developmental issues. Services are not intended for those seeking only educational testing, those seeking only psychiatric medication prescriptions, or those that present with a significant danger to self or others that require a higher level of care.

No client will be denied services for any of the following reasons: (a) inability to pay, (b) coverage of services from Medicare, Medicaid, or Children's Health Insurance Program, or (c) their race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

Non-Admission: Staff may refuse admission to new clients for exclusionary criteria listed under Admission and Exclusionary Criteria. In the event that consumers present with needs that the program is unable to meet, they will be referred to or linked with other programs or organizations that are able to provide said services. GCWG does not exclude individuals from services based on:

- Client's past or present mental health issues including use of prescribed medications
- Substance abuse issues or co-occurring disorder issues
- Presumption of the client's inability to benefit from treatment
- Specific substances used by clients
- The client's continued substance use
- The client's level of success in prior treatment episodes.
- The client's inability or refusal to pay for services

Ineligibility: When a person is found ineligible for services based upon information provided during screening, they will be informed of the reasons and offered referrals to appropriate services. If a client is referred by another provider or organization, the referral source, with the consent of the person served, is also informed as to the reasons services cannot be provided by GCWG. Recommendations will be made to the client

regarding possible alternative services. Client, referral source, and referral information provided will be documented and stored on the agency drive.

Waiting List: In the event that the demand for services exceeds the agency capacity to provide said services individuals will be referred for similar services at an alternative location through the established procedure of referral and follow-up. If the client desires to be placed on a waiting list, the list will be stored on the agency drive and will include the following information:

- Client Name
- Services sought
- Phone number(s) and/or email- whichever client prefers
- Desired counselor, if named
- Age, gender, and other factors involved in treatment, including notes about presenting problem and risks to safety
- Preferences in gender of counselor
- Days/times of appointment availability

Individuals who are identified as belonging to special populations will be moved to the top of the waiting list and will receive services on a priority basis.

GCWG will strive to contact individuals on the GCWG waiting list a minimum of monthly.

Interim services (if applicable) will be provided or referred while client is on the waiting list.

Interim Services: Individuals placed on waiting lists will be provided interim services (if applicable) until admitted into a program. Within 3 days of initial request for services, the Director or other assigned team member shall provide the prospective client a minimum of two additional service locations for requested services, as well as information about how to access the client handbook online. Referrals will not be made to non-credentialed programs.

Orientation: All clients receiving services from GCWG will be provided orientation information as well as how to obtain copies of this information, in an understandable manner, which includes but is not limited to the following:

- Rights and responsibilities of person(s) served
- Grievance and appeal procedures
- Input regarding quality of care
- Agency's services and activities

- Agency's expectations
- Agency's hours of operation
- Access to after-hours services
- Policy on input from person(s) served/client satisfaction
- Agency's code of ethics
- Confidentiality/privacy policy
- Financial obligations, fees, and financial arrangements
- Involvement in outcomes management process
- Familiarization with premises, including emergency exits and shelters, fire equipment, and first aid kits
- Agency policy on use of seclusion and restraint
- Agency policy on tobacco products
- Agency policy on illicit or licit drugs/weapons brought into agency
- Program specific rules
- Identification of staff responsible for service coordination
- Rules regarding restrictions that services may place on client
- Events/behaviors/attitudes that may lead to loss of privileges/rights
- Means to regain rights/privileges that have been restricted
- Readmission procedures which will be determined on a case-by-case basis
- Identification of the purpose and process of the assessment
- Description of how the individual treatment plan will be developed
- Description of who will participate in the individual treatment plan
- Information regarding transition criteria and procedures
- Discharge/transition plan development and criteria
- Sliding Scale Program information

GCWG staff will document the orientation on a progress note, and client will sign Consent for Treatment form, which indicates that they acknowledge all policies and have been provided with information about how to access them.

Assessment: All consumers that are screened and deemed appropriate for services will complete an assessment. All records of consumers admitted to services shall include screening and biopsychosocial assessment paperwork, which is recorded and stored in consumer's file. Upon determination of appropriate admission, a comprehensive assessment must be completed no later than four visits following admission. Assessments are consumer driven, recovery oriented, and are conducted by licensed personnel or licensure candidates. When the assessment results in diagnosis(es), the diagnosis is determined by a provider legally qualified to do so in accordance to all applicable laws and regulations. Assessment information may be obtained by the client,

family members/legal guardians (when applicable and permitted), other collateral sources (when applicable and permitted) including referral sources, and external sources when the need for a specified assessment that GCWG is not able to provide or conduct is identified. Information will be obtained in-person, or when applicable and permitted by the client, via telephone, telehealth, facsimile, or encrypted email.

Additionally, assessments are ongoing but are reviewed every six (6) months at a minimum. This six-month review will include a comprehensive review of the client's progress toward treatment objectives as delineated in the initial treatment plan. Goals are adjusted to reflect the client's progress or lack thereof and to also reflect any newly identified treatment needs, as well as changes in frequency, staff, and discharge criteria. The treatment plan will be reviewed every 6 months, at a minimum, but may be changed within this authorization period if needed (i.e., new goals arise, changes in staff or frequency of meetings, change in life situation, etc.). The client and/or parent or guardian will participate in the review when possible and show acceptance by signing the review.

