

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)



SCSEP HANDBOOK

A GUIDE FOR PARTICIPANTS AND PARTICIPATING AGENCIES



Revised 10-18-2022

Senior Community Service Employment Program (SCSEP)

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1. OVERVIEW

The Senior Community Service Employment Program (SCSEP) is a community service and work-based job training program for older adults. Authorized by the Older Americans Act, the program provides useful part-time opportunities in community service employment for low-income, unemployed seniors. Participants also have access to employment assistance through their local Michigan Works! The program's goal is to assist in the participant's development for placement into a permanent unsubsidized job allowing the opportunity for another eligible person to receive training.

SCSEP is a work training program funded by the U.S. Department of Labor and sponsored by the Northeast Michigan Community Service Agency (NEMCSA) - Region 9 Area Agency on Aging (AAA). The Department of Labor requires that participants be at least 55 years of age or older, unemployed, and have a family income of no more than 125% of the current federal poverty guidelines. Enrollment priority is given to individuals who: are age 65 and older, have a disability, have limited English proficiency, have low literacy skills, reside in a rural area, are veterans (or eligible spouses of veterans) for purposes of the Jobs for Veterans Act, Pub. No. 107-288 (38 USC 4215(a)), have low employment prospects, have failed to find employment after using services through the Michigan Works System, are homeless or at risk of homelessness, or are formerly incarcerated or on supervision from release from prison or jail within five years of the date of initial eligibility determination.

Participants are temporarily employed by the SCSEP and assigned to work at one of a variety of non-profit agencies that have entered into a work agreement with the program sponsor (Region 9 AAA). Participants shall not be required to work more than 20 hours per week. The AAA SCSEP Coordinator, as agreed upon by the participant, may specifically authorize shorter or longer periods. Participants shall work within the regular business hours, 8:30 am – 4:30 pm, of the program sponsor and shall not exceed an average of 1,300 hours per 12-month enrollment period. Participants will receive the current minimum wage. The assignment of a participant to an agency may not result in the displacement or partial displacement of a host agency employee. All applicants and participants will be treated in a fair and equitable manner.

Participants shall not exceed a 48-month lifetime participation cap of enrollment in the SCSEP. The average participation in Region 9 is 27-months. The SCSEP retains the right to move participants to other host sites when necessary to obtain additional skills needed for transition to employment. The SCSEP program year runs from July 1st through June 30th.

2. PARTICIPANT RESPONSIBILITIES

Intake Eligibility Form – Each enrollee provides the SCSEP Coordinator information needed to complete the Intake Form. This form is completed initially by the participant to determine program eligibility. Participants are required to advise the SCSEP Coordinator of any change in income to assure continued eligibility.

Individual Employment Plan (IEP) – Participants are responsible for completing an employability plan which shall include a resume and information needed for transition to unsubsidized employment. Each enrollee must continue to conduct personal job search

activities by obtaining job applications, accepting job interviews, enrolling in Pure Michigan Talent Connect, utilizing job services at their local Michigan Works! office, checking other online job search engines and local newspapers, and seek to attain the goals specified in their SCSEP Individual Employment Plan. The SCSEP Program Coordinator will make random checks for verification of job search activities. A participant may be exited from the program if they refuse to job search or refuse an offer of employment.

An update to the IEP is conducted every 6 months to determine if the previous set goals are still appropriate and to identify additional actions that need to be taken to support the current goals.

Annual Recertification – A recertification is conducted annually on the participant’s income to determine that he or she is still eligible to participate in the SCSEP. This annual review and updates to the participant’s goals will help determine if the participant stays with the current assignment or is reassigned to another host agency for continued training.

Political Activities – Participants are not permitted to participate in partisan or non-partisan political activities during hours for which they are being paid with SCSEP funds.

Leave of Absence/Break in Service – Some circumstances may result in a necessary break in participation with the host site. The SCSEP Coordinator may allow a leave of absence or break in service within the SCSEP. This is based upon individual need and program discretion.

3. POLICIES AND PROCEDURES

SCSEP participants are considered part-time employees of NEMCSA who provides fiscal management and payroll for the SCSEP. Participants are not eligible for any of the following NEMCSA benefits: insurance coverage, annual leave, sick leave, holiday time, holiday pay, retirement, salary increments, longevity, long term disability, deferred compensation, reclassification, or COLA. Participants are not regulated by the NEMCSA Personnel Policies or Employee Handbook. Participants abide by the SCSEP Handbook, SCSEP Policies and Procedures, and their host site personnel policies and procedures. The Region 9 AAA and many host sites will require a criminal background check. Eligibility for the SCSEP is not contingent upon passing this check.

Host Site Personnel Policies – Participants receive a copy of the host agency's personnel policies, including those involving grievance procedures. Enrollees are expected to follow all applicable host agency policies and procedures. Participants are always expected to perform their work assignments safely and in a mature and responsible manner. Problems or difficulties should be discussed with the host agency supervisor and the SCSEP Coordinator. Since participants are placed under the supervision of a host agency, it is expected that proper guidance will be given and followed.

Grievance Procedure – Participants are to follow the host agency’s grievance procedures as outlined in their personnel policies. The Region 9 AAA may act as mediator to help resolve any grievance that cannot be resolved at the host agency level. The SCSEP Coordinator must be notified to assist in problem resolution. If the issue is not resolved by the SCSEP Coordinator, the

Region 9 AAA Director will be contacted for further assistance along with the State SCSEP Program Manager at the Administration for Community Living Supports (ACLS Bureau). (See Attachment C Grievance and Complaint Procedure).

Confidentiality – The NEMCSA-Region 9 AAA is committed to safeguarding all information including history, records and discussion regarding NEMCSA employees and the individuals we serve. We are required by law to protect the privacy of your medical and any other personal identifiable information we have about you on file as part of your affiliation with NEMCSA. The Notice of Privacy Practices, will inform you about the ways NEMCSA may use and disclose personal identifiable information, including health information, about you. Your signature acknowledging receipt of the notice will be kept in your participant file. (See Attachment E Notice of Privacy Practices). Participants will also receive training on NEMCSA’s privacy policies.

