Parent Support Outreach Program (PSOP)

Instructions

APPLICATION FOR SERVICES

You must also complete the Notice of Privacy Practice and Non-Epic Tennessen Warning forms. Provide information about all eligible family members, beginning with yourself. Use black ink and write clearly.

Check all that apply (You must check at least two responses to qualify)

- ☐ Within the past 12 months, I have been homeless or displaced.
- ☐ Within the past 12 months, I have been in an abusive relationship.
- ☐ Within the past 12 months, I have used alcohol or drugs in a way that interferes with family life.
- ☐ Within the past 12 months, I have had difficulties with parenting and/or my child's behavior.
- ☐ I experienced abuse or neglect as a child.

List areas your family needs assistance with: You must list at least two areas, such as "medical needs" or "job training and searching".

Applicant Information

Print your name | Signature | Date

What is your primary language?

- ☐ Check the box if you speak and/or read English
- ☐ Check the box if your family lives in Hennepin County

Identified race or ethnicity

- ☐ American Indian or Alaskan Native
- ☐ Asian / Pacific Islander
- ☐ Black or African American
- ☐ Hispanic American
- ☐ White / Caucasian
- ☐ Other / Additional (Specify)

Referral Source

- ☐ Check the box if you referred yourself to this program

For referring agency/resource to complete. Please include your agency's release of information if you would like to track the status of this application.

Agency Name | Staff Name

Agency Phone Number | Agency Fax Number | Staff Email

Hennepin County
Health and Human Services
Parent Support Outreach Program

N10194 (04/04/2018)

Phone 612-348-0211
Fax 612-677-6450
PSOPnewreferrals@hennepin.us
www.hennepin.us/parentsupport

APPLICATION FOR SERVICES

Family Information

Name of parent 1 | Date of Birth

Address | City | State | ZIP Code

Home phone number | Cell phone number | Email address

Does this person have a disability? If yes, please describe the disability

Name of parent 2 | Date of Birth

Address | City | State | ZIP Code

Home phone number | Cell phone number | Email address

Does this person have a disability? If yes, please describe the disability

Child name (1)

☐ Male ☐ Female | Date of birth | Age

Does this person have a disability? If yes, please describe the disability

Child name (4)

☐ Male ☐ Female | Date of birth | Age

Does this person have a disability? If yes, please describe the disability

Child name (2)

☐ Male ☐ Female | Date of birth | Age

Does this person have a disability? If yes, please describe the disability

Child name (5)

☐ Male ☐ Female | Date of birth | Age

Does this person have a disability? If yes, please describe the disability

Child name (3)

☐ Male ☐ Female | Date of birth | Age

Does this person have a disability? If yes, please describe the disability

Child name (6)

☐ Male ☐ Female | Date of birth | Age

Does this person have a disability? If yes, please describe the disability

Hennepin County
Human Services and Public Health Department

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information and other private information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Why do we ask you for this information?

- To tell you apart from other people with the same or similar name
- To decide what you are eligible for, or may already be receiving, and to decide how to provide these services most effectively
- To help you get medical, mental health, financial or social services, and for care coordination
- To provide treatment, payment, and health care operations
- To decide if you can pay for some of your services
- To make reports, do research, do audits, and evaluate our programs
- To investigate reports of people who may lie about the help they need
- To decide about out-of-home care and in-home care for you or your children
- To collect money from other agencies, like insurance companies, if they should pay for your care
- To decide if you or your household members need protective services
- To collect money from the state or federal government for help we give you

Why do we ask you for your Social Security number?

We need your Social Security number to give you some kinds of financial help or child support enforcement services (45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your Social Security number to check information you give us through matching programs that are part of an Income Eligibility Verification System (IEVS) (5 U.S.C. § 552 (o)(1)(D)).

You do not have to give us the number:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a U.S. citizen and are applying for Emergency Medical only
- If you are from another country, in U.S. on a temporary basis and do not have permission from U.S. Citizenship and Immigration Services (USCIS) to live in the U.S. permanently
- If you are living in the U.S. without the knowledge or approval of the USCIS.

Do you have to answer the questions we ask?

We need information about you to tell if you can get help from any program. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud. Generally, the law does not say you have to give us this information. However, we need your social security number in order to give you some kinds of financial help or child support enforcement services (45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 (2001]).

With whom may we share the information about you?

Sometimes we share information about you with other agencies. We will only share information as needed and as allowed or required by law. For example, we may share your information with the following types of agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative and nonprofit agencies
- Court officials, county attorney, attorney general, other law enforcement officials, and child protection and fraud investigators
- Child support officials
- Educational institutions and organizations
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care
- Guardians, conservators or persons with Power of Attorney
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Human services offices, including child support enforcement offices
- Other Hennepin County-controlled health care entities, should you seek treatment at one of those entities.
- Anyone else the law says we must or can give the information

NOTICE OF PRIVACY PRACTICES

What are your rights regarding the information we have about you?