The mission of the comprehensive assessment is to obtain, at a minimum, the following information:

- Behavioral, including mental health and addictive disorders, as well as the following:
  - Presenting problem and current symptomology
  - Previous treatment history
  - Current and past psychotropic and addiction medications, including name, dosage, and frequency
  - Family history of mental health and other addictive disorders
- Emotional, including issues related to past or current trauma and domestic violence
- Physical/medical conditions including:
  - Health history and current biomedical conditions and complications
  - Current and past physical health medications, including name, dosage, and frequency
- Social and recreational activities, including:
  - Family and other relationships
  - Recovery and community supports
  - Leisure and wellness activities
  - Culture, including traditions and values
- Vocational, including:
  - Educational attainment, difficulties, and history
  - Current or previous military service including discharge status
  - Current and desired employment status

Re-admission: In the event of a client re-admission after one year of the last biopsychosocial assessment, a new assessment shall be completed. If readmission occurs within one year after the last biopsychosocial assessment and update shall be completed.

Co-Occurring Disabilities/Disorders: When the assessment process indicates a client has co-occurring disabilities/disorders, information is obtained by the intake counselor, counselor, or designee, regarding the client's:

- History of previous treatment
- Medication use profile, which includes prescription and nonprescription medications taken at the time of admission and the previous six months
- Medication allergies or adverse reactions to medications
- Adjustment to disabilities and/or impact of substance use on functioning
- Family history regarding substance use and/or mental health
- Treatment preference

Referral Services: Referral services are indicated for consumers and families who have been referred to the agency from other community resources, or for those who have sought services and do not meet admission criteria. The mission of referral services is to ensure that ineligible consumers are provided with information about resources that may be appropriate for their current needs.

Referrals made to GCWG will be directed to the case manager or designated employee. Initial consultation and screening of potential clients and/or family or other supports, as appropriate, will occur within 3 business days of the receipt of the referral to determine if GCWG services are appropriate based on:

- Availability of treatment resources offered by agency
- Capacity of treatment resources offered by agency

Clients will be referred to other resources when the individual has treatment or service needs that the agency cannot meet. GCWG shall maintain a directory of currently available resources including, but not limited to ODMHSAS's online list of Certified Providers, as well as Edmond Counseling & Professional Development's MyResourceList.com. Referral services will be provided to all individuals who (a) request these services, (b) do not meet admission criteria, or (c) who could benefit from additional services that are not offered by GCWG. The following information will be provided:

- The name, location, and telephone number
- The name(s) of a contact person(s)
- Types of services provided by the resource

If a client requests that GCWG send a formal referral to another program, consent for release of confidential information will be obtained, and the following information will be shared:

- A statement of the identified problem as well as specific services that are being requested
- A statement of identifying and background information, which is related to the referral, as obtained during screening

When clients are admitted to higher levels of care, case managers shall maintain contact with the client as appropriate to prepare for his/her return to the community.

GCWG receives referrals from local medical facilities, and GCWG refers consumers to these same medical facilities for physical examinations or continued medical care (when indicated). A consent for release of information is obtained from the client in the event that GCWG needs to obtain information from medical care facilities.

Emergency Services: Any person (client or non-client) may receive crisis intervention/stabilization services (including psychiatric and/or substance abuse emergencies), regardless of active substance abuse or substance levels, by either coming directly to GCWG or by telephone contact during normal working hours or by telephoning the 24-hour crisis line, which is posted and visible to the public via online directories, Facebook, and is posted on the office sign. Emergency services aim to provide immediate crisis stabilization to all consumers in need (including those with co-occurring disorders) through the use of best practice diversion or crisis intervention services and/or referral to medical or other service delivery programs. A documented crisis assessment will address suicide risk, danger to self or others, urgent or critical medical conditions, and immediate threats, as well as positive supports, resources, and skills that are available to help stabilize the client. The client may also be administered a crisis assessment at any point during treatment, if warranted.

Counseling/treatment staff will delay or reschedule other currently planned activities to meet the immediate crisis/stabilization needs presented by such clients. Such services may include brief crisis counseling, emergency referral services to medical or other service delivery programs such as local sheriffs and courts, or both. Beyond an initial assessment of such presented needs, the staff will take appropriate action to stabilize the situation and encourage supportive and preventive alternatives to such clients i.e., hospitalization, return to GCWG or other agencies for ongoing outpatient support, and participation in support networks such as A.A. or Al-Anon. If the screening identifies unsafe substance use, a brief intervention will be conducted or referred and a full

assessment will be completed by appropriately credentialed staff, if necessary. All emergency services will be consumer driven and recovery oriented.

Outpatient Therapy Services: GCWG offers outpatient counseling services to admitted consumers that are based on consumer needs, oriented towards consumer recovery, and provided by qualified professional counselors. The mission of outpatient therapy services is to provide a range of services (including individual, group, and family) to consumers based on their needs regarding emotional, social, and behavioral problems. All therapists utilize evidence-based treatment strategies in which they are trained, including but not limited to, cognitive behavior therapy, trauma focused cognitive behavior therapy, motivational interviewing, rational behavior therapy, and solution focused brief therapy, eye movement and desensitization therapy, dialectical behavior therapy, and play therapy. Individual counseling is geared to help the client and/or significant other better understand themselves in relation to his/her environment. Family counseling can facilitate insights to family members that allow positive, planned changes. Group counseling provides a process that brings people with similar situations together to aid each other in resolving problems they are individually confronting. For clients enrolled in school, services are provided in a manner which least restricts the educational environment including providing counseling during flex hours or in conjunction with other services. Online telehealth services are offered through a HIPAA compliant program to prevent barriers to treatment. Agency policy and procedures are followed for outpatient counseling services including file management, fee management, client rights, confidentiality, emergency procedures, and all other applicable policies and procedures.