Emergency Procedures for COVID-19 or Other Similar Situations – In the event of emergency host site closures due to a pandemic or other situations which requires participants to stay at home, the participants will be directed by the SCSEP Coordinator to shift to virtual or self-paced training activities until the emergency is over and the participant is allowed back at their host site. Training activities such as host site duties that can be performed at home, webinars, tutorials, etc. will be provided by the Host Site Supervisor and/or the SCSEP Coordinator. These activities will continue until the emergency is lifted and/or otherwise directed. (See Attachment D SCSEP Covid-19 Continued Training Plan in the Event of Host Site Closure).

Emergency Procedures – SCSEP participants will follow, in addition to their host site rules, the NEMCSA “Emergency Procedures” Policy. (See Attachments A and B).

Worker’s Compensation – All SCSEP participants are covered by NEMCSA’s workers’ compensation insurance carrier during their assigned hours and while performing their assigned tasks. It is very important that participants and host site supervisors communicate changes in job duties or scheduled work hours to the SCSEP Coordinator immediately. In the event an accident or injury occurs during assigned work hours at their host site, participants are to follow the procedures set forth in the attached SCSEP Policy #2 - Accident/Injury/Illness Workman’s Compensation Procedures.

4. HOST AGENCY RESPONSIBILITIES

The NEMCSA-Region 9 Area Agency on Aging will recruit and enter into an agreement with a variety of non-profit agencies to act as a host site and provide a work training environment for participants in the SCSEP. The Region 9 Area on Aging will also recruit and determine the eligibility of all participants enrolled in the SCSEP in accordance with state and federal requirements. (See attached SCSEP Local Policy #1 Host Agency and Participant Recruitment and Participant Eligibility).

Host Site Agreement Form – The host agency completes and signs the Host Site Agreement Form. The host agency agrees to provide orientation, supervision, training, and verification of accurate time reporting. The host agency supervisor will assist in developing the participant’s training goals as part of the Individual Employment Plan (IEP) and will provide a semi-annual

and an annual update on the participant's progress. Further, the host agency agrees to consider qualified participants for regular positions within their agency as they occur. The host agency also provides an agreed upon in-kind match.

Host agencies provide each participant with an orientation as well as an accurate job description, work schedule and a copy of the host site's personnel policies and safety procedures. Copies of these materials are also sent to the SCSEP Coordinator.

Participant Performance Evaluation – The host agency supervisor conducts an evaluation of the participant every 6 months and completes the Participant Performance Evaluation form, a copy of which is sent to the SCSEP Coordinator. The goals initially set in the participant's IEP are reviewed and updated as needed. Host agencies are encouraged to advise the SCSEP Coordinator of the participant's progress. It is understood that all participant placements with host agencies are temporary.

6. TIME, ATTENDANCE AND MILEAGE REPORTING

Time Sheet – Both the participant and host agency supervisor are responsible for verifying the hours of work reported on the Time and Activity Sheet. Timesheets may be set up by the Region 9 AAA and submitted electronically.

The payroll period begins every other Sunday and covers 14 days. Participants are limited to a maximum of 40 hours per pay period. Timesheets must be approved and dated by both the participant and the host agency supervisor and sent to the SCSEP Coordinator at the NEMCSA-Region 9 AAA office no later than the Friday at the end of each two-week pay period. Timesheets not submitted on time may delay payment for an additional two weeks.

Mileage – For training purposes, mileage may be reimbursed by the SCSEP during a program year per notification to the host agency. Otherwise, mileage is reimbursed by the host agency per their instructions. When applicable, authorized mileage sheets are sent to the NEMCSA – Region 9 AAA office every two weeks. Mileage checks are issued and sent on the first Monday of the two-week pay period. Thus, mileage checks generally arrive in the same week as a paycheck. Mileage reports must be submitted on the NEMCSA mileage form and include your employee number, name, address, specific dates, area traveled and purpose, odometer readings, total miles, and vehicle driven. Both the participant and host site supervisor must sign and date each mileage sheet. Unauthorized mileage may be denied.

7. ENROLLEE BENEFITS

Each SCSEP participant is provided with the following benefits:

Sick Leave – Each participant will start the program year with 20 hours of necessary sick leave. This leave may only be utilized when accompanied with a doctor's notice. The doctor's notice must be turned in with the timesheet stating the duration the participant must be off, or the sick leave will not be able to be used per the Senior Community Service Employment Program Sub-Grantee Program Manual. There is no carryover of sick leave into the next program year.

Holidays – Holidays are to coincide with the host agency’s holiday schedule. Host agencies are allowed to adjust a participant’s work hours for the week to accommodate the holiday. Holiday pay is allowable if the holiday falls on a regularly scheduled workday, and the host agency pays their regular part-time staff holiday pay.

Adjusted Work Schedule – When requested time off is not able to fit into the above categories, it is allowable for enrollees to adjust their work schedule and/or workdays to accommodate need. Approval must be agreed upon by both the host site and SCSEP Coordinator.

8. PHYSICAL EXAMINATIONS

Physicals – The SCSEP offers the participant an opportunity to have, with certain limitations, a physical examination performed by a physician. If the SCSEP assignment requires a physical, that requirement is conveyed to the participant. Each participant is offered the opportunity to have a physical exam at least once each year. The participant has the option to share a copy of the results with the SCSEP Coordinator. The results may not be taken into consideration in determining participant placement. Participants may waive the opportunity to have a physical.

9. TERMINATION POLICY

In all cases of termination, except as noted below in cases of serious violations, participants will receive progressive discipline and an opportunity for corrective action, before a formal termination notice is issued. In all cases, participants will receive a 30-day notice of termination letter informing them of their exit date, reason for termination, and the right to appeal under the ACLS Bureau grievance procedures. (See Attachment C-1 ACLS Bureau Policy and Procedure to Resolve Complaints for Applicants, Employee, and Participants).

Lack of Funding – In the event SCSEP funds are decreased resulting in a loss of position(s), the Region 9 AAA reserves the right to terminate the participant that has been with the program the longest period of time. If a participant is terminated, they will receive notification in writing and a 30-day exit period. SCSEP is considered a training program rather than an employment program; therefore, every effort will be made to ensure that new participants have access to training time.

