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**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES MANUAL**

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**SOCIAL SERVICES**

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**GOALS, ELIGIBILITY AND RECORDING**

**SECTION 0500**

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**SOCIAL SERVICES PROGRAM**

**0500.05**

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REV:07/1990

The Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35) amended Title XX of the Social Security Act to establish a Social Services Block Grant (SSBG).

The social services provided by the Department of Human Services through Family and Adult Services and Community Services are among those described in the Block Grant Pre-Expenditure Report published each year. The Department of Human Services is designated by the governor as the agency responsible for the administration of SSBG funds in Rhode Island.

The Department is committed to a goal-oriented social services program which has the capability to avert social and economic dependency and family breakdown through a planned coordinated approach using other agencies as needed either for services provided by them at no cost or purchased from them when the department does not provide them directly.

The objectives of social services are to:

Assist the individual to develop capacities for personal and economic independence;

Help the individual maintain a sense of individual dignity and worth;

Enable parents to maintain a home life conducive to the growth and development of their children; providing adequate care and supervision; providing the opportunity for adequate health care, education, vocational training, and participation in community life in accordance with the capacity of each child;

Protect the well-being of adults and children who are neglected, abused and exploited; and,

Enable the individual to find and use personal resources or the resources of family and community to meet his/her needs.

All services are provided in accordance with all applicable State and Federal laws including Title VI of the Civil Rights Act of 1965 and Section 504 of the Rehabilitation Act of 1973, as well as the DHS policies of nondiscrimination.

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**0500.10**

**SOCIAL SERVICES GOALS**

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REV:07/1990

Federal funds provided through the Social Services Block Grant (SSBG) are expended to achieve the following National Social Service goals:

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|----------|--|
| Goal I   | To achieve or maintain economic self-support to prevent, reduce or eliminate dependency;   |
| Goal II  | To achieve or maintain self-sufficiency, including reduction or prevention of dependency;  |
| Goal III | To prevent or remedy neglect, abuse or exploitation of children and adults unable to protect their own interests, or preserve, rehabilitate or reunite families; |
| Goal IV  | To prevent or reduce inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and         |
| Goal V   | To secure referrals or admissions for institutional care when other forms of care are not appropriate, or provide services to individuals in institutions.       |

**0500.10.05**

**Provision of Social Services**

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REV:07/1990

Services provided directly by the Department of Human Services consist primarily of casework and counseling and include the cost of planning and administration of all SSBG activities and some staff training. They also include the referral to and authorization of contracted services.

Family management and adjustment services help individuals and families to develop and maintain skills needed for self-sufficiency and independence. Services may include guidance in budgeting, child development and marriage counseling and family planning.

Health services assist people to attain and maintain better physical and mental health by helping them to identify and

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understand their health needs and resources available to them including the Rhode Island Medical Assistance Program, EPSDT and Homemaking Services.

Housing services help people to obtain and retain adequate housing in the community, avert heating and utility shut-offs, mediate landlord/tenant problems, and address emergency shelter needs.

Evaluation and assessment consist of a comprehensive study of clients' social service needs in order to identify problems, plan and coordinate services, and develop resources.

Information and Referral Services link people with appropriate community resources and may include crisis intervention and follow-up activities.

Specialized services are provided to persons who are: blind; handicapped; retarded and/or developmentally disabled; minor unmarried parents; and, children or adults in need of protection from abuse or neglect. In the case of children, services include referral to and cooperation with the Department for Children and Their Families.

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**Purchase of Services**

**0500.10.10**

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REV:07/1990

The purchase of service agreements and contracts are negotiated with a number of community agencies and organizations for the provision of specific services.

Homemaking/Personal Care Services and Adult Day Care are directed at helping people to remain in their own homes and prevent or avoid institutionalization. Community non-profit and propriety agencies provide a professional substitute homemaker to assume responsibility for routine light housekeeping and/or limited non-therapeutic personal care or child care. Adult day care centers approved by the Department of Elderly Affairs provide services such as medical supervision, social and recreational activities and physical therapy.

Day Care is purchased from licensed day care facilities or from family day care homes in the community to enable a parent

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to engage in approved education and short-term training leading to employment, to remain or to become independent from public assistance, as well as, to enable low income families to be employed. Part of the funding for the Department of Human Services child care programs is derived from the Social Services Block Grant.

Emergency Shelter services provide housing when a client's dwelling is made uninhabitable as the result of catastrophe such as fire or flood, or when severe domestic problems endanger the safety of family members.

Maternity Home Services are provided by contract with Little Flower Home. This residential maternity home placement facility provides counseling and related services to unmarried pregnant girls.

Family Planning Services are furnished by Planned Parenthood of Rhode Island to enable individuals of childbearing age voluntarily to limit their family size by providing counseling, information, and medical services. (Medical Services are provided through Title XIX for persons for that program).

The Rape Crisis Center provides health services and counseling to children and adults who have been abused sexually and/or raped.

Transportation for persons who are Handicapped is provided by The Department of Elderly Affairs to meet the special needs of people who are unable to use other means of travel. It does so through subcontracts with agencies which also provide transportation for senior citizens.

The administration of Day Care Licensing (children) is the responsibility of The Department of Children and Their Families. This licensing procedure assures the protection of children in family and group settings.

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**Services Provided by Eligible Categories**

**0500.10.15**

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REV:07/1990

Information and Referral Services and Protective Services for Children and Adults may be provided to anyone needing the services without regard to any eligibility criteria.

The chart delineates the services provided under Social Services Program and the relationship to the eligible categories.

SERVICES	ELIGIBLE CATEGORIES		
	Income Maintenance AFDC	SSI	Income Eligible
1. Counseling: Specialized - Blind	X	X	X
Specialized - Retarded	X	X	X
2. Day Care Services for Children	X	NO	X
3. Educational Services	X	X	X
4. Emergency Shelter for Families	X	X	NO
5. Employment Services	X	X	X
6. Evaluation & Assessment	X	X	X
7. Family Management & Adjustment	X	X	X
8. Family Planning Services	X	X	X
9. Foster Care Services	X	X	X
10. Group Care Services for Children Institutional and Specialized	X	X	X
11. Health Related Services	X	X	X
12. Homemaker Services	X	X	NO
13. Housing Services	X	X	X
14. Information & Referral	X	X	X
15. Maternity Home Service	X	X	NO

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16. Protective Services for Children and Adults	X	X	X
17. Supportive Services for the Blind	X	X	X
18. Transportation Services for persons with Handicaps	X	X	X
19. Adult Day Care	NO	X	NO
20. Rape Crisis	X	X	X

For definition of Income Maintenance and Income Eligible, see Sections 0500.15.05 and 0500.15.10.

**0500.15**

**PERSONS ELIGIBLE FOR SOCIAL SERVICES**

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REV:07/1990

Individuals and families residing in Rhode Island are eligible for social services on the basis of Income Maintenance Status or Income Status as defined in Sections 0500.15.05 and 0500.15.10. There is neither a requirement of citizenship nor a requirement related to duration of residence. Two services, Information and Referral and Protective Services, are provided without regard to eligibility. Other services are provided under specified criteria, for example, documentation of a handicapping condition is required in order for a person with handicaps to receive specialized transportation.

**0500.15.05**

**Income Maintenance Status**

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REV:07/1985

Income Maintenance status is defined as follows:

Recipients of Aid to Families with Dependent Children (AFDC);

Those persons whose needs were taken into account in determining the needs of AFDC recipients;

Recipients of Supplemental Security Income (SSI) or State supplementary payments.

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**Income Status**

**0500.15.10**

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REV:07/1990

Income status is defined as follows:

Persons, other than those described in Section 0500.15.05, are eligible if the family's annual gross income is less than, equals, or is a percentage of, the Federal Poverty Guidelines as identified below.

Family Size	Service Standard Income Level
1 . . . . .	\$. 6,280
2 . . . . .	8,420
3 . . . . .	.10,560
4 . . . . .	.12,700
5 . . . . .	.14,840
6 . . . . .	.16,980
7 . . . . .	.19,120
8 . . . . .	.21,260

8 or more - add \$2,140 for each additional family member.

For the purpose of determining eligibility, family is defined as one or more adults and children, if any, related by blood or law (including marriage, adoption and common law) residing in the same household. Where related adults (except spouses) or unrelated adults reside together, each is considered a separate family.

A child living with relatives other than natural or adoptive parents, an emancipated minor, a child living under the care of unrelated persons (such as a foster child), or a pregnant woman living alone are considered to be a one-person family.

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**DETERMINATION OF ELIGIBILITY STATUS**

**0500.20**

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REV:07/1990

The responsibility for the determination of eligibility is with Family and Adult Service workers and with agencies from whom services are purchased.

Eligibility for services is based on the Declaration Method which means accepting the individual's statements regarding the source

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and amount of any income received unless a prudent person would have reason to question the information given. This applies to all services except Day Care Services for Children for which documentation of participation in a Pathways To Independence approved training program is required and AFDC eligibility, or Low Income eligibility is established.

Documentation of eligibility for Day Care Services is as follows:

Income Maintenance Status Cases can be documented for eligibility for Day Care Services by screening against the computerized monthly payment listings for AFDC recipients. Also, verification from the Pathways To Independence office of participation in a Pathways-approved training program is required.