GCWG's MENTAL HEALTH PROGRAM GOALS & OBJECTIVES
*Goals and objectives are evaluated and updated annually

GOAL: To provide counseling services and support to the community.

OBJECTIVE 1: Provide affordable counseling services to individuals and families in an environment most suited to their needs, including office, home, and school-based services.
TASKS:

- Initiate and maintain contracts with appropriate insurance panels
- Obtain-funding resources that allow for sliding scale and pro bono services.
- Utilize sliding scale for clients with limited resources
- Collaborate with other providers to locate most appropriate services and resources.
- Maintain ODMHSAS State Certification for Mental Illness Service Programs

OBJECTIVE 2: Provide 24-hour crisis intervention services.
TASKS:

- Provide 24-hour phone line to active clients.
- Ensure that staff members are available to answer crisis phone line (if designated manager of crisis line is unavailable)
- Have new therapists change voice messages to direct to the next therapist on staff, making a circular phone tree for clients in the event of a crisis and one therapist is unavailable
- Identify back-up therapist for emergencies when provider is on leave

OBJECTIVE 3: Provide recovery oriented, culturally competent, evidence-based, and trauma informed services.
TASKS:

- Each staff member will receive training regarding providing recovery-oriented, culturally competent, co-occurring, and trauma-informed care.
- Survey consumers continuously to ensure that services received were recovery oriented, culturally competent, evidence-based, and trauma informed services.
- Find new in-service materials that focus on recovery oriented, culturally competent, and trauma informed services
- Require that each staff member complete online TF-CBT training as part of orientation training
- Require that each clinical staff member read The Body Keeps the Score by Bessel van der Kolk as a part of the orientation process.
- Provide training budget for opportunities to seek additional training in evidence-based practices

OBJECTIVE 4: Expand the reach of services into other counties and school districts
TASKS:

- Initiate relationships with school districts, doctor's offices, etc. outside of Payne county
- Hire additional therapists to meet referral needs
- Locate office in another rural community that can serve as a hub to other smaller towns

PROGRAM: Case Management

Description and Philosophy

Case Management Services will be recovery-oriented, person-centered, culturally competent, and trauma-informed. These services aim to empower consumers to access and use needed services and meet self-determined goals. Services include resources

skills development and consumer advocacy provided in various setting based upon consumer need. Services could include, but are not limited to the following: linkage, referral, monitoring and support, and advocacy assistance provided in partnership with a client to support that client in self-sufficiency and community tenure. Needs will be determined by completion of a strengths-based assessment in partnership with the consumer and family members, as applicable, and utilized in the development of a case management plan. The case management plan/objectives will be incorporated in the overall services plan.

Case Management services will be provided by qualified staff that are certified as behavioral health case managers to those consumers who identify a case management need during initial and/or ongoing assessment. During assessment, consumers will be evaluated in the following areas to assess for case management needs:

- Level of functioning within the community
- Job skills and potential
- Educational needs
- Strengths and resources
- Present living situation and support system
- Use of substances and orientation to changes related to substance use
- Medical and health status
- Needs or problems which interfere with the ability to successfully function in the community
- Goals

The overall aim of case management services is to provide resources and eliminate barriers to success. Services are provided face-to-face on a monthly basis, at a minimum, or as indicated by client needs and aim to assist clients in gaining access to needed medical, dental, social, educational, employment, or other resources essential to meeting identified needs. Major components of case management services include working with the client and family members, as applicable, to gain access to appropriate community resources.

GCWG'S CASE MANAGEMENT GOALS AND OBJECTIVES

*Goals and objectives are evaluated and updated annually.

GOAL: To promote recovery while assisting clients in achieving desired levels of self-sufficiency by linking, advocating for, and referring clients to necessary and appropriate community resources, as determined by the client's reported needs and limitations.

OBJECTIVE 1: Actively involve clients and family members, as appropriate, in the case

management process.
TASKS:

- Conduct person centered strengths assessment with each client and update as needed.
- Address issues throughout treatment including:
  - Employment
  - Financial assistance
  - Housing
  - Child care
  - Transportation
  - Medical/Dental care
- Begin transition planning during initial intake process for all clients.

OBJECTIVE 2: Promote client wellness by optimizing community resources.
TASKS:

- Annually update and distribute community resource list to GCWG staff members, as well as to other local organizations with which GCWG collaborates.
- Initiate and maintain collaborative relationships with referring agencies.
- Expand services and programs that Graves Counseling and Wellbeing Group offers

OBJECTIVE 3: Advocate for clients by providing direction when navigating systems, such as justice, legal, human services, education system, etc.
TASKS:

- Staff will be available for direct advocation services, but will only intervene when necessary.
- Utilize strengths-based service delivery and build on natural supports of clients.
- Provide staff with training opportunities regarding effective case management services
- Offer training opportunities to receptionist that are geared towards case management services

OBJECTIVE 4: Provide recovery oriented, culturally competent, and trauma informed services.
TASKS:

- Each staff member will receive training regarding providing recovery-oriented care, cultural competency, and the impact of trauma on consumers.
- Survey consumers continuously to ensure that services received were recovery oriented, culturally competent, and trauma informed services.