Voluntary – Any participant who cannot continue in the program due to conflicting responsibilities, problems or illness should contact their host agency supervisor and the SCSEP Coordinator (both verbally and in writing) at least two weeks before leaving the program.

Involuntary of For Cause Termination – Participants may be involuntarily terminated due to one or more of the following reasons:

1. Knowingly providing false information in the eligibility process.
2. Incorrect determination of eligibility.
3. No longer meeting the eligibility criteria.
4. Reaching the maximum program participation limit.
5. Becoming employed during enrollment.

6. Termination for cause, which includes refusal to conduct and report job search activities, refusing to accept a reasonable number of job offers or referrals for unsubsidized employment, based upon the Individual Employment Plan (IEP), with no extenuating circumstances which would keep a participant from transitioning to unsubsidized employment.
7. Breach of confidentiality.
8. Other egregious acts or situations.

Maximum Duration Policy – Enrollment in the SCSEP cannot exceed 48 months in a lifetime whether or not time of participation is consecutive unless authorized by the ACLS Bureau. Once a participant reaches his/her maximum duration limit, he/she will be terminated from the SCSEP. At this time, no extensions will be granted.

10. TRANSITIONAL SERVICES

Six months prior to a durational limit date, a letter will be sent to the participant notifying them of their durational limit date. A checklist of possible services is included in this letter to help the participant identify any services they may need as they transition out of the program. A meeting (in person or by phone) will be set-up to create a transitional plan that will help individuals who are nearing the 48-month time limit to smoothly transition out of the program.

30 days prior to the durational limit date, another letter is sent notifying the participant again of the durational limit date and offering any other services they might need.

Region 9 AAA	Senior Community Service Employment Program (SCSEP) Local Policy	#1
Policy Name	Recruitment: Host Agency and Participant Eligibility: Participant	
Original Policy Date	11-11-2019	
Review/Revise Date	4-27-2021	

Policy:

The Region 9 Area Agency on Aging (AAA) will recruit and enter into an agreement with a variety of non-profit agencies to act as a host site and provide a work training environment for participants in the Senior Community Service Employment Program (SCSEP).

The Region 9 Area Agency on Aging will also recruit and determine the eligibility of all participants enrolled in the SCSEP in accordance with state and federal requirements.

Host Site Recruitment Procedures:

1. Potential host agencies are identified using non-profit search engines such as Melissa.com, Google search by county, or through networking with current subcontractors such as the Councils/Commissions on Aging and at various senior events, conferences and senior health fairs.
2. Potential host agencies are contacted by email or telephone and an initial explanation of the program is given. A copy of the SCSEP Handbook and Host Site Agreement Form is also sent for their review.
3. The potential Host Agency identifies a work training position and provides a job description. The training position can be up to 20 hours per week, not to exceed 1,300 hours per 12-month enrollment period, at the current minimum wage.
4. The SCSEP Coordinator will advertise the job opening on Pure Michigan Talent Connect, in local newspapers, at the local Michigan Works! senior center and veterans offices or clinics as appropriate.
5. The SCSEP Coordinator will do an initial phone screen for program eligibility on any interested applicants. Once deemed eligible, participants are sent to the potential host agency for an interview.
6. When a participant is selected, the host agency is contacted to schedule an appointment for SCSEP enrollment along with the participant. The host agency provides a job description, work schedule and personnel policies along with helping set goals for the Individual Employment Plan (IEP) and signing the Host Site Agreement Form.
7. Procedures 1-6 must be in place prior to a participant's placement with a host agency.

Participant Recruitment Procedures:

1. Available training opportunities with the SCSEP are posted on Pure Michigan Talent Connect and advertised in local newspapers, Michigan Works! offices, VA clinics, Michigan Rehabilitation Services, and local senior centers as appropriate.
2. The SCSEP Coordinator is contacted by interested applicants typically by phone or by receiving their resume by email or mail.
3. The SCSEP Coordinator contacts interested applicants by phone to explain the program and conduct a screen for eligibility. Program eligibility information for employment is gathered and includes address, number in household, age, employment status, income, disability, veteran status, etc. Based on the information provided, applicants are deemed either eligible or ineligible for the SCSEP.
4. If there is an opening with the SCSEP, the host agency is contacted to set up an interview. If there are currently no program slots available, the program is reviewed, and the applicant is put on a wait list for the next available opening. They are also made aware of services provided by Michigan Works and the AARP/SCSEP.

Eligibility Determination Procedures:

1. The SCSEP Coordinator is initially contacted by interested applicants by phone or receipt of resumes by email or mail.
2. The SCSEP Coordinator contacts interested applicants by phone to explain the SCSEP.
3. The SCSEP Coordinator then conducts a telephone screening for eligibility. Program eligibility information is gathered and includes address, number in household, age, employment status, income, disability, VA, etc. Based on the information provided, applicants are deemed either eligible or ineligible for the SCSEP.
4. If there is an opening with the SCSEP, the host agency is contacted to set up an interview. Priority for program enrollment is given to applicants who are veterans or qualified spouses, then to individuals who are over age 65, have a disability, have low literacy skills or limited English proficiency, reside in a rural area, are homeless or at risk of homelessness, have low employment prospects, or have failed to find employment after using services through the local American Job Center (Michigan Works!) system.
5. An appointment is then scheduled between the SCSEP Coordinator, host agency and the applicant. Eligibility information obtained previously by the participant is verified through documentation provided by the participant.
6. If there are currently no program slots available, the applicant is put on a wait list for the next available opening. They are also made aware of services provided by Michigan Works and the AARP/SCSEP.

Region 9 AAA	SCSEP Policy	#2
Policy Name	Accident/Injury/Illness Workman's Comp Procedures	
Original Policy Date	4-2021	
Review/Revise Date		

Policy:

Senior Community Service Employment Program (SCSEP) Host Site Agencies agree to provide the participant a safety orientation and the proper information, tools and working environment to safely perform their assigned tasks.

SCSEP participants are covered by the Northeast Michigan Community Service Agency (NEMCSA) worker's compensation insurance carrier during their assigned hours and while performing their assigned tasks.