In all other services, verification or documentation is not required. However, for those individuals claiming eligibility on the basis of Income Status, the family's gross annual income must be compared to the Service Standard Income Level. If the stated income is at or below this standard, eligibility is established. Services may begin as soon as the application is received.

**0500.25**

**DECISION ON THE APPLICATION**

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REV:07/1990

A decision as to whether or not an individual is eligible for a requested social service must be made within thirty (30) days of the date of the application or request for such service. The worker must notify the applicant of his/her eligibility for specialized social services within 15 calendar days after a decision has been made orally or in writing.

If ineligible for a specialized social service, the applicant is informed by use of the specific NOTICE OF AGENCY ACTION for the particular social service, such as, the CCS-11 for Child Care or the HS-8 for Homemaking/Personal Care Services and Adult Day Care Services, which are either given or mailed to the applicant. The particular forms also include information about the individual's right to request and obtain a hearing.

The decision on the application, the date of acceptance or, if client is ineligible, the date that the NOTICE OF DENIAL was given or mailed, must be noted in the narrative of the service record.



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The decision on the application, the date of acceptance or, if client is ineligible, the date that the NOTICE OF DENIAL was given or mailed, must be noted in the narrative of the service record.

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**REDETERMINATION OF SERVICE CONTINUATION**

**0500.30**

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REV:07/1990

A redetermination of service continuation must be made:

when the agency obtains information about anticipated change in the individual's or family's situation;

promptly, not to exceed thirty (30) days, after information is obtained about changes which have occurred in the individual's or family's circumstances that may make him/her ineligible; and

once every six (6) months.

The redetermination is made by the program service worker.

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**0500.35**

**PURPOSE OF RECORDING**

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REV:07/1990

The case record of social services is a written account of the agency's activity with an individual or family. It reflects how the agency learns that an individual or family has a problem(s), the need for services, how it provides services, and how it fulfills its responsibilities.

The service record is used by the service worker, the supervisor, and administrative personnel for a variety of purposes:

By the service worker - as a basic tool to help develop his/her service plan with the client in an initial and continuing process to accomplish the objectives for goal achievement;

By the supervisor - to help the worker become increasingly effective in giving the service;

By administrative personnel - for obtaining data on program effectiveness, and establishing information for planning, altering and changing programs; and

By staff development - in the ongoing process of evaluating the performance of staff, identifying the needs of staff for help in improving the quality of work, and in planning supervision and other staff training activities to meet these needs.

The service record is a valuable and useful source of information. Its content should be used with sensitivity, and with effort to gain understanding of the individual or family. The previous experience of the agency with the family may be important as a way of understanding the current situation. Reading and analysis of previous record material will prevent duplicated effort for the client and worker.

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**Case Worker Recording Responsibilities**

**0500.35.05**

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REV:07/1990

The case worker has the primary responsibility for the maintenance, content and quality of the case record. S/He selects the significant and pertinent material in contacts with the client and enters it clearly and concisely, properly spelling names and technical terms.

Good case recording helps to assure that each client is receiving service consistent with the need and with the National Social Services Goals.

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**FORMAT OF CASE RECORD FOR SOCIAL SERVICES**

**0500.40**

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REV:07/1990

A service record is maintained on each individual or family receiving social services. It contains four parts: the Identifying Data, the Narrative, Forms and Correspondence.

**Identifying Data**

Identifying data is obtained from the applicant in conjunction with the appropriate application form, either the MA-1 or the DHS-1 and DHS-2.

**Narrative**

The narrative, which is in clear, simple language following the basic rules of composition, is a record of pertinent activities from the time of a request for service through its termination. The narrative should indicate the interaction between the client and the worker and show the use of the social work process in making services available.

A Topical Outline for the service worker to follow in recording is set forth in Section 0500.45. This information is transcribed into the service record by the clerical staff.

**Forms**

All appropriate forms become a part of the record in chronological order. Some forms are used to authorize services requested and to coordinate field and Central Office operations.

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Correspondence

Correspondence is retained together and inserted chronologically. It is evaluated, rather than being automatically retained. When correspondence has no permanent value, its content is briefly noted in the narrative and is destroyed.

**0500.45**

**TOPICAL OUTLINE FOR RECORDING THE NARRATIVE**

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REV:07/1990

The Topical Outline is used by the service worker to record the assessment of a client's problem(s) and, in cooperation with the client, to prepare a Service Plan directed toward a specific goal(s). In exploring the situation, the worker must seek and record the information necessary in each individual situation as appropriate under the topics outlined below.

Application as Referral Source

For all cases, the client is identified by date of birth, marital status, family members, living arrangement and any other pertinent information. The narrative should cover a number of questions. Did the person request service on his/her own accord? Was s/he sent or brought to the agency? Did another person or agency request service for him/her or on his/her behalf? If so, who requested the service, what is his/her relationship to the client, and how was the client contacted?

Presenting Problem(s)

The second part of the narrative relates why the client is contacting the agency or why a referral is being made by another agency on the client's behalf, and in particular, why is service being requested at this time.

Eligibility for Service

A brief statement is required to document the basis for eligibility. Eligibility for service is determined according to the specific requirement defined for each service.

Eligibility for service is redetermined once every six (6) months. When service is denied or terminated, the date and reason are

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recorded in the service folder.

**Study and Evaluation**

**0500.45.05**

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REV:07/1990

With the information from the presenting problem(s), the service worker records his/her assessment of the client's concerns, needs, and wants. An assessment is the worker's understanding of the nature of the client's problem(s); its origin, where, when, and how did the problem(s) begin; the factors that cause or contribute to it and their inter-relatedness; and the client's motivation, strengths, weaknesses, and resources to modify or to develop coping mechanisms.

The assessment is an ongoing process which changes as service is being provided. The purpose of an assessment is to make service effective by basing it upon an understanding of the total situation. By the end of the initial evaluation, a working assessment is reached and recorded on which the early phase of service is based. Assessment, however, continues throughout the period of service and is always subject to re-evaluation as fuller understanding develops.

**Service Plan**

**0500.45.10**

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REV:07/1990

The Service Plan is a cooperative effort between the client and the worker which involves the client at every step in the process, focusing upon the presenting problem(s) as identified by the client and applying the worker's assessment of the situation. The plan should indicate that the worker has given the client information as to the services to be provided and by whom, either the worker and/or another agency. It is important that the client's attitude about and understanding of the plan and the client's commitment to the plan, be recorded.

It is important that the Service Plan reflect:

The specific short and long-term goals, determined by the client and the service worker;

The agreed upon objectives, to be accomplished by the service

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worker and the client to reach the goals;

Which tasks, to achieve the agreed upon objectives, are assigned to the client and the worker;

That a reasonable time frame is established for completion of each task;

The identification of the roles of the client and the worker: and,

That contacts between the client and the worker are planned for in order to carry out the agreed upon tasks and objectives and to review the Service Plan.

**0500.45.15**

**File Instructions**

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REV:10/1975

File instructions are used to indicate the month in which any specific activity for the service worker is to take place and to indicate when it is completed. Such activities include contacts with schools, physicians, other agencies and the date for the review of the Service Plan.

A "File Instructions" entry is recorded so that clerical staff can maintain the control on the Case Control File Card and notify the service worker at the appropriate time for follow up activity.

**0500.50**

**RECORDING OF THE CONTINUITY OF SERVICES**

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REV:07/1990

The ongoing activities between the service worker and the client must be recorded. These may be summarized or recorded contact by contact, according to date, if important, and should reflect:

The progress or lack of progress toward the achievement of the Service Plan;

Any changes in the direction of the goals; and/or

The client's ability to participate in the Plan.

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In summarizing several contacts or activities, the service worker records, in chronological order, the most pertinent service activities and the problem(s) precipitating such activities. In those situations where it is essential to record each contact, the contact is dated and the important elements are recorded.

Such recordings help the worker in evaluating the total situation and the feasibility of the Service Plan.

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**RE-EVALUATION OF THE SERVICE PLAN**

**0500.55**

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REV:07/1990

The Service Plan is re-evaluated as often as needed, but at least once every six months. The record must reflect the progress and effectiveness of the service in relation to the achievement of the tasks and objectives identified to reach the agreed upon goals.

The following should be contained in the Service Plan:

The progress, if any, which has been made toward bringing about the desired change or adjustment;

Whether or not the original plans were completed;

An evaluation of the goals, tasks, and objectives determining if they are/were realistic and obtainable;

The alternatives;

Changes in the Service Plan requested by the client; and,

How the Service Plan can be modified or altered to better meet the needs of the client.

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**TERMINATION**

**0500.60**

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REV:07/1990

When the client and worker mutually determine that social services are to be terminated, a closing entry is made to indicate the closing date and the reason for termination. The record reflects that the client understands how to contact the agency should his/her need for services change.

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Unless the client explicitly requests or agrees that the services they are receiving be reduced or terminated, a Notice of Agency Action must be sent to the client. The client has the right to request a hearing within 30 days of the notice. If the request is within 10 days of the notice, the services may continue until the hearing decision is made.

**0500.65**

**TRANSFER OF RECORDS**

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REV:07/1990

When one service worker is transferring a case to another worker, the current worker is responsible to assure that the service record is in order and that activity has been dictated up to date.

