

**Administrative Office**  
3009 Lake Brook Blvd.  
Knoxville, TN 37909  
865-524-9896  
865-971-3575 (fax)

**Knoxville**  
119 Dameron Avenue  
Knoxville, TN 37917  
865-971-3551  
865-971-3558 (fax)

**Chattanooga**  
859 McCallie Avenue  
Chattanooga, TN 37403  
423-267-1297  
423-265-4923 (fax)

**Columbus Home**  
3227 Division Street  
Knoxville, TN 37919  
865-971-3560  
865-546-0433 (fax)

**Jonesborough**  
703 East Jackson Blvd  
Jonesborough, TN 37659  
423-753-3001  
423-753-5260 (fax)



Catholic Charities USA

A United Way  
Member Agency

Dear Parent(s),

In 2003, the Knoxville-area Pastors created the Knoxville Region Catholic Schools Tuition Assistance Fund. Knoxville-area parishes contribute into the Fund each year. Catholic Charities is responsible for making recommendations to the Pastors regarding the amount of supplemental tuition assistance to be provided to families most in need.

The enclosed Tuition Evaluation Packet needs to be completed in order for your family to receive supplemental tuition assistance. Please note the following:

- You will be required to speak with a tuition assessment staff member either by phone or in person to discuss your application. It is your responsibility to follow up with the tuition assessment staff member when contacted.
- After carefully reviewing all family files, developing recommendations, and receiving approval from your Pastor, a letter will be sent by Catholic Charities and your Pastor notifying you of the amount of supplemental tuition assistance that the Fund will be able to provide to you for the 2010-11 School Year. Included with this letter will be a Letter of Agreement which states the amount of tuition that you agree to pay for the 2010-11 School Year. **You are responsible for signing this Letter of Agreement and returning it to school by no later than June 11, 2010, so that your registration can be completed.**
- **It is important that you pay close attention to the deadlines listed on the first page.** We hope to have all parents informed of their tuition obligation for the 2010-11 School Year by May 22, 2010. **In order to achieve this goal, all completed packets must be returned by February 26, 2010.**

There are a number of items requested. The list may look intimidating, but the information is necessary for us to make an appropriate recommendation to your Pastor. Therefore, **all** of this information must be completed and returned to Catholic Charities **before** your file will be considered. **Any packet that is incomplete will be mailed back to you. Please make whatever notes you wish in the margins to help you to remember how you arrived at the numbers reported.** Margin notes have proven very helpful to family and staff in the past.

Catholic Charities looks forward to working with you in achieving your goal of continuing your child(ren)'s Catholic education. This is meant to be a cooperative effort, focused on achieving your child(ren)'s educational goals, putting your family on a sound financial track and enabling Pastors to best use extremely limited resources. If you have any questions about the requested information, please call Lou Ambrosia at the Catholic Charities office at 524-9896 ext. 210 on Tuesdays or Thursdays.

Sincerely,

Rita Carter, Sara Petty, Anjella Tabor-Smith, & Lou Ambrosia of the Tuition Evaluation Program

## **IMPORTANT INFORMATION!!**

For the benefit of applicants who apply in a timely manner, the following deadlines will be strictly maintained. It is your responsibility to ensure that your information is received by Catholic Charities on time. You may **bring** your information to the Catholic Charities office at 3009 Lake Brook Blvd or you may **mail** the information to:

Tuition Evaluation Program  
Catholic Charities  
3009 Lake Brook Blvd.  
Knoxville, TN 37909

Please do not leave the information at either your school or your parish office.

### **YOUR COMPLETED PACKET MUST BE RECEIVED BY CATHOLIC CHARITIES BY FEBRUARY 26, 2010.**

The evaluation period begins upon receipt of your completed packet.