Procedures:

Whenever SCSEP participants have an accident/injury/illness occur during assigned work hours at their host site (this includes a positive COVID diagnosis due to being exposed at work), please complete the following steps:

1. Report your injury to your host site supervisor and SCSEP Coordinator.
2. Call 1-866-323-4277 to speak to a Registered Nurse.
3. Provide NEMCSA's Employer Account #20779 to the nurse. You will also need to provide your work location street address.
4. Enter your accident/injury/illness in the HR Portal at www.nemcsa.org. On the NEMCSA landing page, click Employee Login at the top. Scroll down and click on HR Portal. Complete the log in information using the log-in and password you received from NEMCSA during SCSEP enrollment. Click on Employee Menu at the top and choose Employee Accident/Injury/Illness Report. Click on Add A New Accident/Injury/Illness Report and follow the directions to complete the form. When completed click on Submit and log out.
5. See the attached instructions for completing an Employee Accident/Injury/Illness Report.



Three steps to follow if you are injured while at work:

1. Report your injury to your supervisor
2. Call to speak to a Registered Nurse
3. Provide employer account number to the nurse

**Northeast Michigan Community Account
Number 20779**

TeleCompCare®

866-323-4227

EMPLOYEE ACCIDENT/INJURY/ILLNESS REPORTING INSTRUCTIONS

On-the-Job Accident/Injury/Illness

ALL accidents/injuries/illnesses arising out of and in the course of your employment with NEMCSA must have an accident report on file with the Human Resources (HR) Department. If a report is not filed in a timely manner, the claim may be denied. Claims will be submitted to our Worker's Compensation Carrier, as necessary.

Verbally report all accidents/injuries to your supervisor, *and* the HR Department (989/358-4600) at the main office immediately! Complete the Employee Accident Report on the HR Portal and the Authorization for Release of Medical Information (you will be navigated to this page upon clicking submit to your report in the HR Portal).

NEMCSA has the right to direct care for the first 28 days of a claim. If you must seek medical attention, please be seen at a local occupational health clinic or walk-in clinic. Do not seek services from a Chiropractor or your regular doctor, and do not go to the Emergency Room (unless it is a true emergency).

- Do not utilize personal health or prescription insurance.
 - Inform all providers the injury is work-related and request them to bill NEMCSA HR.
 - Obtain a *Fitness for Duty Report* indicating a return-to-work date & restrictions and their duration (if applicable). Present it to HR before you return to work, along with all discharge paperwork received.
 - Whenever a subsequent follow-up doctor visit reflects a change to prior written certification, an updated Fitness for Duty Report is required and must be submitted to HR
-

A copy of the Fitness for Duty Report is located on within the HR Database. Please click on the words "Fitness for Duty" to navigate to a page where this form can be printed.

- Any verification needed by a provider should be addressed to the HR Department at the main office in Alpena at 989/358-4600 (available Monday – Friday; 8:30 am – 4:30 pm).

- Forward all correspondence received (discharge statements, bills, paid prescription drug receipts *including detailed information attached to the bag*, etc.) to the HR Department immediately for processing. Our Worker's Compensation Insurance Carrier reviews all related bills to consider them for payment.
- On the day of injury if time off is necessary the employee will be paid. **For the day of injury only, do not charge lost work time to sick leave.** Complete time sheet showing actual time and hours worked, and lost work hours (if applicable) noting time of work-related injury.
- Pending a decision from our Worker's Compensation Insurance Carrier, employees are to utilize 100% of accumulated sick leave (**SL**) hours* on their regular workdays during the first seven (7) consecutive calendar days following an on-the-job accident/injury/illness (beginning the day following injury date). After that time, no further use of leave time will be allowed unless HR receives a notice of denial of the claim from the Insurance Carrier. Leave hours may only be used in current and future payroll periods. **If initial medical evaluation confirms work loss time will be 14 or more calendar days, employees may not utilize leave time for any portion of the absence due to the injury.**
- Worker's Compensation reimbursement of lost wages (doctor-approved time off) is non-taxable income. Per the NEMCSA Employee Handbook, time away from work section, Worker's Compensation leave is considered Family Medical Leave and is subject to all FMLA leave policies. If not returned to active work status by the end of the FML period, employees may request a Leave of Absence. If ineligible for FML, employee may request a Leave of Absence. Eligible employees will have job & benefit protection under FML/LOA, per policy. If not returned to active work status by the end of the benefit protection period, eligible employees have the option of carrying insurance under COBRA for a period of 18 months at their expense.

* Once **SL**-Sick Leave hours are exhausted, employees must utilize other accumulated time available (i.e. **LV**-Longevity Time, and **AL**-Annual Leave).



Northeast Michigan Community Service Agency, Inc.

POLICY AND PROCEDURES

NEMCSA Health & Safety Policy & Procedures
Emergency Procedures

Effective Date: September 24, 2004

Revised: September 30, 2020

Revised:

Approval:

Purpose: To have a defined course of action for employees and volunteers to follow if an emergency arises.

These procedures are provided as guidance only. Never do anything to endanger yourself or others.

Policy Scope: All NEMCSA employees and volunteers.

Procedure: NEMCSA strives to ensure a safe workplace; therefore, it is the responsibility of each employee and volunteer to adhere to the following standards:

- Work according to good safety practices as posted, instructed and discussed.
- Refrain from any unsafe act that might endanger you, your co-workers or the people we serve.
- Familiarize yourself with the location of fire exits, alarms and extinguishers, as well as indoor and outdoor assembly areas. Refer to NEMCSA's Emergency
- Evacuation Diagrams and Routes Policy and the posted diagram specific to your workspace.
- Provide immediate assistance to handicapped individuals as needed.
- Use all safety devices provided at your work location for your protection. Failure to comply with safety requirements may result in disciplinary action up to and
- including termination.
- Report any unsafe situation or acts immediately to a supervisor.

Each emergency situation has its own set of guidelines as outlined by the attached

NEMCSA Emergency Procedures and Bomb Threat Checklist. All NEMCSA employees have the responsibility to become familiar with these procedures.