A Transfer Entry is required. This consists of a brief and concise overview of the current situation, pending activities and the current objectives to be accomplished.

When a record is being transferred to another district or regional office, a cover memo is written by the service worker transferring the case to alert the next service worker to any immediate problems or Service Plan made with the client, and to indicate the client's new address, and the date of the move.

The economic and social services unit is also notified about the transfer on an AP-48, if the client is receiving AFDC. The cover memo is signed by both the transferring worker and his/her supervisor.



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**SCREENING POLICY AND PROCEDURES**

**SECTION 0502**

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**SCREENING POLICY**

**0502.05**

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REV:07/1990

In order to assist AFDC, GPA and MA family applicants in making their needs known to the Department, the following Screening Policy and Procedure have been developed. Screening is the process whereby a social caseworker (screener) provides information about the Department's programs and assists a person in applying for the most appropriate program. Screeners are available in each district office on a daily basis to meet with and assist new applicants. Should a situation arise when there is no Department program which is appropriate to meet the applicant's problem, a referral to an outside agency may be made following the basic referral principles outlined in Section 0504, Information and Referral Services.

Each district office must keep two appointment registers. One is for screening appointments and the other for intake appointments. These registers serve two purposes: the orderly administration of the program and as a record of those persons who have requested and applied for assistance. The Regional Manager designates responsibility for the maintenance of the screening and intake registers to the appropriate staff member.

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**REQUESTS FOR APPLICATIONS**

**0502.10**

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REV:07/1990

Requests may be for applications for assistance or for information about applying for assistance. Such requests may come from different sources--in person, by telephone, by mail, or as a referral from another agency. Application packets are available to any person who requests one. The application packet for families includes the:

Application for Assistance	DHS-1
Statement of Need	DHS-2
Appointment Letter	SCR-2
Certification of Citizenship/Alienage	DHS/SAV-1
JOBS requirements	C-1-R
Good Cause for Non-Cooperation	AP-35
EPSDT Information	R-11
District Office Locations	DHS-14

Requests are handled as described below.

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In Person

When a request for assistance is made in person, the applicant's name and address are entered in the screening register. Screening interviews are conducted daily on a walk-in, first come, first-served basis. The application packet is given to the person at the screening interview.

Should there be no opportunity for an immediate screening interview in a particular office, the applicant may choose either to complete and sign a DHS-1 and be scheduled for screening on the next business day or be referred to another office within the region for immediate screening. Such an arrangement should be confirmed by telephone with the other office. If the applicant chooses to complete and sign a DHS-1, it must be date-stamped and forwarded to the screener.

Telephone

When a request for assistance is made by telephone, the potential AFDC, GPA or MA family applicant is informed that s/he must come to the office for a screening interview.

A request for information is forwarded to the social caseworker (screener) who provides the necessary information. If this information leads to a request for assistance, the applicant is instructed to come to the office for a screening interview.

Mail

When a request from a family for assistance is received by mail, it is forwarded to the appropriate unit. If the program for which the request is made cannot be identified, the request is forwarded to the screening casework supervisor and assigned to a screener. The screener contacts the potential applicant in order to ascertain what the presenting problem is and which program may assist the person. A person requesting AFDC is advised to come into the office for a screening interview.

Referral

Requests which are received from an outside agency through the referral process are routed to the screening casework supervisor for assignment and disposition.

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SCREENING POLICY AND PROCEDURES

SECTION 0502

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**SCREENING**

**0502.15**

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REV:07/1990

The screening interview is the beginning of the application process. The screener informs the applicant of the various programs administered by DHS including a synopsis of their respective eligibility criteria. The screener elicits the presenting problem(s) and the salient facts of the applicant's situation which prompted the applicant to seek the agency's assistance. The screener then discusses programs and services available through DHS, other agencies and community resources which may be of assistance to the applicant.

During this initial assessment process, the DHS-1, Application for Assistance-Part I, is completed to obtain the necessary information. The DHS-1, when completed, is dated and signed by the applicant. Should the applicant decide to make application for financial or medical assistance, and/or food stamps, the DHS-1 is date-stamped to establish the application filing date for AFDC, MA, and GPA-Family assistance programs and for food stamps. This form is also used to monitor the disposition of screening and intake appointments.

Each adult household member applying for AFDC, MA and/or Food Stamps benefits, regardless of whether the individual is a citizen, a national, or a permanent resident alien of the United States, must complete the DHS/SAV-1, Certification of Citizenship/Alienage. The only exemption are illegal aliens applying for certain Medical Assistance services.

If during the screening process, it is determined that the applicant is eligible for food stamps under expedited services, the applicant is given the DHS-2, Statement of Need, to complete and an appointment with the eligibility unit is secured.

During the screening interview, the DHS-2, Statement of Need and the SCR-2, which explains the criteria for a prompt or an emergency intake appointment, are reviewed and explained to the applicant by the screener.

For AFDC applicants, the F&AS social caseworker completes the PATH-200, Client Appraisal Form, in duplicate for each mandatory or voluntary Pathways to Independence participant. The PATH-200 is retained in the service record pending the determination of eligibility for AFDC. For the Pathways referral process, see Sections 0552.20 and 0552.20.05.



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**Referral to the Food Stamp Program**

**0502.15.15**

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REV:07/1990

After the screening interview, the client who is not applying for AFDC, GPA or MA, may want to apply only for food stamps. The screener reviews the DHS-1 and determines if the applicant is eligible for expedited services, according to the criteria outlined in Section 1016.10. If the applicant appears eligible, the screener refers the applicant to either a GPA caseworker or an eligibility technician who must check the Food Stamp master file and the manual issuance file and microfiche authorization file before authorizing emergency food stamps. The Case Record Clearance For Participation portion of the DHS-1 must be completed.

Whether or not the applicant is eligible for expedited services, the screener assists the client in contacting the Food Stamp Office responsible for handling the client's locality in order to schedule an intake appointment.

The withdrawal statement on the DHS-1 is completed by the applicant to note the withdrawal of the AFDC, MA and GPA application.

The screener completes the appropriate portions of the "FOR OFFICE USE ONLY" section, and signs and dates the form. The DHS-1 is forwarded to the designated clerical person who files the application in the "Request Withdrawn" file.

**Application for Medical Assistance Only**

**0502.15.20**

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REV:07/1990

If the applicant wants to apply only for the Medical Assistance Program, the screener ensures that the proper application, either the DHS-2 for families or the MA-1 for adults, is given to the person and arranges for an intake interview according to the local office procedures. The applicant completes the DHS-1 which is then date-stamped.

The screener completes the appropriate portions of the "FOR OFFICE USE ONLY" section, and signs and dates the form. The DHS-1 is forwarded to the designated clerical person who establishes an MA case record, completes the clearance procedures and forwards the



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**Prompt Appointment**

**0502.15.30.05**

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REV:07/1990

All applicants must be scheduled, and such appointment interviews must be conducted, within five (5) working days of the screening interview. For example, if an applicant is screened on a Monday, the intake interview must be completed as soon as possible but no later than the following Monday.

The screener enters the applicant's name and telephone number on the intake register. Any scheduling conflicts which arise are resolved with the eligibility supervisor in charge of intake. The screener completes the SCR-2, Intake Appointment Information, and gives it to the applicant.

The screener completes, in duplicate, the appropriate portions of the "FOR OFFICE USE ONLY" section and signs and dates the form. The DHS-1 is forwarded to the designated clerical person who copies the application portion of the DHS-1. The original DHS-1 is used to establish the eligibility case record and the copy of the DHS-1 is used to establish the service case record. The service case record is returned to the screener for completion of the service evaluation and assignment to service as needed.

The designated clerical person clears the eligibility record with Master File and the Food Stamp File for current or previous participation. Notations are made on the "FOR OFFICE USE ONLY" section and the eligibility record is forwarded to the eligibility supervisor for assignment to the eligibility technician.

**Emergency Appointment**

**0502.15.30.10**

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REV:08/1986

If the applicant indicates that s/he (1) has no available income or resources and (2) during the current calendar month of application has not had and/or will not have income or resources in excess of the monthly AFDC Standard of Assistance for the appropriate family size, the intake appointment must be scheduled within one (1) working day of the screening interview. If the applicant is unable to keep a next-day appointment, the intake appointment is scheduled for the earliest available time acceptable to the applicant.

For the purposes of determining an "emergency", income and

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resources include all of the applicant's income and resources, as well as the income and resources of those persons for whom s/he is applying, which would be counted in determining eligibility for AFDC. Deemed income from a stepparent or an alien's sponsor must also be included. Income and resources do not include the income and resources of non-legally-liable relatives and friends. Income which is anticipated in the month of application is counted only if it is reasonably expected to be received, for example, the next regular paycheck or receipt of a government benefit.

If it is doubtful that income will be received in the month of application, it should not be considered for the purpose of scheduling an intake appointment. The screener enters the applicant's name and telephone number in the intake register and follows the same procedures as outlined in the above section on prompt intake appointments.

**0502.15.30.15                      Change of Status**

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REV:08/1986

An applicant, who has been scheduled for a prompt intake appointment, and who has a change in circumstances which makes him/her eligible for an emergency intake appointment may request an emergency intake. The eligibility technician (or screener) reschedules the appointment for the next business day, makes the corrections in the intake register and notifies the eligibility supervisor.