**The Knoxville-area Pastors will inform Catholic Charities of the amount available for Supplemental Tuition Assistance for the 10/11 School Year. Catholic Charities will make recommendations to the Pastors within the following parameters:**

- 1) **Applicants who provide completed packets and meet the “First Round” deadline of February 26, 2010 will be allocated 80% of funds available. Parents will be notified of the amount of supplemental tuition assistance for the 2010-11 School Year by May 22, 2010.**
- 2) **Late applicants who provide completed packets between February 27 and May 7, 2010 meet the “Second Round” deadline and will be allocated 10% of funds available. Late applicants automatically receive a lesser amount of assistance and will be notified of the amount of supplemental tuition assistance for the 2010-11 School Year by July 1, 2010.**
- 3) **The remaining 10% of funds available are allocated to families that move into the Knoxville area after the May 7, 2010 deadline or that experience special circumstances, as determined by their Pastor, during the 2010-11 School Year.**

As noted above, applicants who submitted completed tuition assistance packets to the Catholic Charities office by the February 26, 2010 deadline will know the amount of tuition you will be responsible for by May 22, 2010. **The signed Letter of Agreement is due to your school office by June 11, 2010.** This provides you some time to make decisions regarding school and any adjustments to your budget that may affect that decision.

Financial guidelines have been set based on Catholic principles of budgeting that will be used as a comparison to actual expenditures. Areas of the budget outside of these guidelines will be discussed with you during the interview process or will be highlighted on the budget spreadsheet provided to you with your letter. Those who participated last year will be familiar with these guidelines.

Dear Parents:

In an effort to make the application for tuition assistance more effective we would like to bring some items to your attention:

- Please take the time to ***carefully read the instructions*** given in the packet on how to fill out the budget sheet, summary of debts and balance sheets; ***some categories*** on the budget sheet ***were changed in 2008***.
- Please note that the "Client" is the parent(s)/guardian(s) of the child/children attending Catholic School in forms referring to the "Client" such as the Client Intake Form.
- Please make sure you ***include the entire tax return*** with all the schedules, ***not*** just the first two pages, which indicates the amount of your refund. Since income tax refunds reflect a large impact when budgeted over a 12 month period, this will affect assistance received.
- ***Those of you with businesses***, who file during the August tax extensions, need to ***turn in the most current copy of your business's tax return*** by the April 15 deadline.
- Be aware that all evaluators will conduct either a phone or face to face interview. ***It is the responsibility of each applicant to follow up with their evaluator when contacted.***
- ***Clients have the opportunity to change your payroll withholding.*** If you generally receive a refund, consider increasing the number of allowances you claim and enjoy a larger paycheck. If you generally owe income taxes, consider reducing your allowances. To find out more, visit the Internal Revenue Service's Web site: [www.irs.gov](http://www.irs.gov)

Remember that we need your cooperation with providing us with the most accurate and up-to-date information in order to ensure an effective use of time and resources in processing your application.

Sincerely,

Tuition Assistance Staff

## INSTRUCTIONS FOR COMPLETING THE MONTHLY BUDGET WORKSHEET

This sheet shows your income and expenses. The way to get the most accurate picture is to have at least a four month average in each category. If you have been tracking your expenses, you may be able to provide an average based on an entire year, which is even more accurate. To get an average, add together what you have spent for several months and then divide by the number of months used. Please be consistent in using MONTHLY averages in all categories! Do not use an average for one item and an annual figure for another. If you use a budgeting tool, such as Microsoft Money or Quicken, you may send that along with the enclosed worksheet.

If you participated in the past, we will be evaluating whether or not you have faithfully attempted to implement the recommendations from the previous year's interview. Some of the information you are being asked to provide may be found in your checkbook register, your credit card statements and any cash receipts you have on hand. This will help us to determine if you implemented our recommendations from the prior year.

**Gross Income** and **Taxes** can be determined from the stubs of any type of income check. If not, the entity that produced the check will be able to give you those figures. Tax refunds lower the overall tax category.

**Tithing/Almsgiving** includes any money you may give at church, but also money given to other charitable groups.

Under **Parochial Education**, list expenses for Catholic schooling only. Field trip expenses and school lunches should be included in **Other School Related**. After-school child care expenses should be listed under **Work Related**, for working parents, and under **Entertainment/Recreation** if there is a non-working parent.

**Savings** is critical! Contingency savings is money in accounts you can readily access. Future Education accounts may include money markets and Certificates of Deposit. Retirement accounts are typically 401-K's, but may also include IRA'S and Keough's. Show only money currently being put into these accounts on a monthly basis.

Some **Housing** expenses are combined, such as Mortgage, Insurance and Taxes. You may list one number for combined expenses, without trying to separate exact amount for each. Utility bills, telephone bills and mortgage statements will typically have a three to six month payment history on them. If not, contact these companies. They can get the information for you over the phone. Second mortgages or Home Equity Lines of Credit should be listed under **Debt Payments**. Telephone in this category is only your home phone. Cell phones should be listed separately, under **Miscellaneous**. Maintenance shows costs related to keeping your home in sound condition. Include garbage disposal & rural metro payments in this category. Improvements include things added to you home, such as finishing previously unfinished rooms.