A two-sided copy of the NEMCSA Emergency Procedures and Bomb Threat Checklist is provided to be kept near/under each telephone for immediate accessibility. **Upon receipt, the Important Phone Numbers section of the Emergency Procedures Form must be completed to reflect appropriate numbers relevant to the work location.**

Supervisors are responsible to ensure the two-sided Emergency Procedures/Bomb Threat Checklist is present at each relevant location containing a phone (i.e.; lunch, conference, and supply rooms).

NEMCSA EMERGENCY PROCEDURES

Attachment A

These procedures are provided as guidance only. Never do anything to endanger yourself or others.

This Location Address and Phone Number: _____

FIRE/EXPLOSION

- Call 911 immediately.
- Alert building occupants to evacuate.
- Assist visitors and persons with disabilities.
- If you are in smoke, stay low to the ground.
- Do not use elevators.
- Evacuate building, utilizing closest unaffected exit; close all doors (do not lock).
- Meet at designated assembly area (at least 500 feet away from building). Assure all persons are accounted for, if not, notify emergency personnel.
- Do not re-enter area until instructed.

SEVERE WEATHER

- Alert building occupants of emergency.
- Assist visitors and persons with disabilities.
- Seek shelter in designated areas, such as a basement, interior hall or office.
- Avoid seeking shelter in large rooms such as auditoriums and gymnasiums.
- Stay away from all windows, skylights and exterior doors.
- Take cover under heavy tables and/or sturdy furniture when possible.

MEDICAL EMERGENCY

- Call or have someone call "911".
- Administer first aid if qualified or seek someone who is.
- DO NOT MOVE THE VICTIM except to prevent further injury.
- Stay with victim until police/ambulance arrive.
- Complete the Employee Incident/Injury/Illness Report.

TOXIC FUMES/VAPORS

- Alert building occupants of emergency.
- Assist visitors and persons with disabilities.
- Evacuate area.
- Call "911".

CIVIL DISTURBANCES

- Refer to NEMCSA's Violence Prevention and Intervention Policy and Workplace Violence Response Card.
- If a person is causing a disruption within the facility, ask them to leave. If they refuse to leave call 911.
- Avoid provoking or obstructing the individual(s).
- Avoid area of disturbance.
- Stay away from doors or windows if the disturbance is outside.
- Continue with normal routine.

BOMB THREAT (Refer to Checklist - See Back)

- Take all threats seriously.
- Remain calm and do not panic others.
- If written threat, avoid excessive handling of the article.
- Call 911 and follow their instructions.
- Turn off all two-way radios and cell phones.
- Obtain as much information as possible about the bomb and/or caller.
- If evacuation ordered, move at least 500 feet away from building.
- Do not re-enter the building until instructed.

SUSPICIOUS LETTERS/PACKAGES

- Do not open, shake or empty contents.
- Do not try to clean up spilled contents.
- Cover with plastic to prevent leakage.
- Leave room, close door or section off.
- Wash hands with soap and water.
- Report to Police "911".
- Record all persons who may have been exposed.

HAZARDOUS SUBSTANCE SPILLS

- Remove individual from area unless unsafe to do so
- Call "911".
- If qualified, administer first aid as specified in the Health/Hazard Data Section of the MSDS.
- Remove contaminated clothing.
- Contaminated person should seek medical attention.
- Contaminated person should avoid contact with others

FLOOD/WATER DAMAGE

- Indicate nature of valuables at risk.
- Notify supervisor.
- Use extreme caution around electrical appliances and outlets.
- Evacuate if necessary.

IMPORTANT PHONE NUMBERS

Emergency: 911

Police/Sheriff:	_____ / _____ - _____
Fire:	_____ / _____ - _____
Supervisor:	_____ / _____ - _____
Mobile/Cell:	_____ / _____ - _____
Electricity:	_____ / _____ - _____
Gas:	_____ / _____ - _____
Water:	_____ / _____ - _____

NEMCSA Incident Management Team:
(866) 484-7077 or (989) 358-4600

BOMB THREAT CHECKLIST

Attachment B

If threat is made by phone, pay particular attention to any strange or peculiar background noise such as motors running, background music, type of music and any other noises that may provide clues as to the place from which the call is being made. Record exact wording spoken by caller in the space provided below.

QUESTIONS TO ASK:

- 1. Ask caller to repeat information.
- 2. When is the bomb going to explode?
- 3. Where is it right now?
- 4. What does it look like?
- 5. What kind of bomb is it?
- 6. What will cause it to explode?
- 7. Did you place the bomb?
- 8. Why?
- 9. What is your name?
- 10. Inform caller the building is occupied and the detonation of a bomb could result in death or serious injury to innocent people.

CALLER'S VOICE:

- | | | | |
|----------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Laughing | <input type="checkbox"/> Lisp | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Crying | <input type="checkbox"/> Raspy | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Normal | <input type="checkbox"/> Deep | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Distinct | <input type="checkbox"/> Ragged | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Slurred | <input type="checkbox"/> Clearing Throat | |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Nasal | Sounded Like: _____ | |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Stutter | Familiar: _____ | |

LANGUAGE USED:

- | | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Well-Spoken | <input type="checkbox"/> Foul | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Taped | <input type="checkbox"/> Being Read | | |

Sex of caller: M F Age _____ Race _____ Length of Call _____

Note caller I.D. number: (____) _____ - _____

REMARKS:

Complete information below immediately following incident:

Reported call immediately to: 911 Supervisor: Name: _____ Phone#: (____) _____ - _____

Date of Incident: ____/____/____ Time of Incident: _____ Location: _____

Reported by: Name: _____ Phone#: (____) _____ - _____

Original: Responding Authority
cc: Incident Management Team



Senior community Service Employment Program (SCSEP)

Grievance and Complaint Procedure

The procedure set forth below should be used by persons who are program participants or applicants applying for services, or other interested person under Title V funding, received from the Administration for Community Living Supports (ACLS Bureau), who, by administrative process set procedures for grievances or complaints that may arise in relation to alleged violations of the funding source, regulations and any grant, contract, or other agreement.