- Find new in-service materials that focus on recovery oriented, culturally competent, and trauma informed services

CONSUMER RIGHTS GCWG shall support and protect the fundamental human, civil, and constitutional rights of the individual consumer. Each consumer has the right to be treated with respect and dignity and will be provided the synopsis of the Bill of Rights as listed below:

- Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
- Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition or sexual orientation.
- No consumer shall be neglected or sexually, physically, verbally, or otherwise abused.
- Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:
    - Allow other individuals of the consumer's choice participate in the consumer's treatment and with the consumer's consent;
    - To be free from unnecessary, inappropriate, or excessive treatment;
    - To participate in consumer's own treatment and discharge/transition planning;
    - To receive treatment for co-occurring disorders if present;
    - To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
    - To not be discharged for displaying symptoms of the consumer's disorder.
- Every consumer's record shall be treated in a confidential manner.
- No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.
- A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.
- Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.

- No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

RULES & REGULATIONS: No weapons or illicit drugs are allowed on the premises. Possession of such weapons will result in immediate dismissal from services. Concealed weapons permits do not override this rule. Consumers will be asked to leave if under the influence or more than 10 minutes late for scheduled sessions. Subsequently, if under the influence, proper authorities or emergency contact may be contacted in order to obtain safe transportation. Consumers must refrain from the use of tobacco products while on the premises. Minors are not to possess tobacco products while on the premises.

SATISFACTION SURVEY: At discharge and/or during intervals throughout your treatment, you will be requested to complete a Client Satisfaction Survey. This survey is optional and may be refused. GCWG values your opinion and takes every effort to ensure quality of services. If you would like to complete a satisfaction survey at any point during treatment, please inform your counselor. Client Satisfaction Surveys are used in the agency's quality performance review process, and any deficiencies reported with your satisfaction survey will be noted and attempts to correct issues will be made.

GRIEVANCE PROCEDURE: Each consumer has the right to make a complaint to and have unimpeded and confidential access to any of the following contacts:

- The facility's local advocate and Grievance Coordinator
- ODMHSAS Consumer Advocacy Division

It is the intent of GCWG to maintain a fair and expeditious system for resolution of grievances. Persons served at GCWG have the right to file a grievance or may appeal a decision of the organization's staff members without retaliation. It is the goal of GCWG to resolve grievances within fourteen (14) days of the initial grievance that was filed. When a client files a grievance, a copy of the grievance and, when appropriate, a signed copy of the agreed upon resolution will be maintained in the client's case record. A copy of the resolution, as well as information about how to appeal said decision, will also be provided to the client within fourteen (14) days of the initial filing of the grievance.

Each consumer has the right to appeal a grievance outcome by contacting any of the following:

- The facility's local advocate/Grievance Coordinator
- ODMHSAS Consumer Advocacy Division
- The Authorized Decision Maker for GCWG

Any appeals a client has regarding grievance outcomes or decisions should be handled in a timely manner of fourteen (14) days after the appeal was filed. In the instance where decision-making is the subject of the a grievance, decision making authority shall be delegated. The designated local advocate shall work with facility staff and contractors to ensure the needs of consumers are met at the lowest level possible and that consumer rights are enforced and not violated.

The Quality Improvement (QI) Coordinator or designated staff will coordinate the program's grievance procedure, act as the facility's local advocate, and will maintain a record of any grievances filed. The Board of Directors will be responsible for making decisions towards the resolution of the grievance.

Grievance Procedure Coordinator and Local Advocate:
Nichole Graves, M.A., LPC, LADC/Mh
Local Advocate/Quality Improvement Coordinator
1442 E Oak Street
Cushing, OK 74023
Phone: (918) 285-6268
E-Mail: nicki@gravescounseling.com

Decision Maker/Board Member:
Michael Graves
1442 E Oak Street
Cushing, OK 74023
Phone: (918) 306-0637
E-Mail: michaeldgraves209@yahoo.com

ODMHSAS Office of Consumer Advocacy and ODMHSAS Inspector General
E-Mail: AdvocacyDivision@odmhsas.org and InspectorGeneral@odmhsas.org
Local: (405) 248.9037
Toll Free: (866) 699.6605
Reachout Hotline: (800) 522.9054

This contact information is also posted in the agency waiting areas, as well as on the agency's website.

NOTICE OF PRIVACY PRACTICES: This notice describes how medical and mental health information about you may be used and disclosed and how you can get access to this

information. We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. In the event that the notice is changed a new notice will be sent to you by mail or at the time of your next appointment. You may request a copy of our Notice at any time.

Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent: You will be asked to sign a consent form. Once you have consented to the use and disclosure of your protected health information for treatment, payment, and health care operations by signing the consent form, this agency will use or disclose your protected health information as described below.

Treatment: We may use and disclose, as needed, your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information.

Payment: We may use and disclose, as needed, your health information to obtain payment for services we provide to you. This may include certain activities that your insurance plan may undertake before it approves or pays for the mental health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you, and undertaking utilization review activities.