**Groceries** should include money spent at convenience stores, but not fast food, which should be listed under **Entertainment/Recreation**. This category should also reflect personal hygiene, paper towels, laundry detergent, etc.

**Medical Expenses** should be your out-of-pocket items, such as co-pays, prescriptions and necessary non-prescription items. The cost of the policy should be listed under **Insurance**. Many insurance expenses are shown as payroll deductions. Include flexible spending plans that are automatically deducted.

**Debt Payments** should relate to the "Summary of Debts" form you have filled out. Credit cards include store cards such as Penney's, Sears or Home Depot. Loans and notes would include secured loans, like a second mortgage or loan against your retirement plan. Unsecured loans would include a family loan or most medical/dental debts. It is critical that interest rates & minimum payment amounts are completed on this sheet.

**Clothing** would include any type of clothing, shoes or accessory expenses for all family members. Please provide figures for how much was spent for uniforms here.

**Entertainment/Recreation** is frequently a large category. Eating out would include ordering in pizza. Activities include sports program fees for you children, health club memberships for your family, etc. Vacations include trips to Dollywood, etc. If allowances also include the parent's spending money, please note that to the side.

**Work Related** Education/Dues refers only to classes mandated by your job for certification purposes or professional memberships your employer requires you to maintain. Education you pursue for your future should be listed under **Other Education**. Clothing should include only work uniform expenses, including items such as golf shirts with logos that are required on the job. Child care in this category is when both parents work.

**Miscellaneous** is also frequently a large category. Subscriptions should reflect any subscription's (paper, magazines, cook books, etc.) annual cost, divided by 12. Holidays should include Christmas and all birthdays, including expenses for parties to which your children are invited. Home expenses would include any decorating expenses or furnishings purchased (unless it is a **Debt**). Cell phones and Internet service expenses should also be listed here. Veterinarian/Pet should include vet visits, but also pet-related expenses, such as heartworm and flea/tick medication purchased and food. Other category encompasses other necessary expenses on a monthly basis to run a household, ie. postage stamps. Please make side notes explaining this expense category.

Please total your averaged monthly expenses! It is important for you to see exactly how this number relates to your monthly income. If the numbers are not close, consider these possibilities: If Income is exceeding expenses, you are not aware of where all of your money is going. Check again for receipts and other indications of where your money is spent. If expenses exceed income (by a little or a lot), please understand the way this type of budget functions; while you do not spend, for example, \$8/month for two car tags, at some point in the year, that money will be needed. You may not spend \$41 every month for holidays, but by the end of the year, you will have spent \$500. If expenses exceed income you should look for ways to cut expenses, because you are going into debt, or further into debt! Debt reduction plans can be discussed with your representative.

# FAMILY EVALUATION PROGRAM SUPPLEMENTAL TUITION ASSISTANCE CHECKLIST

This stapled packet PLUS the additional information requested must be returned to Catholic Charities. You will not be able to schedule an appointment with a Tuition Assistance Evaluator until ALL items are received. Please send only **photocopies** of the additional information and make sure they are readable. Please retain all of your originals. **THANK YOU** for your cooperation!

- \_\_\_\_\_ **Copy of Stewardship/Parish Contribution Form for SY 2010-2011, SIGNED BY YOUR PASTOR (This form is included in your Registration Packet)**
  
- \_\_\_\_\_ Family Information Sheet
  
- \_\_\_\_\_ Monthly Budget Worksheet
  
- \_\_\_\_\_ Summary of Debts Worksheet
  
- \_\_\_\_\_ Balance Sheet
  
- \_\_\_\_\_ Client Intake Form (Parents are Client)
  
- \_\_\_\_\_ Client/Staff Confidentiality Agreement
  
- \_\_\_\_\_ Release of Information Forms (4 separate forms)
  
- \_\_\_\_\_ Client Grievance Policy and Procedure Form
  
- \_\_\_\_\_ Current Billing Statement from your school(s)
  
- \_\_\_\_\_ Photocopy of 2009 tax returns or most recent tax return for Business owners
  
