

Family Development and Self-Sufficiency (FaDSS) Statement of Family Rights

I understand that the Family Development and Self-Sufficiency Program (FaDSS) helps my family to overcome barriers that may be preventing us from becoming self-sufficient. The FaDSS program works closely with PROMISE JOBS and DHS income maintenance to assist families in becoming self-sufficient. A partnership is developed between my family and a Certified Family Development Specialist to help us become self-sufficient. As a family receiving service from FaDSS I understand that I have the following rights:

1. To address barriers keeping my family from achieving self-sufficiency.
2. To request that a Family Development Specialist attend my Family Investment Agreement (FIA) meeting.
3. To have my questions answered which may include referral to appropriate resources to assist my family.
4. To set personal goals that will lead my family to self-sufficiency.
5. To receive at a minimum two home visits in the first three months of enrollment and a minimum of monthly thereafter from a Family Development Specialist at a time that is mutually convenient.
6. To have information about my family remain confidential unless I have understood the purpose and provided express written permission for information to be shared; or in the case of imminent harm or danger to me or a member of my family; or in the case of suspected child abuse or neglect. Due to a Memorandum of Understanding, a release of information is not required for FaDSS to share information with PROMISE JOBS and Department of Human Services income maintenance staff.
7. To be treated ethically, honestly, fairly, and respectfully without regard to age, race, sex, beliefs, values, culture, ethnicity, or religious beliefs.
8. To request information in a method most comfortable for me and my family, including written or oral. Information may be requested in a language most comfortable for me. Accommodations may be requested for impairments related to hearing, sight, and literacy.
9. To have our Family Development Specialists act as an advocate for my family and to learn to advocate for myself.
10. To review my family's record or case file in accordance with agency policies.
11. To voluntarily withdraw from FaDSS services. This may include an unavailability to meet for home visits or maximum potential for services has been received. No goals are remaining to work on. I will contact my PROMISE JOBS worker to revise my FIA if I withdraw from FaDSS.
12. To receive FaDSS services for up to three months after leaving FIP.

If I feel that any of these rights may have been denied I must first contact, either verbally or in writing, the agency's FaDSS Coordinator within seven (7) days of the incident. I should be prepared to explain why I feel that my rights, as stated above, were denied.

FaDSS Coordinator	Address	Phone	Agency Hours
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If I feel that my concerns are not adequately addressed by the FaDSS Coordinator I should follow the agency's procedures to rectify the situation. If I still do not agree that my concerns have been addressed or if I feel that I am unable to address an issue with the local FaDSS agency, I may contact the Iowa Department of Human Rights at:

Address	Phone:
FaDSS Program Manager Department of Human Rights, Division of Community Action Agencies Lucas State Office Building, 2 nd Floor Des Moines, Iowa 50319	515-281-3861

I will need to provide detailed information, verbally and/or in writing, as to the nature of my concern within seven (7) days of action taken by the FaDSS Coordinator or the date of the incident if I feel I am unable to address the issue with the local FaDSS agency.

Date: _____	Date: _____
Family Signature: _____	Specialist Signature: _____

Date: _____
Family Signature

Cc: Case file
Family