Healthcare Operations: We may use and disclose, as needed, your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of mental healthcare professionals, evaluating practitioner and provider performance, employee review activities, conducting training programs, accreditation, certification, licensing or credentialing activities, and conducting or arranging for other business activities.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You

may revoke this authorization, at any time, in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the Notice.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. In the event of your incapacity or emergency circumstances, we will disclose health information based on determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. If this occurs, the agency will try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object: We may use or disclose your protected health information in the following situations without your consent or authorization:

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes, to a public health authority that is permitted by law to collect or receive this information.

Health Oversight: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or client under certain circumstances.

Appointment Reminders & Balance Statements: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, text messages, or letters) or balance statements via letter or email.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.seq.

Consumer Rights to Protected Health Information

Access: You have the right to inspect and copy your protected health information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must submit your request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information at the end of this notice. We will charge you a reasonable cost-based fee for expenses. If you request copies, we will charge $.25 for each page copied and an additional amount for postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. Under federal law, however, you may not inspect

or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

Restriction: You have the right to request a restriction of your protected health information. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. If we agree to the additional restrictions we will abide by our agreement (except in an emergency). We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected information will not be restricted.
Alternative Communication: You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You must make your request in writing. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

Amendment Request: You have the right to request that we amend your protected health information. Your request must be in writing and explain why the information should be amended. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Disclosure Accounting: You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices.

Notice: You have the right to obtain a paper copy of this notice from us upon request.

Questions and Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services

(405.521.4256 or 1.866.699.6605). You may also contact our Privacy Officer below for further information about the complaint process.

Privacy Officer: Nichole Graves, MA, LPC, LADC/Mh
Phone Number: (918) 285-0947
E-Mail: nicki@gravescounseling.com

CONFIDENTIALITY OF MENTAL HEALTH RECORDS: Confidentiality is necessary to develop the trust and confidence important for a therapeutic relationship between consumers and providers. People are entitled to receive mental health services with the expectation that information about them will be treated with confidentiality by persons providing services. But, there are certain situations when confidential information can be disclosed.

Who controls access to a consumer's mental health records?

Persons 14 and Older: Consumers age 14 or older control the release of their records if they understand the nature of the documents.

Persons Under 14: Generally, the parent controls the release of records.

Persons Adjudicated Incapacitated: Generally, the guardian controls the release of records.

Deceased Persons: The consumer's chosen executor or administrator of the estate controls the release of records. If there is no chosen person, the courts must appoint such a person.

Does a consumer have to give written authorization for release of records? Except for those situations listed below, a provider cannot release a consumer's records unless the consumer has provided a valid written, signed, specific, and time-limited authorization. Specific authorizations must be given for psychotherapy notes and for documents with HIV-related information.

When can a provider disclose mental health information without consumer consent? Disclosure without consent is authorized in limited circumstances relating to the "public interest," including (1) when required by law (such as a statute or court-ordered warrants); (2) when appropriate to notify authorities about victims of abuse, neglect, or domestic violence; (3) for certain law enforcement purposes (such as to identify or locate a suspect or missing person); and (4) when necessary to prevent or lessen serious and imminent threat to a person or the public. In those situations above when disclosure can be made without consumer consent, the provider must limit the information disclosed to the minimum necessary to accomplish the intended purpose of the disclosure.

Does a consumer have the right to access his/her own records? Generally, yes.

How can a consumer request his/her records and what happens once a request is made? A written request for records should be submitted in person to your counselor or the director. A provider may impose reasonable fees to cover the cost of copying and postage. The provider generally must act on the request for records within 30 days.

In what circumstances can a consumer be denied access to his own records? A consumer's records request may be denied without review if: (1) the records were prepared in anticipation of legal proceedings, or (2) they are prison records and the prison determines that the release of records would jeopardize the health, safety, or security of the consumer, another inmate, or staff person. A consumer's records request may be denied, subject to review by another health care professional selected by the provider, if: (1) the provider determines that access is reasonably likely to endanger the life or physical safety of the individual or another person; or (2) the records refer to another person and the provider determines that disclosure is reasonably likely to cause substantial harm to that person.

Can a consumer file a complaint relating to disclosure of confidential information? Yes. Complaints can be filed with ODMHSAS and the Secretary of the United States Department of Health and Human Services. To file a complaint with ODMHSAS, contact the Office of Consumer Advocacy at 900 E Main Street, PO Box 151, Norman, OK 73070, (405) 522-3908. The complaint should be filed within 180 days of when you knew the disclosure occurred. More information on filing a complaint can be found at http://www.odmhsas.org/privacypractices.pdf.

Who can I contact for further information? Further information on federal privacy rules can be obtained from HHS-OCR at (866) 627-7748 or http://www.hhs.gov/ocr/privacy/. Further information on the issues discussed in this fact sheet can also be obtained by contacting Disability Rights Network of Pennsylvania at (800) 692-7443 or (888) 375-7139.

PAYMENT & FEES:

Intake/Assessment, 60-90 minutes, $225: The first meeting is about information gathering. It is an opportunity to discuss responsibilities and goals and complete initial paperwork, as well as review all consents, releases, policies, and procedures.