- \_\_\_\_\_ Photocopy of W-2's from 2009 tax returns
  
- \_\_\_\_\_ Photocopies of income records for the family
  - \_\_\_\_\_ Head of household's pay stub(s)\*
  - \_\_\_\_\_ Spouse's pay stub(s)\*
  - \_\_\_\_\_ Unemployment benefits
  - \_\_\_\_\_ Child Support/Alimony benefits
  - \_\_\_\_\_ Disability/SS or pension benefits
  
- \_\_\_\_\_ "Princeton Plan" results (only applies to St. Mary's Catholic School students whose family attends St. Mary's Parish)
  
- \_\_\_\_\_ Check here if you would like to meet with a Tuition Assistance Evaluator in person.  
**NOTE: All new families to the program are required to meet with a Tuition Assistance Evaluator.**

\*Please send enough of the most recent income records to reflect one full month of salary. Write on the copies of the pay stubs if the earner is paid monthly (12 checks/year), twice a month (24 checks/year), every two weeks (26 checks/year) or every week (up to 52 checks/year).

**Your packet will not be considered for evaluation if it is incomplete.  
All incomplete packets will be returned to you.**



## FAMILY INFORMATION SHEET (continued)

Please list tuition arrangements for current School Year (2009-2010) for any of the students listed (school name and amount of your monthly obligation):

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### PLEASE SEND THE FOLLOWING ITEMS IN ADVANCE OF YOUR APPOINTMENT:

1. A copy of your signed Stewardship/Parish Contribution Form for SY 2010-2011, **signed by your pastor.**
2. This Family Information Worksheet, completed.
3. The attached Monthly Budget Worksheet, completed.
4. The attached Summary of Debts Worksheet, completed.
5. The attached Balance Sheet, completed.
6. The attached Client Intake Form completed.
7. The attached Release of Information Form completed.
8. The attached Client Grievance Policy and Procedure Form signed.
9. A current billing statement from each school your children attend. The school's Business Office will provide this to you.
10. A complete copy of your latest tax return, including schedules.
11. Records showing your family income (including unemployment payments, pay stubs, W-2 forms from the most recent tax year, Social Security benefits, child support payments.) Please send **photocopies!** Do **not** send originals through the mail!
12. A copy of your Princeton Plan information (only applies to St. Mary's Catholic School students whose family attends St. Mary's Parish).

Your Tuition Assistance Evaluator understands that you are divulging sensitive, confidential information. This information will be kept in secured areas and will remain confidential. Your representative also understands that the process of asking for assistance is often an uncomfortable one. Your family's dignity will be upheld and you will be treated with respect. If you have any questions or need any assistance in completing the information requested, please call Lou Ambrosia at the Catholic Charities office at 524-9896 ext. 210 on Tuesdays or Thursdays.

## Monthly Budget Worksheet

		Average Monthly			Average Monthly
<b>Gross Income</b>			<b>Automobile</b>		
	Salary- Primary Support			Payments	
	Salary- Secondary			Gas/Oil	
	Salary – Third			Insurance	
amount RECEIVED	Alimony/Child Support			License	
	Interest/Dividends			Maintenance/Repair	
	Bonus		<b>Medical *</b>		
	Other Income			Doctor	
<b>Tithing/Almsgiving</b>				Dentist	
	Deductible – Parish			Prescriptions	
	Deductible – Community			Other	
<b>Taxes</b>			<b>Insurance</b>		
	Federal Income			Life	
	Social Security			Medical	
	Medicare			Dental	
	Other – Refund			Disability	
<b>Catholic Education</b>				Other	
	Tuition		<b>Debt Payments</b>		
*	Materials/Books/Fees			Credit Cards	
			amount PAID	Alimony/Child Support	
<b>Other School Related</b>				Loans/Notes	
	Field Trips			Unsecured Debt	
	School Lunches		<b>Clothing/Uniforms</b>		
				Clothing	
			<b>Entertainment/Recreation</b>		
				Eating Out	
				Child Care	
<b>Savings</b>				Allowances	
	Contingency	**refund**	Please list activity,	Activities	
	Future Education		cost & participant's	Vacation	
	Retirement		name on back	Cable TV	
<b>Housing</b>				Movies/Rentals	
	Mortgage/Rent		<b>Work Related</b>		
	Insurance			Education/Dues	
	Taxes			Clothing	
	Electricity			Child Care	
	Gas			Other	
	Water		<b>Miscellaneous</b>		
	Gardening			Beauty/Barber/Cosmetics	
*	Housecleaning Supplies			Dry Cleaning/Laundry	
	Telephone (home line)			Subscriptions	
*	Maintenance		*	Holidays/Birthdays	
	Pest Control			Internet	
	Assoc. Dues			Cell Phones	
*	Improvements			Home Decorating	
<b>Groceries</b>				Veterinarian	
	Groceries			Other	
			<b>SUMMARY</b>	<b>Total Expenses</b>	
				<b>Total Income</b>	
				<b>Over/(Under)</b>	