- You may see and copy medical or other private information we may have about you. You may have to pay for the copies.
- You may give other people permission to see and have copies of information about you.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us to share your information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. You must ask us to do this in writing. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- You have the right to get a record of some of the people or organizations that we have shared your information with. This record was started on April 14, 2003. You must ask for a copy of this record in writing to our Privacy Official.
- If you do not understand the information, ask your worker to explain it to you. You can ask the Hennepin County Human Services and Public Health Department for another copy of this notice.

What are our responsibilities?

- We must let you know our legal duties and privacy practices, which we are doing by providing you with this notice.
- We must protect the privacy of your medical and other private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form unless we get written permission from you. We may not share your information with individuals and agencies other than those listed on this form unless we get written permission from you.
- We are required to follow the terms of this notice, but we may change our privacy policy in the future. We might do this, for example, because privacy laws change and require us to change our practices. When we change our privacy rules we will put them on our Web site at: http://www.co.hennepin.mn.us Key Word Search: Privacy

What privacy rights do children have?

If you are under 18, your parents may see information about you and allow others to see this information, unless you have asked that this information not be shared with your parents or it involved medical treatment for which parental consent was not required. You must make this request in writing and say what information you want withheld and why. If the agency agrees that sharing the information is not in your best interest, the agency will not share the information with your parents. If the agency does not agree, the agency may share the information with your parents if they ask for it. When parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes failing to share the information would jeopardize your health.

What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your medical privacy was violated by your doctor or clinic, a health insurer, a health plan, or a pharmacy, you may send a written complaint either:

- Directly to that organization, or
- To the federal civil rights office at:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601

(312) 886-2359 (Voice) or,
Toll free, (800) 368-1019/ (866) 282-0659
(312) 353-5693 (TTY/TDD)
(312) 886-1807 (Fax)

If you think that the Hennepin County Human Services and Public Health Department has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services at the address above, or to:

Minnesota Department of Human Services Privacy Official
PO Box 64941
St. Paul, MN 55164-0941
Or to:
Hennepin County Human Services and Public Health
Privacy Official
A-1600 Government Center
300 South 6th Street – Mail Code 160 Minneapolis, MN
55487-0160

Sign below to indicate that you have received this privacy notice.

Client Name	
Client Signature, or Signature of Parent, Guardian or Personal Representative	Date

Hennepin County
Human Services and Public Health Department

INFORMATION DISCLOSURE NON-EPIC HSPHD CLIENTS

Tennessen Notice - Explanation of the use of information gathered for HSPHD

While you are receiving services from HSPHD you will be asked to give certain information about yourself, your family history, your living habits, your income and finances, and related information that is needed to assist in provision of services and/or benefits to you and your family. All of this information and any documents (case plans, assessments, etc.) will be kept in the HSPHD combined electronic record systems. Other information regarding charges for HSPHD services or payments for services may also be maintained in the HSPHD combined electronic record systems.

Minnesota law provides that this kind of information cannot be collected, used, stored, disseminated (released to others) without advising you of the manner in which this information is treated by HSPHD. You have received a copy of the HSPHD Notice of Privacy Practices that provides this information to you.

The law provides that you may refuse to give information to HSPHD. However, if you do refuse to provide information, the HSPHD staff may not know enough about you to provide the best care or coverage of that care through insurance, health plans or government programs. In some instances, if you do not provide certain information, HSPHD may not be able to provide services to you.

If you are under 18 and the nature of your services permits you to access services without parental consent, you may request in writing that no information about the services be given to your parent or guardian. You should be aware that HSPHD staff may provide information to your parent or guardian if it is determined that failure to inform a parent or guardian would seriously jeopardize your health or safety.

I understand that information about the services that I receive from HSPHD is part of HSPHD's combined electronic record system and is available for identity management and service and care coordination purposes by other HSPHD programs and other HSPHD contracted providers and health care providers. **By signing below, I acknowledge that I received this form.**[1]

Signatures

Print Client Name

Client Signature

Date

Print Parent, Guardian or Personal Representative Name

Parent, Guardian or Personal Representative Signature

Date

☐ Client is a minor ☐ Client has a physical or mental disability ☐ Other _____

☐ The client was given the Notice of Privacy Practices

☐ The client was given the Information Disclosure Form

1. I understand that even if I do not sign this form, my information, including mental health data, is part of the department electronic record system and may be accessed without my permission for certain activities HSPHD is required to do by law (for example, Adult Protection Investigations, Child Protection Investigations, or Pre-Commitment Screenings).