Individual and Family Sessions, 55 minutes, $165

Couples Intake/Assessment, $200 (Private pay only)

Couples Sessions, 55 minutes, $150 (Private pay only)

Legal Fees- $300/hour: No staff or personnel associated with Graves Counseling and Wellbeing Group will testify in court unless required to do so by a court order or law. If compelled to testify or engage with the legal system, the rate will be $300 per hour for any court appearance, travel time, and related calls and documentation. Additionally, legal fees must be paid upfront and in full.

Services may be available on a sliding scale. If you feel as if you may qualify for discounted services, please talk with your therapist about determining this. No person will be refused services due to inability to pay. Payment is expected at the time of services unless other arrangements have been made. Payment is accepted in the form of cash, check, or credit card. Consumers are expected to pay the deductible, copay, and/or coinsurance fees as dictated by their insurance provider. A $3.00 copay will be charged if services are billed to Medicaid coverage for adults. Co-payment is expected at the time of service delivery. Consumers are responsible for the charges for services provided by Graves Counseling and Wellbeing Group. Insurance provider may make payments on your account. If any part of fees are being paid by an insurance provider or other third party, this may result in limitations to confidentiality. A 24-hour late/cancellation fee or no show fee of $50 will be charged if necessary. Subsequent late cancellations or no shows may result in termination of services.

HEALTH DEPARTMENT FOR FREE TB/HIV/STD TESTING:

Payne County Health Department (Cushing) – 1026 N Linwood, Cushing, OK 74023 – 918.225.3377

Payne County Health Department (Stillwater) – 1321 W 7th, Stillwater, OK 74074 – 405.372.8200

For more information about TB/HIV/AIDS.STDs, please visit www.cdc.gov.

EMERGENCY PROCEDURES:

Fire and/or Explosion: The first response will be to immediately evacuate the affected building. Counselors and staff on duty will notify all occupants to leave by posted evacuation routes and will report to the vacant grass lot located southeast of the building. The local emergency number 911 will be called from the unaffected location giving complete information as to the location and severity of the occurrence. Only when it is appropriately safe will any staff person attempt to extinguish a fire. Immediate safety of persons is the primary goal with preservation of property secondary. The office structure is equipped with an alarm system and emergency lighting. The office structure

is equipped with exit signs. At no time are clients left unattended. Staff will escort any impaired person(s) to the exits. The acting director in charge will determine if the building is empty and communicate with responding emergency personnel.

Bomb Threats: Threats made to the facility by phone, in person, or by other means of communication including but not limited to harm or threat of harm by physical means, explosives, bombs, guns, knives, hostage situations, or stalking will result in the immediate evacuation of the facility. All persons will be removed to a safe distance, the vacant grass lot located southeast of the building, and assistance will be requested by calling the local emergency number 911. Code words are in place to notify staff of the need to immediately evacuate the building or to remain in private offices for the safety of clients and staff. When the threat is made by phone, staff members have been advised to utilize caller ID and note the number from which the call is being made.

Natural Disaster: In case of a tornado warning or severe weather (including earthquakes), all standard precautions will be taken. Staff and other persons in the office building will evacuate the offices and/or take protective cover at the storm shelter, as designated on the building map. In case of storm damage, appropriate procedures will be followed depending on the severity. If necessary, the local emergency number, 911, will be called for assistance. The agency property is not in a flood zone; however, should flooding occur that prevents travel to and from the agency, staff and clients will be kept informed and office services canceled if necessary to promote travel safety. When driving conditions prevent safe travel, programs will be canceled and clients notified. In the instance that road conditions prohibit safe travel due to ice, snow, or other factors, the facility may close. It is the policy of GCWG to close if Cushing Public Schools are closed due to inclement weather. All new clients are made aware of this policy at orientation, and the agency's Facebook page will be utilized to relay any office closings. In addition, local media and the telephone voicemail system of the agency will be used to communicate with clients regarding facility closure. A recorded message will be placed on the agency voice mail system as well, and the agency calling tree will be utilized to notify staff.

Medical Emergency: Immediate response will be performed by staff trained in First Aid and CPR. When need is indicated, the local emergency number 911 will be called for professional EMT assistance by the responding staff member. A basic first aid kit, gloves, and alcohol swabs will be stored in an accessible location in the kitchen area.

Workplace Threats and Violence: Immediate response will be made to any threat or act jeopardizing staff and/or client safety to include the notification of law enforcement by

calling 911. Code words are in place to notify staff of the need to immediately evacuate the building or to remain in private offices for the safety of clients and staff. In an effort to safely manage disruptive and/or violent persons in the workplace, GCWG staff are trained in a behavioral management system including recognizing warning signs, using verbal de-escalation and intervention, and maintaining personal safety in a crisis situation.

Utility Failure: In the event of a power failure, the situation will be handled aptly depending upon the degree of outside darkness and current activity of persons. Lighting systems are available installed in all hallways and common areas. Each office is also equipped with back-up lighting. In case of the loss of heat or air conditioning, the office will be closed if necessary for the wellbeing of clients and staff. Appropriate action would require the evaluation of the length of time the facility would be without power, the current weather conditions, and other relevant factors. The Director will determine if the facility must be closed. In the indecent of a gas leak or other utility related threat to the safety and wellbeing of the staff and clients, the facility will be evacuated until emergency personnel can determine no threat exists.