\* Review Instructions for Completing the Monthly Budget Worksheet



# Balance Sheet

as of \_\_\_\_\_

## Assets

### Liquid Assets

Cash on Hand \_\_\_\_\_

Cash – Checking \_\_\_\_\_

Cash - Money Market \_\_\_\_\_

Cash – Savings \_\_\_\_\_

### Invested Assets

Certificates of Deposit \_\_\_\_\_

Mutual Funds, Stocks & Bonds \_\_\_\_\_

Retirement Plan \_\_\_\_\_

Business Investment \_\_\_\_\_

### Other Assets

House (Market Value) \_\_\_\_\_

Autos - List year and make \_\_\_\_\_

Other \_\_\_\_\_

## Total Assets

**A**

## Liabilities

House Mortgage (Amount owed  
on Mortgage) \_\_\_\_\_

Auto Loans \_\_\_\_\_

Credit Card Liabilities \_\_\_\_\_

Business Debt \_\_\_\_\_

Personal/Other Loans \_\_\_\_\_

## Total Liabilities

**B**

## Net Worth

(Net Worth = Assets – Liabilities)

**A-B =**



### INTAKE INFORMATION

Program: \_\_\_\_\_ Region: \_\_\_\_\_ Case Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Veteran: \_\_\_\_ Yes \_\_\_\_ No  
State

Gender: \_\_\_\_ Male \_\_\_\_ Female Marital Status: \_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widow(er)

Ethnicity: \_\_\_\_ Caucasian \_\_\_\_ African American \_\_\_\_ Asian/Pacific Islander \_\_\_\_ Hispanic/Latino \_\_\_\_ Native American \_\_\_\_ Other/Unknown

Referred By: \_\_\_\_\_  
Name/Agency

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First Middle

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

TOTAL # IN HOME: \_\_\_\_\_ Number of People Living in Home\*\* (by age): 0-5 6-11 12-17 18-54 55-64 65+  
Female: \_\_\_\_\_  
Male: \_\_\_\_\_

**\*\* Please complete information on back of this page for additional family members**

#### CONSENT FOR SERVICES

I have read or had explained to me and received my rights and responsibilities as a recipient of services from Catholic Charities of East Tennessee that includes the Client Grievance Procedure and the Confidentiality Agreement and have received a copy of both for my records. I understand that I may stop treatment or receipt of services at any time. Questions and concerns regarding receipt of services have been addressed to my satisfaction. I grant my consent to receive services from Catholic Charities of East Tennessee.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Full Name: \_\_\_\_\_  
Please Print

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness/Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Additional Family/Household Members:

Name	Relationship	Age	Race



**CLIENT/STAFF**

**CONFIDENTIALITY AGREEMENT**

The staff of CCETN is committed to respecting and maintaining the confidentiality of information that you provide by adhering to privacy standards as dictated by Tennessee State Law and professional ethical principles. In most circumstances, information that you provide cannot be disclosed without your written consent. Your records may be reviewed internally for the purpose of staff supervision and/or quality assurance. There are exceptions to confidentiality:

1. If you indicate an intention to harm yourself or someone else
2. If emotional, financial, physical or sexual abuse is known or reasonably suspected, CCETN staff members are legally and ethically bound to report this information to the proper authorities
3. If subpoenaed to release information by a judge during legal proceedings
4. If you sign a written release giving authorization to provide information

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Client Signature

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Legal Guardian (if client is under 18 years of age)

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Staff Signature

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Date



RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize the staff of Catholic Charities of East Tennessee, Inc. to release/receive information about me and my situation to/from:

The Pastor at the Parish \_\_\_\_\_.

(Name of the Parish you attend)

The specific information released will include:

Financial information including income, debt and savings, information on my family situation, and other relevant date.