STEP 1: As applicable, complainants are encouraged to first discuss and attempt to resolve the issue informally at the host agency training site.

STEP 2: If the problem cannot be resolved at the host agency training site, the local SCSEP Coordinator will be contacted by the complainants to assist in problem resolution.

STEP 3: If the issue is not resolved by the SCSEP Coordinator, the Area Agency on Aging (AAA) Director will be contacted for further assistance along with the State SCSEP Program Manager at the ACLS Bureau for resolution.

Step 4: If steps 1-3 do not resolve the problem, the complainant is afforded the opportunity to:

- Submit their grievance in writing to the Northeast Michigan Community Service Agency (NEMCSA) CEO, 2569 US-23 South, Alpena, MI 49707. A formal review is not required at this step if the grievance can be resolved without one or the complainant withdraws the grievance.
- A written decision shall be issued which will include all required information.
- This complaint may be dismissed by the NEMCSA CEO if it lacks merit, if it is determined that the complainant fails to state a grievable issue or there is no relief that can be granted, or if the complainant fails to comply with this procedure. NEMCSA will inform the complainant in writing of the reason(s) the complaint was dismissed. The notification will be issued as soon as possible or within 60 calendar days from the date the grievance was filed and will include the opportunity to appeal.

STEP 5: If the complainant is not satisfied with a response, the complainant may appeal, in writing, to the State SCSEP Program Manager at the ACLS Bureau. The appeal must be filed no later than (10) calendar days from receipt of an adverse decision. See attached ACLS Bureau policy.

I have read and understand the grievance and complaint procedure (Appendix C).

SCSEP of Participant

Date

SCSEP Coordinator

Date



ACLS Bureau Senior Community Service Employment Program (SCSEP)

Policy and Procedure to Resolve Complaints for Applicants, Employee, and Participants

In accordance with the ACLS Bureau Senior Community Service Employment Program (SCSEP) policies and procedures, ACLS Bureau subgrantees of the SCSEP are primarily responsible for resolution of complaints at the local level. For purposes of this policy, ACLS Bureau SCSEP subgrantees are those projects which the ACLS Bureau has designated to be recipients of SCSEP funds at the local level in order to administer the program.

Efforts are made by subgrantee host agencies to resolve issues that may arise concerning problems at the training site. If the problem cannot be resolved at the host agency training site, the ACLS Bureau SCSEP subgrantee will be contacted to assist in problem resolution. In the event the grievance is unable to be resolved at the subgrantee level, all grievances will be forwarded in writing to the SCSEP State Program Manager for resolution. In the event the State Program Manager is unable to resolve the grievance, the Director of the ACLS Bureau will meet with the affected parties in order to resolve the grievance.

All applicants, participants, and employees will be afforded a 30-day notice in the event of any negative action. Such notice will afford the affected party an opportunity to address their grievance in a timely manner. In accordance with established rules and procedures, any applicant, participant, or employee may file a grievance if he or she believes they have been discriminated against or are the subject of differential, irregular, or illegal treatment.

Each SCSEP subgrantee has established complaint procedures, including an opportunity for an informal conference, a formal conference, and a prompt response. SCSEP subgrantee grievance procedures are on file with the ACLS Bureau SCSEP State Program Manager. Upon enrollment in the program, all SCSEP participants are given a copy of the local subgrantees policy as well as the ACLS Bureau grievance policy. Participants sign an enrollment form which states they have been given a copy of the state and local subgrantee grievance policies. Participants are instructed to address any problems they may have through the appropriate channels as developed by their respective subgrantee before contacting the ACLS Bureau. If an issue cannot be resolved at the host agency or subgrantee level, a participant is offered the opportunity to request an ACLS Bureau review according to the established procedures.

The following are the ACLS Bureau SCSEP established complaint procedures:

Informal

Step 1 – The participant/applicant/employee (hereinafter referred to as complainant) who has a grievance will first informally discuss the grievance with their immediate supervisor at the training site if it is a participant with an issue at the training site. If it is not an issue at the training site, the participant will contact the local SCSEP Subgrantee within 5 business days after knowledge of the grievance or reason for the grievance has occurred. The SCSEP subgrantee will attempt to act on or resolve the grievance within 5 business days.

Formal

Step 2 – If satisfactory disposition cannot be agreed upon at Step 1 with the complainant, a formal written grievance can be filed with the local SCSEP subgrantee following their designated process. All grievances must be submitted in writing and contain, to the extent possible, the following information:

- Full name, address, telephone number of the party/parties involved in filing the grievance.
- The full name and address of the party against whom the grievance is made, or other information sufficient to identify the party whom the grievance is made.
- A clear and concise statement of the facts, as alleged, including pertinent dates constituting alleged violation.
- The provision of the act, regulations, grant, contract, or other agreements under the act believed to have been violated.
- Relief requested.

Upon receipt of the written grievance, the SCSEP subgrantee has 10 business days to act upon or resolve the grievance. If he or she fails to do so, or if the issue is not resolved to the satisfaction of the complainant, the complainant may appeal the decision to the state. In this instance, the grievance will be submitted in writing to the attention of the SCSEP State Program Manager of the ACLS Bureau within 10 business days for consideration.

Step 3 – The SCSEP State Program Manager shall consider such written communication and contact the complainant in order to resolve the grievance. If after attempts have been made to resolve the grievance and the SCSEP State Program Manager is unable to do so to the satisfaction of the complainant, the SCSEP State Program Manager will schedule a hearing for the complainant with the Director of the ACLS Bureau within 10 business days.

Step 4 – A hearing will be held with the complainant and the Director of the ACLS Bureau. The hearing will include a discussion of the grievance itself with the complainant present. In addition to the complainant being present, the complainant will also have the opportunity to call witnesses on his or her behalf. After the grievance has been heard by the ACLS Bureau Director, a decision will be rendered within 5 business days. The complainant will receive a copy of the decision within 5 business days.

All complainants who file formal grievances will receive notification that their complaint has been received and will be responded to within 7-10 business days. All policy decisions are final unless the complainant alleges the grantees procedures were not followed or there is an alleged violation of federal law (other than civil rights law) not resolved within 60 days.