Elopement or Wandering: In the event that a minor receiving outpatient treatment leaves the facility without the knowledge of his/her guardian or another approved individual, the authorities will be notified immediately. Law enforcement will be notified in the event that an adult client leaves the facility under duress or when there is evidence that the individual's safety might be in jeopardy.

Other unforeseen disasters resulting in the need to close the facility: Acts of terrorism, unrequested police presence, chemical/industrial accidents or other unforeseen situations may result in the need to close the facility to protect the safety of staff and clients. In the event that this occurs, local media and the telephone voicemail system of the agency will be used to communicate with clients. The Director will notify news stations and the office of emergency management for the City of Cushing. A recorded message will be placed on the agency voice mail system. In the event that GCWG facilities are unusable, the office will be closed.

<u>LOCAL COMMUNITY RESOURCES:</u>

Love INC – 203 W Moses – Cushing, OK 74023 – 918.225.1125

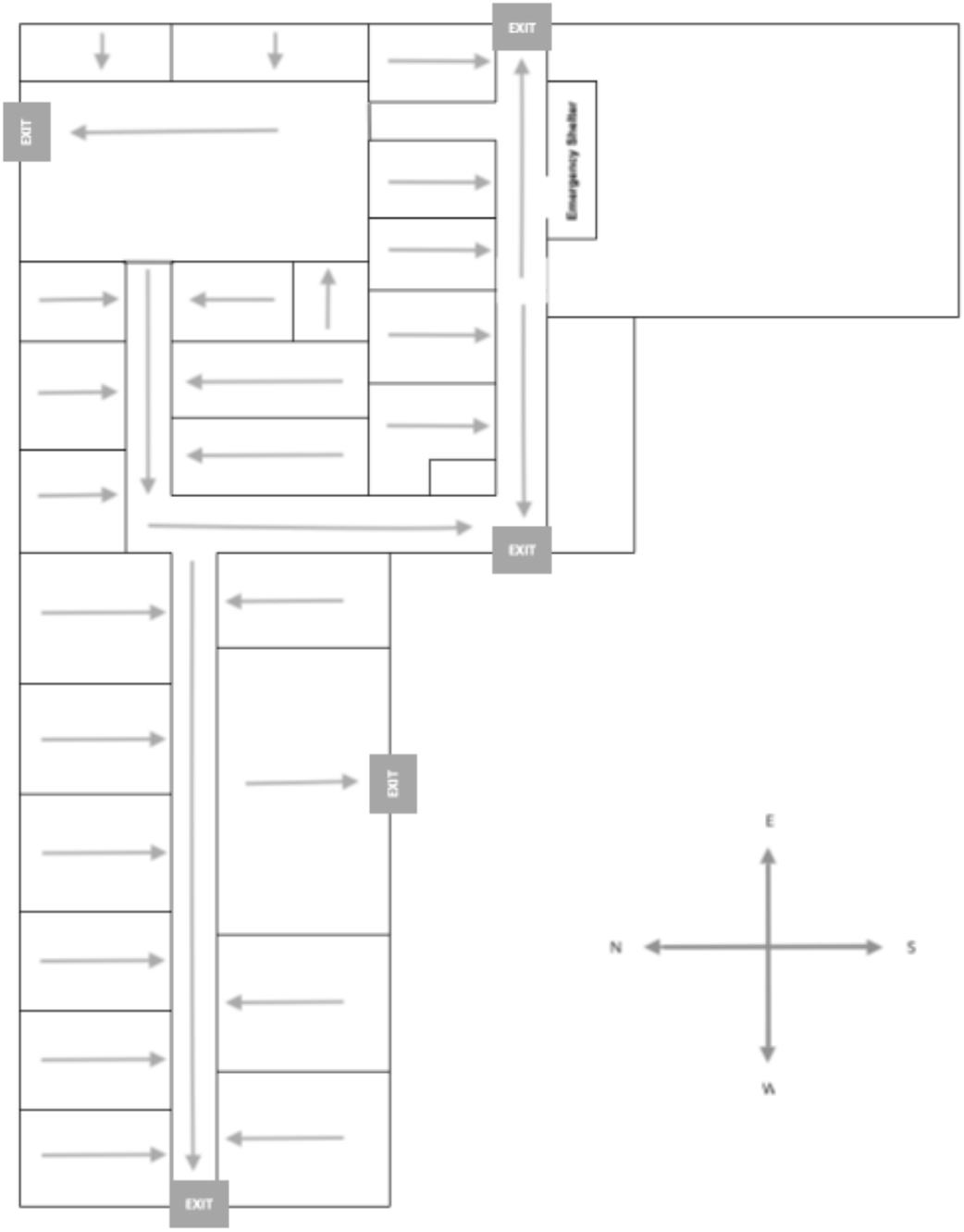
- Clearinghouse can assist with accessing local resources for food, clothing, utilities, furniture, baby items, etc.