For the purpose of:

Determining the amount of tuition assistance for the 2010/2011 school year.

I understand that I may withdraw this authorization at any time.

\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if under 18) Date

\_\_\_\_\_  
Signature of Staff Date

This release is effective from \_\_\_\_\_ to \_\_\_\_\_  
Date Date\*

\* One time release not to exceed 90 days  
\*Long-term client release not to exceed 1 year



RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize the staff of Catholic Charities of East Tennessee, Inc. to release/receive information about me and my situation to/from:

The Bookkeeper at the Parish

(Name of the parish you attend)

The specific information released will include:

Financial information including income, debt and savings, information on my family situation, and other relevant data.

For the purpose of:

Determining the amount of tuition assistance for the 2010/2011 school year.

I understand that I may withdraw this authorization at any time.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date

This release is effective from \_\_\_\_\_ to \_\_\_\_\_  
Date Date\*

\* One time release not to exceed 90 days  
\*Long-term client release not to exceed 1 year



RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize \_\_\_\_\_ of Catholic Charities of East Tennessee, Inc. to release/receive information about me and my situation to/from:

The School Principal at (check all applicable schools) Catholic School(s) that my child is currently attending or will attend during the 2010/2011 school year as identified on the 2010/2011 Family Information Sheet.

- Notre Dame
OLPH
St. Jude
St. John Neumann
Knoxville Catholic
Sacred Heart
St. Joseph
St. Mary's (Oak Ridge)

The specific information released will include:

Financial information including income, debt, expenses and savings, and current financial information pertaining to my family situation.

For the purpose of:

Determining the amount of tuition assistance for the 2010/2011 school year.

I understand that I may withdraw this authorization at any time.

Signature of Client

Date

Signature of Parent/Legal Guardian (if under 18)

Date

Name/Signature of Staff receiving/providing information

Date

This release is effective from \_\_\_\_\_ Date to \_\_\_\_\_ Date \*

\* One time release not to exceed 90 days
\*Long-term client release not to exceed 1 year



RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize the staff of Catholic Charities of East Tennessee, Inc. (please print)

to release/receive information about me and my situation to/from:

The School Bookkeeper(s) (check all applicable schools) that my child(ren) are currently attending or will be attending for the 2010/2011 school year

- Notre Dame
- OLPH
- St. Jude
- St. John Neumann
- Knoxville Catholic
- Sacred Heart
- St. Joseph
- St. Mary's (Oak Ridge)

The specific information released will include:

Financial information including income, debt and savings, information on my family situation, and other relevant date.

For the purpose of:

Determining the amount of tuition assistance for the 2010/2011 school year.

I understand that I may withdraw this authorization at any time.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date

This release is effective from \_\_\_\_\_ to \_\_\_\_\_  
Date Date\*

\* One time release not to exceed 90 days  
\*Long-term client release not to exceed 1 year



## Client Rights

Empowered by the grace of Jesus Christ, Catholic Charities of East Tennessee addresses the unmet needs of the most vulnerable of our region by providing shelter, nourishment, counseling, and education in order to foster human dignity.

### Rights and Responsibilities of Service Recipients of Catholic Charities of East Tennessee

#### Client Rights:

1. The right to available services, regardless of your age, race ethnicity, gender, religious or political affiliation, sexual orientation, physical or mental disability, or infectious disease and the right to referral as appropriate, to other service providers in our area.
2. The right to competent professional services, including a description of the services in a manner that you best understand.
3. The right to ongoing participation in the planning of services and in the development and periodic revision of a service plan.
4. To be informed of the service procedures and length of service period.
5. The right to refuse services and/or treatment in accordance with state and federal law.
6. The right to refuse to participate in research or experimentation; the right to informed consent to such participation should you agree to be involved.
7. The right to a humane service environment that affords safety, privacy, and personal liberty.
8. The right to terminate services at any time without prejudice.
9. The right to appropriate confidentiality including records.
10. The right to review your own records by presenting a written request to staff and setting a mutually arranged time for viewing with witness present. Client will be asked to present photo identification prior to reviewing records. *An individual's right to review his or her care or treatment may be denied, or otherwise limited, only in the most extreme circumstances where serious harm is likely to ensue. In such cases, objective criteria must guide decisions to deny access. In all cases, the organization must operate in accord with applicable law*
11. The right and opportunity to add a written statement to the file if you dispute contents.
12. The right to information regarding client rights, including a copy of this document and an explanation of these rights in a manner clear to you.
13. The right to receive service and fee information at the time of the initial assessment, to look at or have explained your bill, regardless of source of payment and notice of service fee changes thirty (30) days prior to effective date.
14. The right to a smoke free environment, as provided by agency policy.
15. The right to assert grievances, with respect to infringement of these rights, including the right to have such grievances considered in a fair, timely and impartial manner.