**0502.15.30.20                      Public Notice**

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REV:08/1986

A notice setting forth the appointment procedures and time limits must be posted conspicuously at the reception desk in each district office.



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DEFINITION OF AND ELIGIBILITY FOR SERVICES

0504.05

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REV:07/1990

Services are defined as information and / or assistance given to any family or individual, without regard to any eligibility criteria. Information is disseminated about the appropriate agency or community resource which provides the services or needs requested. The DHS Information and Referral unit may be contacted by telephoning 464-3361. For those persons with a hearing and/or speech impairment, information and referral may be obtained by use of the TDD/Voice machine by telephoning 464-3363.

In general, informational service is provided directly by the social service staff of Family and Adult Services (F&AS) or by staff of the various community agencies with whom the Department has contracts for such services, including but not limited to, United Way of Southeastern New England, Planned Parenthood of RI., the Women's Center, the Joslin Multi-Service Center, and the Rape Crisis Center. Information and referral are available on a 24-hour daily basis. These services may be directed toward any one of the five national goals.

Worker Tasks

Tasks of the workers in any of the locations include:

Preliminary assessment of the client's needs;

Immediate crisis intervention if indicated;

Referral to an appropriate resource; and,

Follow up service in order to ensure that the client has received, or is receiving, the service needed.

Persons Eligible

Information and Referral services are available to all persons needing the service without regard to any eligibility criteria.

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**PROVISION OF SERVICES**

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REV:07/1990

The services are provided directly by Adult and Family social caseworkers and are purchased from various community agencies, including but not limited to:

United Way of Southeastern New England  
229 Waterman Street, Providence, RI 02906  
1-800-367-2700 or 351-6500

Joslin Community Development Corporation  
231 Amherst Street, Providence, RI 02909  
421-8062

Women's Center, Inc.  
45 East Transit Street, Providence, RI 02907  
861-2760

Planned Parenthood of Rhode Island  
111 Point Street, Davol Square, Providence, RI 02903  
421-9620

RI Rape Crisis Center  
1660 Broad Street, Cranston, RI 02905  
941-2400

**0504.15**

**SERVICE WORKER'S RESPONSIBILITIES**

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REV:07/1990

The service worker's responsibilities include the following:

Assisting the individual to identify his/her presenting problem(s);

Assessing the individual's strength and motivation regarding the resolution of the presenting problem(s);

Exploring alternatives and possible solutions to the problem(s);

Clarifying for him/her those appropriate services within the agency and in the community which may be available to him/her to resolve the presenting problem (s); and,

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Making a referral, with the client's permission, to the appropriate community resource and providing to that resource any information about the client which will be of use in determining eligibility of the individual for its services and/or facilitating its provision of services.

**Use of Other Agencies**

Information and Referral Services involve maximum utilization of other agencies providing services. The service workers are responsible to be knowledgeable about community resources and to maintain continued cooperative working relationships to assure maximum use of local resources.

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**BASIC PRINCIPLES REGARDING MAKING REFERRALS**

**0504.20**

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REV:07/1990

This section provides some basic principles with regard to making referrals.

**Understanding of the Problem**

The worker provides a confidential atmosphere within which the client can be free to discuss his/her presenting problem(s) and how such problem(s) is affecting the client's functioning.

The worker and the client prioritize the presenting problems and decide which one is to receive primary attention. It may not be the one the worker considers most important but it is the one with which the client is willing and ready to accept help. Sometimes a particular problem might be agreed upon because it appears to be amenable to an early solution.

**Understanding Client Needs**

In seeking a solution to the problem, the worker should take into consideration factors such as the client's abilities, education and training, family situation and physical or mental capabilities and limitations. The worker also needs to estimate the amount of help needed by the client. Some clients can function for themselves and need only limited information regarding available resources. Others cannot function entirely alone but have someone in the family or an interested friend who can supplement their efforts to the extent necessary. Others will have no one to look to except this agency.

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Referral to Community Resources

The worker gives the client information about resources in the community that might resolve the problem or help toward a solution. If there is to be a choice of resources to be used, the client should be given enough information about each to be able to make a good choice.

The worker must be sure that the client understands the necessity for sharing information needed by the resource and must give his/her permission to proceed in this direction. Exceptions would be those individuals who have been certified as mentally incompetent.

The worker must avoid appearing to commit the agency to which the client is being referred to take any specific action. To appear to commit another agency which, for some reason, may not be able to meet the client's expectations adds to the client's sense of defeat and undermines agency relationships. Before reaching a decision to refer, the worker must insure that the agency provides the necessary service and is agreeable to accepting the case. If the other agency needs to take further steps before a decision about helping the client can be made, the client should clearly understand that fact. If the agency is not free to move promptly on the client's problem, the client should understand this and be given an opportunity to decide whether s/he wishes a referral now or later.

No aspect of the referral process is more important than the timing. A referral should not be made until the client recognizes the problem involved in the referral and is willing to work to its resolution.

The client's permission to make the referral must be secure.

**0504.20.05**                      **Method of Referral**

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REV:07/1990

The method used in making a referral may be one or a combination of the following:

A telephone conversation in the client's presence; Some of the client's fears may be allayed by listening to the worker's brief

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discussion of the presenting problem and any pertinent information about the prospective client. It is advisable to follow up with any necessary information in writing.

A letter may be written giving all available information which would help the other agency give the best service; and/or,

A conference may be held to discuss the case.

The worker should arrive at a clear understanding with the other agency as to this agency's continued role with respect to the case and any case and client planning on the part of each agency.

Client Interest Best Served by One Agency

If the interest of the client can best be served by one agency alone, the two agencies and the client should decide which agency can best meet the client's needs.

Recording

Recording of information and referral services is to be done according to procedures outlined in Section 0500.35.

**Follow Up**

**0504.20.10**

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REV:07/1990

Follow up is an integral part of the referral process, unless the referral is to obtain some simple service. The method and frequency of follow up depends on many factors, including: the extent of the client's need for supportive care; the nature of the client's problems and his/her plans for dealing with them; the services being received from the other agency; and, the understanding between the two agencies as to the nature and extent of cooperative agency efforts. Some of the most obvious values of follow up are listed below:

It helps the client to understand the continuing support of the agency and the worker's willingness to provide assistance;

It enables the worker to assess the client's progress and to evaluate the service plan and make changes in the plan as necessary;

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It provides the most reliable basis for a decision that goals have been achieved or that goals will not be attained as a result of services being given; and,

If one agency decides to terminate services, how this termination will affect the client and the remaining agency.

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**EVALUATION AND ASSESSMENT SERVICES**

**0506.05**

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REV:07/1990

Evaluation and Assessment consists of a comprehensive study of the individual's and/or family's total service needs to identify problem areas. The Evaluation and Assessment service is provided directly by Family and Adult social caseworkers. It is aimed toward any one of the five goals outlined below that is appropriate to the client's needs.

The purpose of an assessment is to establish an effective treatment plan based on an understanding of the client's total situation. Evaluation and Assessment involves an informational exchange between worker and client so that a determination can be made of the problems and the client's capacities and resources to manage them. It requires the initiation of a service plan which focuses on identified problems with which the client needs/wants help, and provides the client with alternatives of service.

**Worker Tasks**

Tasks performed by the service worker include:

Evaluating and assessing the client's needs; This includes informing the client of appropriate agency/community resources and services, such as, family planning service, health services especially EPSDT, legal services, and the Pathways to Independence Program, and

Arranging for, and referring to, appropriate service providers.

**Persons Eligible**

Evaluation and Assessment services are available to Income Maintenance Status and to Income Status individuals and families.

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**SERVICE PROVISION**

**0506.10**

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REV:07/1990

Evaluation and Assessment services are provided directly by Family and Adult social caseworkers.

**Evaluation and Assessment Process**

This service begins with the first interview held between the applicant and the service worker in the process of explaining those

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services available through the Department of Human Services (DHS). During this interview, the service worker learns enough of the social situation to begin to identify problem areas.

To reach an assessment of the individual or the family, the service worker gathers social data covering the individual or others in a family unit. Individuals and families come to the agency with both immediate and long-term problems and needs, and differ in their capacities, resources and opportunities to deal with them.

**0506.10.05**

**Purpose of Assessment**

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REV:07/1990

An assessment is the worker's professional opinion as to the nature of an individual's or family's problem(s); where, when, and how the problem(s) began; and, the factors that cause or contribute to it, and their interrelatedness. The worker assesses the individual's motivation, strengths, resources and weaknesses, and their relationship to the client's ability to either resolve, modify, or develop coping mechanisms to function with the problem(s). The purpose of an assessment is to make service effective by establishing it upon an understanding of the total situation. By the end of the initial evaluation, a working assessment is reached on which the early phase of service is established. Assessment, however, continues throughout the period of service and is always tentative and subject to re-evaluation as fuller understanding develops.

**0506.10.10**

**Individual's Rights and Responsibilities**

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REV:07/1990

It is important that information be gathered, assembled and evaluated in a way which respects the individual's rights, responsibilities, and efforts. An influencing factor is the attitude of the worker, who should:

Respect and give realistic weight to the client's assessment of his/her situation and what is needed; and,

Genuinely encourage and support the individual in developing a realistic plan to resolve his/her problems.