Allegations of violations of Federal law which are not resolved under the SCSEP grantees established procedures may be filed in accordance with Section 641.910 of the Code of Federal Regulations of the SCSEP with the U.S. Department of Labor to the following: Director, Division of National Programs Tools, and Technical Assistance Office of Workforce Investment Employment & Training Administration United States Department of Labor, 200 Constitution Avenue NW, Room C4510, Washington, DC 20210 (202) 693-3045 or grants.scsepdocs@dol.gov

Questions about or complaints alleging violation of the nondiscrimination requirements of Title VI of the Civil Rights Act of 1964, Code of Federal Regulation 504 of the Rehabilitation Act of 1973, Code of Federal Regulation 1988 of the Workforce Investment Act of 1998, or their implementing regulations, may be directed or mailed to the following: Director, Civil Rights Center, U.S. Department of Labor, 200 Constitution Avenue, NW., Washington DC 20210.



Region 9 Area Agency on Aging SCSEP Covid-19 Continued Training Plan In The Event Of Host Site Closures

During the Covid-19 emergency, host sites may be closed due to the risk to participants and staff. SCSEP participants are expected to follow their host site policies for staying home and following quarantine procedures when exposed to the virus or having contracted the virus.

It is expected that participants in the SCSEP will engage in meaningful work activities for training purposes in the event their host agency closes. Participants who wish to remain in the program will engage in one or more of the following activities on a weekly basis and record the time expended for said activities on their time sheet.

- Continue job search activities utilizing on-line search engines such as: Michigan Pure Talent Connect at www.mitalent.org, www.indeed.com, www.careerbuilder.com, www.Snagajob.com, www.ziprecruiter.com. Check local newspapers and contact local Michigan Works offices for job openings and job search assistance. Participate in local virtual job fairs.
- Participate in webinars, trainings, and self-paced tutorials provided by the SCSEP Coordinator, GetSetUp, local libraries or local Michigan Works. These would include workplace safety trainings, computer tutorials, how to use Zoom or Teams, job search activities such as writing resumes, interview skills, or other meaningful activity to increase job skills. Participants without a home computer are asked to use their Smartphones or computers at their local libraries where feasible. Participants may contact the SCSEP Coordinator about borrowing a laptop for SCSEP use. Equipment, dependent upon availability through NEMCSA's IT Department, may be temporarily assigned to a participant while enrolled in the SCSEP. All equipment will be returned to the SCSEP Coordinator prior to a participant exiting the SCSEP.
- Complete any assignments at home provided by the host site such as telephone reassurance, preparing mailings, office related tasks, etc.



Effective: April 14, 2003
Amended: November 11, 2005
Revised: February 2014
Revised: January 2021

Notice of Privacy Practices

Northeast Michigan Community Service Agency, Inc.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY NORTHEAST MICHIGAN COMMUNITY SERVICE AGENCY, INC. (NEMCSA), AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please review it carefully. If you have any questions about this notice, please contact the Corporate Compliance Officer.

Northeast Michigan Community Service Agency, (NEMCSA) is committed to safeguarding all information including history, records and discussion regarding NEMCSA employees and the individuals we serve. We are required by law to protect the privacy of your medical and any other personal identifiable information we have about you on file as part of your affiliation with NEMCSA. We understand that this information is personal, and it is important to you that we keep it confidential. NEMCSA is committed to the practices and procedures we have established to protect and keep confidential the information we obtain from you. This notice applies to all NEMCSA employees, staff, trainees, contractors, and other personnel, any member of a volunteer group that is authorized to assist you while receiving health care or other services at NEMCSA; as well as our business associates. This notice will tell you about the ways NEMCSA may use and disclose personal identifiable information, including health, information about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your information.

Uses and Disclosures:

How we may use and disclose information about you:

The following categories describe different ways that we may use or disclose information about you without your written authorization. For each category, we will explain what we mean and try to give some examples.

Treatment: We may use your information to coordinate health care and related services. It will also be used to consult or refer between one or more of your providers. For example, if you are participating in the Care Management or MI Choice Waiver Program, we may disclose to your physician what services you are receiving.

Payment: Generally, we may use and disclose information about your health so we can administer claims, which includes reimbursement of incurred expenses for treatment and services you receive from a health provider. For example, we may disclose to your doctor whether you are eligible for Medicaid coverage.

Health Care Operations: We may use and disclose information about you for quality assessment and improvement, insurance activities, case management, legal services, and auditing functions. These uses and disclosures are necessary to make sure our participants are receiving quality services. For example, we may use information about you to refer you to other programs for beneficial services and for program auditing purposes.

Informational Purposes: NEMCSA may use your personal information to give you helpful information such as program benefit updates and consumer protection information. We may also use your information to contact you for appointment reminders.

Public Health Risks: As required by law, we may disclose information about you to public health authorities that receive information to: prevent or control disease, injury, or disability; report births and deaths, report child or adult abuse or neglect; and notify a person who may be at risk for contracting or spreading a disease or condition.

Individuals Involved in Your Care or Payment for Your Care: When appropriate, we may share health information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort or for facility directories.

Oversight Activities: We may disclose information about you to an agency for activities authorized by law. Examples of these activities include the following: audits, investigations, and inspections. These activities are necessary for the government to monitor the health care system, government programs, and entities subject to civil rights laws.

Research: Under certain circumstances, we may use information about you for program research purposes subject to conditions.

As Required by Law: We will disclose health information when required to do so by international, federal, state, or local law.

Data Breach Notification Purposes: We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

To Avert a Serious Threat to Health or Safety: Although it is not our practice, we may use and disclose information about you when necessary to help prevent a serious threat to the health and safety of you or others. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans: If you are a member of the armed forces, we may release information about you as required by military command authorities.

Workers' Compensation: We may release health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will make reasonable attempts to tell you about the request.

Law Enforcement: We may release information about you if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process. We may also release information about you to law enforcement or other governmental authorities to protect us against fraud or other illegal activities.

Coroners, Medical Examiners and Funeral Directors: We may release information about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also release information about you to funeral directors as necessary to carry out their duties.