#### Your responsibilities:

1. Keep appointments with staff that have been scheduled with agency staff or to cancel 24 hours in advance. Clients who arrive over 15 minutes late will be rescheduled. If there is a fee for service, we charge for late cancellations and no shows.
2. To pay all fees, where appropriate in a timely manner. If payment is a problem, please speak to staff about it.
3. To provide CCETN with accurate and truthful information regarding personal data where needed for services.
4. To be actively involved in planning and implementing your service plan.
5. To actively participate in achieving the goals of your service plan with CCETN reserving the right to terminate services for non-compliance.

**CATHOLIC CHARITIES OF EAST TENNESSEE [CCETN]  
CLIENT GRIEVANCE POLICY AND PROCEDURE**

**PURPOSE:** To resolve grievances as quickly as possible and to the best level of satisfaction possible by the people most directly involved in a confidential manner.

**DEFINITION:** A grievance is a formal complaint or protest concerning a violation of rights or misuse of authority by agency personnel. Examples of grievances are: allegations of discrimination; violations of confidentiality, privacy, authority, or client rights, etc. Grievances are NOT day to day frustrations, dislikes, or problems with agency policies. Feedback on these issues may be given, verbally or in writing, to the appropriate agency personnel who will give your concerns the necessary consideration.

It is the goal of CCETN to provide fair and equitable treatment to all clients in a manner that fosters human dignity. If a client has a grievance or complaint regarding their treatment by the agency or its representatives, they have the right to submit a grievance through the following procedure:

- Step 1. If appropriate, the client is encouraged to discuss the concern directly with the involved staff.
- Step 2: If the concern is not satisfactorily resolved, the client may then discuss the complaint with the Program Manager.
- Step 3: The client is offered the opportunity to put the complaint in writing using the CCETN Client Grievance Form. In order to proceed, the client must submit the complaint on the agency form within 5 days. If the client chooses not to put the complaint in writing, the process will end.
- Step 4: The Program Manager and agency staff will have 5 working days to investigate the written complaint and respond with a course of action. The client will be notified in writing of their conclusions and any proposed resolution.
- Step 5: If the grievance has not been resolved, the client has 5 days to submit the written complaint to the Regional Director. The Regional Director must investigate and determine a course of action within 5 working days. The client will be notified in writing of the findings and any proposed resolution.
- Step 6: If the grievance has not been resolved, the client has 5 days to submit the written complaint to the Director of Operations. The Director of Operations must investigate and determine a course of action within 5 working days. The client will be notified in writing of the findings and any proposed resolution.
- Step 7: If the grievance has not been resolved, the client has 5 days to submit the written complaint to the Executive Director. The Executive Director must investigate and determine a course of action within 10 working days. The client will be notified in writing of the findings and any proposed resolution.
- Step 8: If the grievance is not resolvable with the Executive Director, the client has 5 days to submit the written complaint to the Board of Trustees. The Board President will render a final recommendation regarding the resolution of the grievance.

*I have read and understand the grievance policy and procedure.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

CATHOLIC CHARITIES OF EAST TENNESSEE  
CLIENT GRIEVANCE FORM

*If you, the client, need assistance in completing this form, please see a staff member of your choosing.*

NAME: \_\_\_\_\_

DATE & TIME: \_\_\_\_\_

**REASON:** (Please be specific about what happened. Explain what you found to be harmful or a misuse of authority in the actions of an individual carrying out their duties at this agency.)

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**ACTIONS TO RESOLVE GRIEVANCE:** (Appropriate staff shall document all steps, conversations and decisions to resolve grievance, below, sign and date each entry.)

Date	Step (1, 2, 3)	KEY CONVERSATION AND DECISIONS	-----SIGNATURES

**OUTCOME:**

UNRESOLVED: (Next steps noted and dated.)  
\_\_\_\_\_

RESOLVED: (Signatures of all parties involved)  
\_\_\_\_\_  
\_\_\_\_\_