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Individuals and families vary in their capacity to accept and use help, even when it is apparent there is a critical need for assistance. Understanding and acceptance of the individual's attitudes and patterns of behavior will enable him/her to discuss problems and needs more realistically. Because of the nature of some situations, it is often desirable to see and have discussion with other family members, both in and out of the home.

**Information Sources**

**0506.10.15**

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REV:07/1990

Sources of information other than the individual or family should be used only when necessary and with the knowledge and consent of the person by the Authorization to Obtain or to Release Confidential Information, (DHS-25). Some of these sources may be other social service agencies. There may be some situations when it is appropriate to see relatives, neighbors, or even the police.

These sources can be helpful and should be evaluated as to the degree of objectivity in their observations and information. Confidentiality, dignity and privacy need to be realistically preserved.

Reports from any source suggesting neglect, danger or abuse, to children or adults unable to protect themselves, must, according to the General Laws of Rhode Island, be reported to either the CANTS unit at DCF or The RI Department of Elderly Affairs. (See Section 0506 or 0526 for referral procedures)

**Service Plan**

**0506.10.20**

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REV:07/1990

A service plan is developed and maintained on a continuing basis for each individual person and family member receiving service. Both the service worker and the client are involved in the decision making and in establishing an appropriate plan. They define their respective expectations and responsibilities in order to move toward the resolution of the presenting problem(s).

This plan focuses on the problem(s) that have been mutually identified by the client and the caseworker. It begins with the

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problem with which the client has requested assistance. The plan should show that the client was given information regarding the availability of the requested service, and if available, which agency would provide the service. Every individual is given the opportunity to decide to accept or to reject services and this decision is reflected in the record.

Services that are to be provided must be accessible, and relevant to the needs of the client. All plans for services are both goal-oriented and time-limited. Activities are disciplined and structured.

A review of the service plan must be made periodically, as indicated, but at least every six months, to assure that it is practically related to needs, and that it is being effectively implemented.

**0506.15**

**PROCEDURE FOR REFERRAL FROM DHS TO DCF**

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REV:07/1990

Reports from any source suggesting neglect, danger or abuse to a child, must, according to the General Laws of Rhode Island, be reported immediately to the CANTS unit at DCF by telephoning either 1-800-RICHILD or 742-4453.

The CANTS social caseworker will evaluate the situation and decide if an emergency situation exists. If immediate removal from the home is not necessary but continued observation and evaluation is indicated, the CANTS worker refers the family to the DCF Division of Evaluation and Assessment for an evaluation and assessment of the need for placement and/or other alternative services.

When referring situations which do not involve eminent danger or reported abuse, the DHS worker prepares the family and may help in making arrangements for the interview, including accompanying the client to the interview. The DHS worker provides information concerning the family situation from the record and participates, if appropriate, in the development of a placement plan for the child or the provision of alternative services to meet the child's needs.

If the family is receiving an assistance payment, the DCF worker must advise the AFDC eligibility technician or the GPA caseworker of the removal of the child(ren) from the family or the return of the child(ren) to the family, in sufficient time to assure that the

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E&SS eligibility unit can take appropriate action on the assistance payment.

When placement services are terminated and the child returns to the parental home and the family is receiving services from DHS, a conference should be held to review the current situation of the child and his/her family, and to evaluate continued service needs.

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**EDUCATIONAL SERVICES**

**0506.20**

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REV:07/1990

Persons receiving AFDC are eligible to participate in the Pathways to Independence Program. See Section 0552.20.05 for the Pathways referral process and Section 0552.25 for Educational Activity Participation. This program offers a wide range of education, training, employment and supportive services which are provided by the Pathways social caseworkers. For information regarding such services, see Section 0556.05, Types of Education and Training.

Educational Services help eligible individuals to obtain and/or maintain themselves in educational opportunities. The purpose of this service is to maximize the use of educational training and/or opportunities to achieve the goal of self-support or the goal of self-sufficiency and thereby reduce or eliminate dependency.

The educational service involves the identification of an individual's specific educational needs, his/her educational capacity and the barriers that interfere with the use of appropriate educational training and/or opportunities. This service also involves counseling around overcoming internal and external barriers. Counseling includes contacts with the individual, the family and the school to overcome these barriers. Another important aspect of this service is linking the individual to the appropriate educational resource and providing supportive follow up to enable individuals to sustain themselves in achieving the educational goal.

**Worker Tasks**

The specific tasks performed by the Family, Adult and Pathways service worker are:

Identifying educational needs and barriers for the purpose of establishing specific educational goals; This includes informing the client of educational training and/or

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opportunities specific to his/her needs.

Counseling to assist the client overcome internal barriers, including feelings of inadequacy;

Counseling to assist the client overcome such external barriers as, managing transportation and child care problems;

Referring a client to an appropriate resource and maintaining contact with the client to help him/her sustain interest and achieve the educational goal.

**Persons Eligible**

Educational services are available to persons eligible on the basis of Income Maintenance Status or Income Status.

**Service Provision**

Educational services are provided directly by Family, Adult, and Pathways to Independence, social caseworkers.

**0506.20.05**

**Assessment of Educational Needs of Adults**

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REV:07/1990

For an assessment of the education needs of an adult recipient of AFDC, the Family and Adult service worker refers the person to the Pathways to Independence Program. See Sections 0552.20, 0552.20.05 and 0552.20.10 for the Pathways referral process. For information regarding The Pathways to Independence educational assessment services, see Section 0556, Education and Training Services.

Depending on the type of benefits the client is receiving, either the Family and Adult, or Pathways service worker, provides the assessment service by direct counseling. S/He assesses the educational needs of the individual(s) and the availability of resources in the community and together with the client develops a plan for the utilization of these resources.

An important part of this service is the worker's initial evaluation, the client's attitude towards education, the client's willingness to participate in an educational endeavor, and other factors which may influence the client's decision to seek educational training. Upon initial evaluation, the worker then

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makes a referral to the appropriate resource. This referral process includes an evaluation of the client's needs, any specialized type of training the client may desire, and any transportation and/or ancillary services that will be needed.

Upon completion of the referral, the service worker cooperates with the client and the referral source to ensure that the client continues to receive the service and to provide help to remove any obstacles which may prevent the client from achieving his/her goal. The service worker acts as a direct liaison person between the educational resource and the client and provides ongoing supportive service to the client.

In assessing the need(s) for these services, the following is evaluated:

The adult's ability to read and write sufficiently to carry on details of his/her life;

The last grade of school the adult completed;

If the client did not graduate from high school, the reason the client did not graduate;

Any training in a vocation or trade; and,

The adult's interest in further educational opportunities, such as, literacy training, high school equivalency, vocational training or English as a Second Language;

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**Services for Education and Adults**

**0506.20.05.05**

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REV:07/1990

Recipients of AFDC who are participants in the Pathways to Independence Program receive their educational services through the Pathways Program. See Sections 0550 to 0560 for an overview of the eligibility requirements for, and the services provided through, the Pathways Program.

For any person eligible for educational services, the educational services plan is evaluated in relation to the possibility of the client becoming prepared to achieve his/her highest potential toward a goal of ultimate self-support and self-sufficiency through employment and/or training.

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The service worker will:

Review with the adult the available resources, including adult educational classes or training programs and assist him/her in making application for those programs consistent with his/her aptitudes, intellectual capacity, level of education and employment aspirations;

In family situations, discuss with the parent(s) a tentative plan for suitable child care at the point of referral and the actual plan for the care at the point of entrance into such activity;

Help the adult use the resources of vocational testing and counseling of community services as well as those provided through the Pathways to Independence Program;

Discuss vocational rehabilitation with the adult who has a handicap or disability and arrange for referral to Vocational Rehabilitation, Community Workshops or any other appropriate agency serving the person with the particular handicap or disability; and,

Maintain follow up contacts with agencies to which referral has been made to determine the outcome of the referral, and to cooperate in the planning by helping the adult make plans for transportation, child care and other auxiliary services, so that s/he can take full advantage of the educational or training opportunity.

Those AFDC recipients who are parents aged 20 or older, who are not exempt from participation in the Pathways Program, may be eligible for the following educational activities:

Basic literacy programs;

Basic education programs;

High school equivalency (GED) programs; and,

English as a Second Language (ESL) programs.

For more information on the Pathways Education and Training Services, see Sections 0550 through 0560.

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**Services to the Minor Unwed Parent**

**0506.20.05.10**

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REV:07/1990

Applicants for AFDC who are custodial parents under the age of twenty and who have not completed a high school education must be informed by the F&AS social caseworker, during the screening process, of the Pathways requirement to participate in an activity directed toward the attainment of a high school diploma or its equivalent. The social caseworker completes the PATH-200, Client Appraisal Form, in duplicate, for each mandatory or voluntary Pathways to Independence participant. The PATH-200 is retained in the service record pending the determination of eligibility for AFDC.

The Pathways social caseworker refers the unwed pregnant adolescent or the minor custodial parent under age 20, to the appropriate Adolescent Pregnancy/Parenting Program (APP).