Food Banks

- Cushing Community Food Pantry (First Baptist Church) – 918.225.4790
- Love, INC – 918.225.1125

Vocational Rehabilitation Services in Stillwater- Sheila Denson – 405.743.6904

GRAVES COUNSELING AND WELLBEING GROUP- BUILDING LAYOUT



GRAVES COUNSELING AND WELLBEING GROUP- GRIEVANCE FORM

You have the right to file a complaint about services received at Graves Community Counseling. To exercise this right, please complete, sign, and date the following form. Then, submit this complaint at:

Graves Counseling & Wellbeing Group, LLC
Nichole Graves, M.A., LPC, LADC/Mh
Local Advocate/Grievance Coordinator
1442 E Oak Street
Cushing, OK 74023
Phone: (918) 285-6268
E-Mail: nicki@gravescounseling.com

Graves Counseling & Wellbeing Group, LLC
Michael Graves
Board of Directors- Authorized Decision Maker
1442 E Oak Street
Cushing, OK 74023
Phone: (918) 306-0637
E-Mail: michaeldgraves209@yahoo.com

You may, in addition to or in alternative to filing a complaint with GCWG, file a complaint with ODMHSAS Office of Consumer Advocacy [Local: (405) 248.9037; Toll Free: (866) 699.6605; Reach-out Hotline: (800) 522.9054].

Complainant

Name: _____

Address: _____

Telephone: _____

E-Mail:_____

Birthdate: _____

Client's Grievance/Appeal of Grievance Outcome

Please provide a detailed description of your complaint.

_____

_____

_____

_____

Please tell what resolution you are seeking for this complaint.

_____

_____

_____

_____

_____
Consumer Signature Date

_____
Personal Representative Signature Date

*Consumers may also appeal their grievances with the contacts listed above, as well as with Office of Consumer Advocacy with the Department of Mental Health and Substance Abuse Services by calling (405) 248.9037 or (866) 699.6605.

GRAVES COUNSELING AND WELLBEING GROUP
HEALTH INFORMATION ACCESS FORM

As a client of Graves Counseling and Wellbeing Group, LLC, you are entitled under federal law to access your personal protected health information. In order to process your request for access to this information, please complete this form and submit it to the Privacy Officer. When received by the Privacy Officer, he or she will use the information to verify your identity and process your request. If you have any questions or concerns, please contact Nichole D. Graves, M.A., LPC, LADC/Mh, Privacy Officer at (918) 285-6268 or nicki@gravescounseling.com.

Client Name: _____

Birthdate: _____ Date of Access Request: _____

Access Method

You have a right to view your protected health information, obtain a copy of the information, or both. Please indicate below whether you wish to view the information only, obtain a copy, or both. If you select "copy", please indicate your method of delivery.

[ ] I would like to view my protected health information. I have scheduled/will schedule an appointment with Graves Counseling and Wellbeing Group, LLC to view my health information on _____. I understand that a staff member of Graves Counseling and Wellbeing Group may sit down with me as I review my health information.

[ ] I would like a copy of my protected health information. I understand that Graves Counseling and Wellbeing Group, LLC may charge me a fee for the copies as set forth in the following schedule: $0.25 for each page. I also understand that I may be required to pay the fee in full before I can obtain the copy/copies. I will return to Graves Counseling and Wellbeing Group, LLC and pick up the copy when it is ready.

I understand that Graves Counseling and Wellbeing Group, LLC is given thirty days to process my request for access, and that Graves Counseling and Wellbeing Group, LLC may extend the deadline by an additional thirty days if I am notified in writing of the extension. I further understand that my rights are limited to any information in my "designated record set" as defined in Section 164.591 of the Code of Federal Regulations.

By signing below, I acknowledge and agree to the above conditions.

_____ _____

Name of Client or Personal Representative | Personal Rep's Relationship (if applicable)

_____ _____

Signature of Client or Personal Representative | Date

GRAVES COUNSELING AND WELLBEING GROUP
TREATMENT ADVOCATE DESIGNATION FORM

Consumer Name: _____

Designated Treatment Advocate: _____

☐ I do not wish to designate a treatment advocate. _____ (Initial)

Please indicate the level of involvement of Treatment Advocate: _____

_____

_____

_____

FOR THE TREATMENT ADVOCATE: Please indicate your intention of serving: _____

_____

_____

_____

I, _____, understand that, as the Treatment Advocate for _____, I am expected to comply with all standards of confidentiality. By signing this form, I agree that I have reviewed all rules, laws, and exceptions of confidentiality, as well as GCWG's privacy practices. I further agree to abide by these rules and standards.

_____

Consumer Signature Date

_____

Parent/Guardian Signature Date

_____

Treatment Advocate Signature Date

_____

Staff Signature Date

GRAVES COUNSELING AND WELLBEING GROUP
SLIDING FEE DISCOUNT APPLICATION

It is the policy of Graves Counseling and Wellbeing Group to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to your therapist to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this agency, but not those services or equipment that are purchased from outside. This form must be completed every 12 months or if your financial situation changes.

HEAD OF HOUSEHOLD

Name: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

SPOUSE AND DEPENDENTS UNDER AGE 18

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

ANNUAL HOUSEHOLD INCOME

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, social security, supplemental security income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

_____

Name (Print)

_____

Signature

_____

Date

OFFICE USE ONLY

Client Name: _____

Approved Discount or Reason for Denial: _____

Reviewed and/or Approved By: _____

Date Approved: _____

Verification Checklist:

Identification/Address (Driver's license, utility bill, employment letter, other) ☐ Yes ☐ No

Income (Prior year tax return, 3 most recent paystubs, or other) ☐ Yes ☐ No

Insurance (Insurance card) ☐ Yes ☐ No ☐ N/A