



JEWISH FAMILY SERVICES
OF
WASHTENAW COUNTY

CLIENT HANDBOOK

WELCOME TO JEWISH FAMILY SERVICES



Thank you for the opportunity to work with you and your family. Since 1993 we have been privileged to be a part of the community. This handbook is your orientation to Jewish Family Services. The information will assist you in receiving the most from your experience with us. Please review this handbook in order to fully understand our services, commitment to quality and your rights as a client of the agency. Additional brochures further explaining services and other information that may be helpful to you are available in our lobbies, or from a staff member. Our staff is always available to answer questions and provide you with more information.

TABLE OF CONTENTS:

Agency Mission and Core Values.....	page 3
Ethical Philosophy.....	page 4
Our Staff.....	page 5
Additional Agency Information.....	page 6
Agency Policies.....	page 7
Agency Funding and Fee Information.....	page 8
Your Rights as a Client of JFS.....	page 9-10
JFS' Non-Discrimination Policy.....	page 10
Your Responsibilities as a Client of JFS.....	page 11
Violation of Rights, and Complaint Procedures.....	page 12-13
Contacting Jewish Family Services.....	page 14
Receipt and Understanding Declaration.....	page 15

Step 4: The Executive Director will review your complaint and associated information (and may order further inquiry if appropriate), decide whether or not your rights have been violated and will recommend appropriate action to correct the violation, if one exists. You will receive a written summary of the Executive Director's decision and recommendation within thirty (30) business days of their receipt of your complaint.

Appeal Process: If the complaint cannot be resolved in a manner satisfactory to both the complainant and the JFS Executive Director, the JFS Executive Director will inform the complainant of the right to appeal to the JFS Board of Directors where the appeal will be reviewed and a decision made within 30 business days by an ad hoc committee of three (3) Board members appointed by the President of the Board.

If the complainant disagrees with the appeal decision, the Executive Director will discuss this with the complainant and will IF APPROPRIATE TO THE SPECIFIC SITUATION: 1. inform recipients of services delivered under AAA1-B contracts of the AAA1-B Service Recipients Grievance Procedure and provide them with a copy of that procedure; and 2. offer the complainant a referral to another agency whose services meet the complainant's specified needs.

If your complaint cannot be resolved in a manner satisfactory to both you and the JFS Executive Director, the JFS Executive Director will discuss this with you and offer you a referral to another agency whose services meet your specified needs.

Reference: JFS Policy 1-4-1



□ □ W W



R R W



W/S



W W



If you are in immediate danger, dial: Emergency: 911 or proceed to your nearest Emergency Room.

Additional Resources:

- National Domestic Violence Hotline: 1- 800-799-7233;
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255);
- Washtenaw County Crisis line: 734-544-3050;
- Crisis text number (Text HOME to 741741);
- Michigan Medicine Crisis phone service: 734-936-5900 or 734-996-4747

WEBSITE: www.lfsann Arbor.org



JFS Main Number.....	734.769.0209
Fax Number.....	734.769.0224
Corporate Compliance Officer	
Elina Zilberberg.....	734.769.0209 ext. 352
Privacy Officer	
Sarah Hong.....	734.769.0209 ext. 355
Recipient Rights Advisor	
Caroline Butler.....	734.769.0209 ext. 365

My contact at the agency:

Name: _____

Direct Phone Number: _____

Other Notes:



CLIENT NAME _____

RECEIPT AND UNDERSTANDING OF INFORMATION CONTAINED IN CLIENT HANDBOOK:

I acknowledge that I have received, read, and understand all of the information in the JFS Client Handbook, or that a JFS staff person has read and explained the information to me. I also acknowledge that I have received an orientation to JFS services that allowed me to understand the purpose of JFS services and my responsibility in abiding by the JFS Client Handbook. I understand my rights and responsibilities as a client of JFS and how to seek out help or file a complaint if I feel my rights have been violated.

Client (or representative) Name (please print)

Witness/Staff Name (please print)

Client (or representative) Signature

Witness/Staff Signature

Date

Date

Interpreter Name (please print)

Interpreter Signature

Date

For Staff Only: Please remove this signature page and keep in client's file.