The Adolescent Pregnancy Programs assure access to and participation in three areas of core services:

Health Services;

Prenatal, postnatal, and pediatric care and nutrition information

Educational/Vocational Services; and,

Assessment of participant's level of academic achievement, literacy, aptitudes and interests

Development of short and long-term career goals

Maintaining or enrolling participant in school or other educational program leading to a high school diploma  
Providing access to job placement resources

Social Services.

Child Care

Adequate Housing

Transportation

Parenting Training

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Consumer Education/Life Skills Training

Adoption Counseling and Referral

Clinical Counseling

Personal Counseling and Support

The above services are provided to assist program participants in achieving and maintaining the goal of self-sufficiency.

The Projects are funded by the Department of Human Services and coordinated through the Division of Community Services.

For those pregnant unwed adolescents who are not eligible to receive AFDC but who need and request social services, the social caseworker refers the teenager directly to the Adolescent Pregnancy Program for the correct community, from the list below:

PROGRAM		COMMUNITIES SERVED
Blackstone Valley CAP 129 School Street Pawtucket, RI 02860	723-4520	Pawtucket, Central Falls, Cumberland, Lincoln
City of Warwick City Hall Warwick, RI 02886	738-2000 738-4300	Warwick
Cranston Health Center 1090 Cranston Street Cranston, RI 02920	943-1981	Cranston, Coventry
Family Services 55 Hope Street Providence, RI 02906	331-1350	Westerly, Charlestown, Hopkinton, Richmond
Kent County Mental Health Center 50 Health Lane Warwick, RI 02886	732-1540	West Warwick
Northwest Community Nursing & Health Services P.O. Box 234	949-3801	Burrillville, Foster, Glocester, Smithfield, North Smithfield,



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Harmony, RI	02829	Scituate
Providence Ambulatory Health Care Foundation 469 Angell Street Providence, RI	861-6300	Providence
Self-Help Incorporated 100 Bullocks Point Avenue Riverside, RI	437-1008 02915	East Providence, Barrington
Tri-Town CAP  190 Putnam Avenue Johnston, RI	321-2750  02919	Johnston, North Providence
Urban League 246 Prairie Avenue Providence, RI	351-5000 02905	Providence
Visiting Nurses Services of Greater Woonsocket Marquette Plaza Woonsocket, RI	769-5670 02865	Woonsocket
Women and Infants Hosp. 101 Dudley Street Providence, RI	274-1100 ext. 1452 02902	Central High School, Providence
Young Parents Program 135 Pelham Street Newport, RI	846-3100 02840	Newport, Middletown, Portsmouth, Tiverton, Little Compton, Jamestown Exeter, North Kingstown, South Kingstown, Narragansett, Warren, Bristol

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**0506.20.10**

**Assessment of Educational Needs of Children**

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REV:07/1990

For a school-age child, it is important to know the current grade s/he is attending and whether this represents the appropriate grade for her/his age and intellectual potential. It is also important to know the interest of the parent(s) in the child's education. This interest may be evidenced in the way the child is sent to school, which include, with an adequate breakfast, suitably clothed for the weather, and with an adequate plan for lunch, including the use of the school lunch program.

Questions to ask include the following:

Does the parent see that the child arrives at school on time, and that absence from school is due only to bona fide illness?

Does the parent provide a time and place for homework?

Does the parent show interest through periodic discussions with teachers, and attendance at P.T.A. meetings or other school affairs such as programs in which the child may be a participant?

Does the parent encourage the child to achieve by praise or other recognitions of achievement, such as, displaying drawings or papers and showing appreciation for gifts that the child makes at school?

It is important, as the child gets older, to know the goals and aspirations of the parent for the child's future. If the child is thinking of dropping out of school, or has dropped out, it is important to know the reason and to determine what can be done by developing a plan to ensure that the child achieves his/her highest educational potential or is exposed to opportunities for vocational training to ensure his/her future self-support and self-sufficiency through employment.

This assessment is obtained through discussion with the parent(s), supplemented by contact with school personnel such as teachers or guidance counsellors. Direct discussion with the teen-age child is important to get his/her point of view and future goals which may or may not be the same as those of his/her parents.

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**Services for Educational Needs of Children**

**0506.20.10.05**

REV:07/1990

The goal of service is to insure a plan for each child that will result in achievement of his/her highest educational potential and/or vocational training. In providing these services, the service worker will:

Help the parent(s) to understand the value of education for his/her child in preparing him/her to take a place in the employment world, and the importance of the parent(s) maintaining contact with the school;

Help the child to understand the value of education and training and the possibility of achieving a realistic goal;

Contact school personnel, when indicated, to determine the existence of any problems as seen by the school, such as lateness, absence or underachievement, and to cooperate in helping to alleviate the problem(s);

Work with the school guidance counsellor and the student in making plans for the higher education and/or vocational training of the older child, and explore with both the possibility of school scholarship opportunities or work training programs; and,

Explore with the appropriate persons, the resources available under the existing resources for developing job training and/or vocational skills and making referrals, as indicated.

**Vocational Rehabilitation Services**

**0506.20.15**

REV:07/1990

The Vocational Rehabilitation Agency provides necessary services to eligible individuals with disabilities to overcome handicaps to employability. The Vocational Rehabilitation process is based upon an Individual Written Rehabilitation Program which is oriented to the achievement of a suitable vocational goal. A suitable goal is one which enables a disabled individual to secure employment consistent with the individual's capacities and abilities. Persons requesting information regarding Vocational Rehabilitation may telephone 421-7005, or for those persons with a hearing and/or speech impairment a TDD/Voice machine may be reached by telephoning

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421-7016.

The basic eligibility requirements are:

The presence of a physical or mental disability which for the individual constitutes or results in a substantial handicap to employment; and

A reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability.

If there is an inability to make a determination that vocational rehabilitation services may benefit the individual in terms of employability, vocational rehabilitation services under an extended evaluation of rehabilitation potential may be provided to make such a determination.

**0506.20.15.05**

**VR Services Available At No Cost**

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REV:07/1990

A financial needs test will be applied as a condition for furnishing all vocational rehabilitation services except the following:

Counseling;

Guidance;

Referral;

Placement; and,

Diagnostic services to evaluate rehabilitation potential including services within sheltered workshop and work activity center programs approved and utilized by the State Vocational Rehabilitation Agency, including, Vocation Resources, Inc., the R.I. Association for Retarded Citizens' (RIARC) Regional Centers, and other similar facilities, since these services are for the most part considered evaluative and prevocational in nature.

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**VR Services Available for Financial Need**

**0506.20.15.10**

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REV:07/1990

The receipt of an assistance payment certifies to Vocational Rehabilitation that the person meets the financial criteria. The scope of services which may be provided to those meeting the financial criteria and who are otherwise eligible include the following:

Diagnostic Services - to determine eligibility;

Counseling Services - to be provided throughout the rehabilitation process;

Physical and mental Restoration services;

Maintenance;

Transportation Services - in connection with the rendering of any vocational rehabilitation service;

Services to Family Members - when necessary to the adjustment or rehabilitation of the individual;

Vocational and Other Training Services - to include personal and vocational adjustment training;

Readers, Interpreters and Technological aids;

Recruitment and Training Services to provide new employment opportunities in the field of rehabilitation, health, welfare, public safety, law enforcement and other appropriate service employment;

Occupational Services - licenses, tools, equipment, initial stocks and supplies;

Employment - Placement Services leading to suitable employment;

Post Employment Service - including services to maintain suitable employment;

Rehabilitation Engineering Services;

Supported Employment;

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Independent Living Service; and/or,  
Other Goods and Services.

**0506.20.15.15**

**Policy for Meeting Cost of Maintenance**

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REV:07/1990

Maintenance is defined as payments, not exceeding the estimated cost of subsistence and provided at any time from the date of initiation of vocational rehabilitation services, to cover a handicapped individual's basic living expenses, such as food, shelter, clothing, and other subsistence expenses necessary to derive the full benefit of other vocational rehabilitation services being provided in order to achieve such individual's vocational rehabilitation objective or to enable an extended evaluation of such individual's rehabilitation potential.

The provision of maintenance requires a measurement of financial need and should only be provided during a prescribed period of time and not construed to be an automatic allowance. Consideration must be given to any similar benefit or income available to the client by way of assistance payments, including but not limited to, TDI, ESB, SSI, RSDI, Veteran's Benefits and any form of public assistance payments.

Although recipients of assistance payments are not eligible for a VR maintenance payment, otherwise eligible persons may request VR services. If a recipient of AFDC, GPA or SSI appears to meet the eligibility requirements for service from VR, the service worker discusses with the client the services provided by VR. If the client agrees that the services of VR may be helpful and if s/he wants to plan for a discussion of his/her eligibility for service with a VR counsellor, the service worker completes a Referral to Vocational Rehabilitation, (AP-51).

Vocational Rehabilitation has the responsibility to report, in writing, to the service worker on the results of the referral, using the VR-13, if appropriate, and to make continuing reports orally, or in writing, as indicated.

Individual consultation between the VR counsellor and the service worker takes place as the need for it arises by either agency but particularly if it is agreed that an alternative service, other than VR, would be more helpful for the client.

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DEFINITION OF SERVICES

0508.05

REV:07/1990

Family Management and Adjustment Services provides counseling services to help individuals and families develop and maintain skills and abilities in managing the home, and to help families improve their inter-personal relationships.

