

STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate understanding of that provision. For simplification the singular is used even when the plural may apply.

_____ *I understand the agency will provide a confidential comprehensive personal money management interview.*

_____ *I understand that the interview will be conducted by a certified consumer credit counselor or qualified professional counselor. All action plans not conducted by a certified consumer credit counselor will be reviewed by a certified consumer credit counselor.*

_____ *I understand that I have been provided the Client Bill of Rights, the Non-Discrimination Policy and the Complaint Resolution Process. I understand that in the event we are dissatisfied, I can utilize the Complaint Resolution Process.*

_____ *I hold the agency, its employees, agents and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice or counseling.*

_____ *I will be given a written assessment outlining a suggested client action plan, which will be based on the following options:*

1. *I will handle any financial concerns on my own.*
2. *I may choose to enroll in the agency's Debt Management Plan. Our DMP's serve the dual role of helping you repay your debts and helping creditors to receive the money owed to them. I understand that it is my responsibility as a debtor to contact my creditors for a change in due-dates, if this is necessary, to coincide with CCCS disbursements.*

While the agency may obtain a credit report and/or inform any credit-reporting agency of my participation in the repayment plan, the agency has no responsibility or obligation for any past, present or future credit rating I receive. In certain circumstances, a Debt Management Plan may affect my credit rating negatively. In the event that the counselor suggests a Debt Management Plan, I will receive complete details of the operations, requirements and responsibilities.

3. *A counselor may answer questions about bankruptcy, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances. I will inform the agency of the decision if I file bankruptcy.*
4. *I will be referred to the other services of the organization or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified.*

_____ *At sometime in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the agency's services.*

_____ *For partial reimbursement of costs of administering the debt management plan, and to assist in the funding of the work done for others in my community by CCCS, a non-profit community service, I agree to make a one-time contribution in the amount of \$25.00 to assist CCCS to offset some of the initial cost involved to process the proposed plan of debt repayment. If I choose to enroll in a Debt Management Plan I agree to a monthly contribution of \$25.00, to help CCCS process envelopes, checks, postage, etc.*

Applicant

Counselor

Applicant

Date

(Please review other side.)

01-05-SC

CLIENT BILL OF RIGHTS

We pledge that our clients have the right:

- *To prompt counseling services for managing money based on their financial situation;*
- *To treatment with dignity and respect;*
- *To be actively involved in a comprehensive assessment of their financial situation including an appropriate action plan;*
- *To express dissatisfaction through a Complaint Resolution Process;*
- *To discontinue their relationship with our agency at any time;*
- *To ask questions and to have concerns addressed.*

COMPLAINT RESOLUTION PROCESS

We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided or if you want to make a complaint, we ask that you follow these guidelines.

- *Step One: Try to resolve the issue with the staff member involved giving him or her specific information about your complaint.*
- *Step Two: If step one is not possible or the issue is not resolved to your satisfaction, write or call any staff member at 7505 Waters Avenue, Suite C-11, Savannah, GA 31406, 912/691-2227. A complaint form will be furnished to you, once it is returned to us.*
- *Step Three: Agency may request a meeting with you (phone or face-to-face) to seek more information from a staff person. The agency will respond within 15 days.*
- *Step Four: If your issue is still unresolved, you may appeal in writing directly to: H.B. Colley, Executive Officer of CCCS. After additional fact finding, the Executive Officer will provide a concluding decision to you in writing within 15 days, and a copy will be placed in your file.*

NON-DISCRIMINATION POLICY

Our agency serves all members of the community. We do not engage in the practices of discrimination in the selection and participation of clients in our programs or services with respect to age, race, religion, color, gender, national origin or handicap.

01-05 SC

(Please complete other side.)