Your written authorization is required for other uses and disclosures:

The following uses and disclosures of your information will be made only with your written authorization: Uses and disclosures for marketing purposes; and Disclosures that constitute a sale of your information.

Uses and Disclosures of Information about you with your consent: Other uses and disclosures of information about you that are not described in this notice, or are not otherwise permitted by law, will be made only with your written authorization.

Your Rights Regarding Personal Information about you: (Including Health Information): You have the following rights regarding the information we maintain about you:

Right to Revoke Authorization: At any time, you may revoke your authorization that allows us to use or disclose personal information that is not otherwise covered by this notice or allowed under state or federal law. Requests should be in writing and can only pertain to future disclosures.

Right to Request Restrictions: You have a right to request a restriction on the information about you that we disclose for treatment, payment, or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment of your care, like a family member. For example, you could ask that we not use or disclose information about a health concern you have. We will carefully consider all requests, but we are not required to agree to your requested restriction or limitation.

Your request must be in writing and tell us: the information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply (for example, disclosures to your spouse).

Right to an Electronic Copy of Electronic Medical Records: If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have a right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make reasonable efforts to provide access to your information in the format requested, if it is readily producible in such form or format. If it is not available in the form/format of your request, it will be provided in either our standard electronic format or a readable hard copy format. We may charge you a reasonable, cost-based fee for the labor associated with this request.

Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured protected or health information.

Right to Request Confidential Communication: You have the right to request an alternative means or location for receiving communications of your identifiable, health or otherwise, information by means other than those that NEMCSA typically employs. For example, you can ask that we only contact you at work or by mail. Your request should be in writing. We will not ask you the reason for your request and we will accommodate, to the extent possible, all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Inspect and Copy: Except in certain circumstances, NEMCSA will provide individuals the right to review and obtain a copy of their individually identifiable, health or otherwise, information contained in a designated record set. Usually this includes medical and billing records but does not include psychotherapy notes, information compiled for legal proceedings, laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access or information held by certain research laboratories. To inspect and copy individually identifiable, health or otherwise, information about you, submit your request in writing. One request per 12-month period will be provided at no cost. A cost-based fee for the copying, mailing, and other supplies may be charged for additional requested copies. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your information, you may request that the denial be reviewed.

Right to Amend: If you believe the information, we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason that supports your request. You have the right to request an amendment for as long as the information is kept by us. We may deny your request if it is not in writing or does not include a reason to support the request.

We may also deny your request if the information was not created by us, is accurate or complete as is, or is not part of the health information you would be permitted to inspect or copy.

Right to Request an Accounting: You have the right to request an accounting of disclosures of information we have made about you without your authorization. This right applies to disclosures for purposes other than for treatment, payment, health care operations, or as otherwise permitted or required by law. You have a right to request an accounting of any disclosures that occurred after April 13, 2003. The first disclosure list you request within a 12-month period is free. For any additional requests, we may charge you for the cost of providing the list.

Right to a Copy of this Notice: You have the right to obtain a paper copy of this Notice at any time. You may request a paper copy of this Notice by contacting your NEMCSA program representative, the NEMCSA HR Department or NEMCSA's Corporate Compliance Officer at privacyofficer@nemcsa.org. You may also obtain a copy of this Notice from our website at www.nemcsa.org.

Right to Restrict Disclosures to Your Health Plan: You have the right to restrict disclosure of information to your health plan and pay out of pocket in full for the time or service provided.

Other Duties Regarding Personal Information (Including Health Information) About You: We are required by law to: Maintain the privacy of your personal information; provide you with notice of our legal duties and health information privacy practices; and abide by the terms of this Notice. NEMCSA will make reasonable efforts to not use, disclose, or request more than the minimum amount of information necessary to accomplish the intended purpose.

Changes to This Notice: NEMCSA reserves the right to change this Notice. We reserve the right to apply the changes to any personal information received or maintained by NEMCSA prior to that date as well as any information we receive in the future. The Notice will contain on the first page, in the top left corner, the effective date. If a privacy practice is changed, a revised version will be available at www.nemcsa.org.

To File a Complaint: If you believe that your privacy rights have been violated, you may complain to NEMCSA in care of the following office: NEMCSA Corporate Compliance Officer, 2375 Gordon Rd., Alpena, MI 49707; (989) 358-4600. All complaints must be in writing. You may also file a complaint with the Secretary of the U.S. Dept. of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

NEMCSA will not retaliate against you for filing a complaint.

Addendum: Additional Notice to Consumers of Homeless Services

The Michigan State Homeless Management Information System (MSHMIS) was developed to meet a data collection requirement made by the U.S. Congress to the Dept. of Housing and Urban Development (HUD) in order to get a more accurate count of individuals who are homeless and to identify the need for services by those individuals. NEMCSA works with the State of Michigan in meeting this need and, therefore, participates in the Michigan Coalition Against Homelessness, which administers the MSHMIS database. With your permission, we share information with other agencies that also use the MSHMIS database to better understand the number of individuals who need services from more than one agency. This also helps us make referrals more easily and enables us to develop more efficient and new programs. We collect information only when appropriate to provide services, manage our organization or as required by law. Your record will only be shared if you give your permission to do so. You have the right to request that your name be entered in the system as "anonymous". You cannot and will not be denied services that you would otherwise qualify for if you choose not to share information. Please note that even if you do not want to share your information with other agencies or have your actual name entered into the system, we must still report some information to the central data collection system. There are provisions to protect your name and privacy. If you have questions regarding NEMCSA's privacy practices, or the MSHMIS database, contact the agency's Corporate Compliance Officer at (989) 358-4674 or privacyofficer@nemcsa.org.

Acknowledgement Receipt

I hereby acknowledge that I received a copy of Northeast Michigan Community Service Agency, Inc.'s Notice of Privacy Practices, and that I have had an opportunity to discuss my concerns or questions about the privacy of my information. I also understand that any changes to the notice will be available at www.nemcsa.org.

Signature

Date

2569 US-23 South, Alpena, MI 49707 Phone (989) 358-4600 Fax (989) 354-5909 Website: www.nemcsa.org
Email – privacyofficer@nemcsa.org