Services are provided directly to eligible persons by a service worker and are aimed toward attaining the goal of achieving or maintaining self-sufficiency, including reduction or prevention of dependency. The services consist of: assessing the family and home situation; helping the client to identify the problems effecting the home situation; locating resources available for ameliorating the problem; providing intensive counseling and/or linking to the appropriate resources; and, follow up evaluation.

Worker Tasks

The tasks performed by the service worker include the following:

Intervening in crisis situations related to homelessness, fuel shortage, utility shut-offs, and insufficient basic needs such as food, clothing and shelter.

Providing services in relation to human development and/or problems in inter-personal relationships involving the client(s) and important member(s) of his/her environment, including, a spouse, parents, children, friends, or neighbors. The inter-personal situations which may require counseling, include but are not limited to, child-rearing problems, family separation or reconciliation, delinquency, and non-family disputes.

Persons Eligible

Family Management and Adjustment Services are available to Income Maintenance Status and to Income Status individuals and families.

Service Provision

These services are provided directly by Adult and Family service workers.

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0508.10

ASSESSMENT OF FAMILY AND HOME SITUATION

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REV:07/1990

The worker evaluates the client's ability and capacity to manage the home as evidenced by the home's general appearance. Neatness, basic cleanliness, simple decorations and maintenance of household furnishings and equipment usually indicate an intent to provide a healthy environment. In assessing the home situation, the worker observes: evidence of knowledge, interest, and ability in shopping and meal preparation to meet nutritional needs; the care of clothing; concern about and care of the home; and, the other members of the family's concern about the home. In addition, the caseworker notes if the furnishings and bedding are adequate for the family's needs and if the family appears reasonably comfortable with their surroundings.

A seeming lack of interest in providing a homelike atmosphere may be evidence of the client's lack of self esteem, depression, or inability to cope with financial, parenting or the problems of daily living. A home that is in disarray or looks neglected may also be evidence of the client's lack of capacity due to a physical or mental limitation or illness, substance abuse or a general lack of knowledge.

If the problems appear to be beyond the scope of agency services, particularly when substance abuse or mental illness is apparent, the caseworker should discuss a referral to the local community mental health clinic or substance abuse clinic with the client. If the child(ren) in the home seems to be at risk for abuse or neglect, a referral must be made to the CANTS Unit at DCF.

In those situations where chronic or acute illness prevents adequate homemaking or child care functioning, referrals to Homemaker Services may be appropriate (see Section 0530).

0508.10.05

Services for Homemaking

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REV:07/1990

In providing services, the worker will:

Discuss the importance of a good home environment, feelings about the home and whether a problem is seen in making it more livable; and,

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Discuss ways in which the home can be improved, using own resources and/or help from other resources in the community, such as, attendance at community classes through the U.R.I. Extension, Y.M.C.A.'s, adult education programs on meal preparation and planning, home decoration and sewing, and obtaining and distributing free informational material on homemaking.

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**Assessment of Functioning/Participation**

**0508.10.10**

REV:07/1990

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In addition to life within the family circle, both adults and children need to have social relationships outside the home and to participate in community activities.

People with financial or social problems often seem to withdraw from outside activities. This may be due to lack of money, feelings of inadequacy, apathy, or lack of knowledge of available opportunities.

The worker discusses what associations, if any, the adults and the children have outside the home, including:

Relatives and friends;

Church, Synagogue or Temple affiliations, which include participation in social activities in addition to the religious services;

Participation in the P.T.A. and other opportunities offered by the schools;

Participation in the opportunities offered by the library for borrowing books and other programs such as story hours;

Being members of neighborhood settlement house groups, boys' or girls' clubs, Y.M.C.A., Girl and Boy Scouts, Campfire Girls, C.Y.O., or other available recreational groups;

Taking advantage of opportunities for day camp or overnight camping in the summer;

Participation in community activities and other programs appropriate to their specific age groups;

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When physically able, participation in a volunteer program or a part-time work program, such as, Senior Companion or Foster Grandparent programs;

Being a member of a Senior Citizen Group or Tenant Association, going to meal sites or participation in the Meals on Wheels Program, if needed;

Having a hobby;

Enjoyment of, and participation in, educational or other cultural enrichment opportunities offered in the community;

If housebound, having any contacts with others.

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**0508.10.15** **Improving Family Functioning/Participation**

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REV:07/1990

In providing these services, the worker will:

Discuss feelings about the importance of social and cultural relationships and participation in community life, recognizing that values differ between cultures.

Explore with the adult and/or child what resources are available in the community and, when appropriate, encourage participation. When there are costs which cannot be met, the worker explores resources such as service clubs or interested community persons who might wish to assist. The worker explores the possibility of older children obtaining part-time work such as babysitting, paper routes, cutting grass, washing cars or other service jobs.

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**0508.15** **BASIC CONCEPTS OF CHILD CARE**

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REV:07/1990

The basic concept of child care is the healthy growth and development of the child. In order to develop to the fullest potential, children need to know that they are loved, and have a sense of trust, of belonging, and of security. Children need opportunities for learning and for recreation and leisure time

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activities under safe and adequate supervision.

Because of their immaturity, children must always have an adult upon whom they can depend and who assumes responsibility for seeing that their needs are met, either by providing these themselves or by planning with relatives, friends or using available community resources.

Children of school age must have responsible adult supervision before and after school, during lunch hour if the school has no provision for school lunch, and during holidays and vacations.

The Child Care Unit provides opportunities for child care for a portion of a twenty-four (24) hour day to eligible pre-school and school-age children to enable their parent(s) to work or participate in a training program. A parent may obtain assistance in assessing the family's child-care needs from Family and Adult Service, Pathways Program and Child Care Services, social caseworkers. See Section 0540 for information regarding the provision of Day Care Services for children.

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**Assessment of the Adequacy of Child Care** 0508.15.05

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REV:07/1990

In assessing the adequacy of care and supervision given to the child, the worker looks for concern, love and demonstrated affection for each child by the parent(s), as evidenced by:

The provision of nutritious food, adequate sleeping arrangements and suitable clothing, whenever possible;

The child's current physical, intellectual, emotional and social development;

The child's school adjustment;

The opportunity for outdoor play;

Meeting the child's dental and medical needs, including EPSDT screening and immunizations;

The scheduling and attendance at special medical appointments when there are physical, mental or emotional handicaps of the child, which need special attention; (See Health Services,

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Section 0510.)

The parent(s) involvement in assessing the quality of care provided in the child care setting; and,

The conduciveness of the home of day care atmosphere to the healthy growth and development of the child.

In the care and supervision of children, the worker needs not only factual information, such as, the parent's cultural and economic circumstances but also sensitivity to the parent's attitudes, feelings, and emotions, as evidenced in interviews or by past and present experiences.

**0508.15.10**

**Inter-Family Relationships**

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REV:07/1990

It is important to know how the family functions in the area of inter-family relationships, parents toward each other and toward each child and children toward each parent and toward their siblings. Children may be living in families which are subject to conditions that lead to family disruption. The combination of financial dependency and disruptive inter-family relationships, may intensify other factors which prevent or limit families from maintaining an adequate lifestyle and providing sufficient care to their children.

Some of the more serious factors may be physical or mental illness; intellectual limitation; or, inadequate capacity to fulfill the parental role. Poor early life experiences combined with long periods of financial or social deprivation may result in lack of self confidence and in attitudes of hopelessness and despair. All social data is evaluated to determine the presence or absence of problem(s) and to assess their nature and severity; to evaluate the capacity and potential of the parent(s) to work on the problem(s); and, to effect change and use casework help in improving the situation.

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**Services to Parents in Child Rearing** 0508.15.15

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REV:07/1990

One of the most effective ways of helping children is to help the parent(s). In providing services, the worker:

Recognizes the needs and problems of the parents as well as the child's;

Sustains and strengthens whatever capacity the parents have for nurturing their child(ren), helps the parents to further develop their parental role and cope with problems affecting their child(ren) which interfere with the parental relationship;

Refers the parents to available community resources, such as, physical and mental health services, schools, recreation, housing, job training, courses in child care and day care services;

Discusses the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program which provides preventative health services and early detection and treatment of diseases in children and young adults, age 18 to 19, if graduating from high school prior to his/her 19th birthday; (See Health Services, Section 0510.)

Helps the parent(s) to understand the child's behavior and deal with congenital conditions, chronic illness, or handicaps of the child, by utilizing available resources; (See Health Services, Section 0510.)

Continuously evaluates the goals of service and determines whether the parent's capacity for functioning is improved or weakened;

Is alert to any indication that there may be potential child abuse and makes a referral to the CANTS Unit at DCF, if appropriate;

Recognizes when a parent cannot provide suitable care (see Homemaker Services - Section 0530) or when the situation is harmful to the child(ren) (see Protective Services - Section 520).

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0508.20

MONEY MANAGEMENT

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REV:05/1982

For those persons receiving AFDC, this money payment is given with no restrictions imposed by the agency on the use of funds by the parent(s)/adult(s). The parent(s)/adult(s) have the freedom to manage their affairs and to decide how the money is used.

0508.20.05

Assessment of Problems in Money Management

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REV:07/1990

Upon request, the service worker makes an assessment of the problems a person is having in managing his/her money. This can be done by examining the pattern of financial planning to determine if difficulties have existed in the past or are apt to develop in relation to meeting future financial obligations. The financial assessment includes:

The pattern established in the management of available finances;

The person responsible for spending the money in conjunction with paying bills, shopping for clothing and food;

The established spending priorities;

The pattern of paying rent, paying utilities, buying on-time payments and planning for periodic needs such as replacement of clothing and seasonal fuel;

Any change in the household unit, particularly, whether the primary wage earner has, become ill, lost his/her job, or left the home; and,

A list of any accumulated debts and a determination of whether they are indicative of chronic mismanagement, or the result of efforts to maintain independence as long as possible under difficult financial circumstances.

If severe financial problems exist, the service worker determines if part of the problem is situational, such as, the primary wage earner recently leaving the home which has a high rental or mortgage payment, or are they due to lack of management skills, physical or mental illness or limited intellectual abilities.



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**Services for Money Management**

**0508.20.10**

REV:07/1990

The service worker understands that, in general, people who have been reduced to circumstances where they must apply for financial assistance are faced with the need to adjust to a decrease in income which can present problems even with good management. The worker attempts to help them to make the most effective use of their income and personal and community resources.

The worker will:

Give direct service by discussing the difficulties in the management of money at decreased income standards and what adjustments in the way of spending the client and worker can identify to ensure that basic essentials are provided;

Give direct service in simple budgeting procedure and priorities of spending, including, paying the rent, and utilities to avoid the problems of eviction or being without cooking and heating facilities. The client should be advised of the policy on heat and/or utility termination;

Discuss with the SSI/SSA recipient the direct deposit opportunities provided by banks to handle SSI/SSA checks and other ways of safeguarding income;

Review with AFDC clients the Resource and Income Policies found in the DHS Manual - Sections 0212 and 0214;

Discuss the use of food stamps for obtaining food, advising in the choice of foods; and,

Help the client to take advantage of sales in clothing and household equipment.

The service worker advises the client of agency and community resources which provide assistance in various areas of need, such assistance programs include: The Home Energy Assistance Program, H.E.A.P, for heating assistance; The Link-up America and Lifeline Programs, for help keeping or getting a telephone; the regional Community Action Program and the Salvation Army for emergency food and clothing needs.

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If the person needs assistance with budget management which is beyond the resources of the caseworker, particularly if the client is pending an eviction, or has received a notice of utility or heat termination, the client is referred to the R.I. Consumer Council, 365 Broadway, Providence, RI., 277-2764.

**0508.25**

**ASSESSING IMPACT OF SEPARATION ON FAMILIES**

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REV:07/1990

Regardless of the cause of parental absence, whether death, divorce, desertion, or separation, there are usually residual effects on the remaining members of the family. In assessing the impact of a separation on a family, there is information that is necessary to determine the adjustment of the family, including knowing: the reason for the separation; the previous inter-family relationships; and, the meaning of the absent parent to the remaining parent and to each child. Circumstances leading up to the separation should be noted, as well as the feelings of the remaining parent, and the possibility of reuniting the family. The meaning of the separation to a child depends upon the stage of development at which s/he is deprived of a parent, his/her previous relationship with the parent, and the capacity of the remaining parent to cope with his/her own feelings. The impact on a parent having the sole responsibility for home and financial management and for raising children is often severe.

Assessment information regarding the impact of the separation on the children include:

The image of the absent parent given to the children by the remaining parent in what is said or how s/he acts toward him/her;

If the remaining parent places undue responsibility on older children in an attempt to fill the place of the absent parent;

If there is scapegoating of a particular child who is identified with the absent parent;

How often the absent parent is in contact with the caretaker parent and children and what responsibilities does s/he assume in helping the caretaker bring up the children; and,

The behavior problems of the children, if any, particularly,

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hostility toward the remaining parent, aggressive or delinquent acts and lack of school achievement, that may indicate reaction to the marital problems.

**Services for Reuniting Families**

**0508.25.05**

REV:07/1990

When there has been no record of domestic violence and/or child abuse, and when a client requests such service, the worker involves both parents, if possible, in planning for a reconciliation. If the client or estranged spouse is not willing to work toward a reconciliation, the caseworker strives toward renewing the absent parent's interest in, or maintaining communication with, his/her children, so that the children are not deprived of support, both emotional and financial, from their estranged parent.

Sustaining or obtaining support for the children from the absent parent helps preserve what family relationship is possible, and ensure for the children their right under law to support from their parents.

Counseling a family in which separation has incurred may include:  
Discussing the problem with the remaining parent to determine the whereabouts of the absent parent and the feelings around the separation and possibility of reconciliation;

Arranging for discussion with the absent parent, when feasible, to obtain his/her feelings about the reasons for separation, possibility of reconciliation or plans for maintaining communication and supporting the children;

Advising the parent(s) of community resources which provide marital counseling, and/or help to the remaining parent in carrying out the role of dual parenthood, and with problems which the child may experience due to the change in the family structure; Such agencies are listed in the United Way of Southeastern New England's, Directory of Human Service Agencies. Several names can be offered to the family so that they can choose which resource(s) they wish to use. If a referral is made, service to the client should be assured through follow up and establishment of each agency's responsibility. (See Information and Referral Services, Section 0504). and,

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Directing services toward a strengthened cohesive existence of the remaining members of the family unit, in those situations where reunification of the parents is neither realistic nor feasible.

**0508.30**

**ADULT FAMILY AND INTERPERSONAL RELATIONSHIPS**

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REV:07/1990

Elderly and/or disabled adults are confronted with a variety of problems. As they advance in age, they suffer a progression of personal losses of spouse, children, relatives, and friends. Loss of spouse often means having to face the remaining years of life without one's partner, in addition to having to adjust to new living arrangements, reduced income and taking on new responsibilities previously shared by the spouse.

As all these stresses converge on the elderly or disabled client, his physical and emotional stamina are likely to diminish, often reducing his/her capability to cope with his changed circumstances. Loneliness and depression may result. Loss of close relatives and friends, separation of children who marry or for other reasons leave home, are other stressful events demanding adjustments in one's life.

Regardless of the cause of loss (death, separation, neglect or abandonment) there are bound to be adverse effects. The worker must understand the impact of loss on the client and how this affects him/her materially, physically and psychologically.

It is helpful to the assessment process for the caseworker to learn the circumstances leading up to the loss, including: how the client has reacted and adjusted to other crises in his life; the quality of previous relationships, whether strengthening or destructive; the feelings of the parent toward his adult children and grandchildren and vice-versa; and the strengths or weaknesses within the family. When older people must, for any reason, live with their adult children, special family problems particularly, a reversal of the parental roles may develop. Adjustments are usually necessary to accommodate all members of the new family unit.

The goal of the worker in helping the elderly or disabled client is, whenever possible, to strengthen family ties and to encourage family members to give emotional support and accept the client's dependence or independence, especially during the adjustment period. Oftentimes support, concern, and the interest of

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significant others, is a catalyst in improving the clients' sense of worth and self-esteem and consequently his total condition.

When there is no family, involving the client with his/her community or others in his/her environment, can bring about the same beneficial effect.

**Reuniting Adult Child(ren) and Parent(s)**

**0508.30.05**

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REV:07/1990

The worker should involve both parent(s) and adult child(ren), if possible, in plans for reuniting estranged adult family members. The service worker encourages the adult child(ren) to take an active interest in his/her parent(s) life, or at the very least, maintain communication with his/her parent(s).

The parent(s)' sense of security and self-esteem is generally enhanced and the family cohesiveness preserved when the child(ren) and the parent(s) provide mutual emotional support.

When there is a history of child/adult estrangement, the worker discusses the problem with the parent to determine the whereabouts of the adult child and feelings around the breach and the possibility of reconciliation. The service worker will arrange to meet with the adult child, when appropriate and possible, to discuss: his/her feelings about the reasons for the breach; the possibility of reconciliation; any plans for initiating communication; and, the possibility of rendering supportive services. The worker can also advise the adult child of community resources that may be available to him/her in planning for the parent's needs.

The worker should direct services toward a strengthened cohesive existence of the willing and able members of the family in those situations where reunification of all family members does not seem to be realistic or feasible.

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SECTION 0508

FAMILY MANAGEMENT & ADJUSTMENT SERVICE

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0508.35

ADJUSTMENT SERVICES FOR MINOR UNWED PARENT

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REV:07/1990

In addition to offering the normal range of social services, minor unwed parents often have special problems which require more frequent intervention and more specialized knowledge of adolescent psychology. Because in many cases the minor parent, herself, is still undergoing the emotional stresses of adolescence, she has a greater need for support and guidance than a more mature adult. In addition to the emotional supports, the minor unwed parent often needs a service worker who assumes a teaching role in parenting, homemaking and money management. These services are provided by the Adolescent Pregnancy and Parenting (APP) Programs. Applicants for AFDC who are custodial parents under the age of twenty and who have not completed a high school education must be informed by the F&AS social caseworker, during the screening process, of the Pathways requirement to participate in an activity directed toward the attainment of a high school diploma or its equivalent. The social caseworker completes the PATH-200, Client Appraisal Form, in duplicate, for each mandatory or voluntary Pathways to Independence participant. The PATH-200 is retained in the service record pending the determination of eligibility for AFDC. Participation requirements for the Pathways Program approved educational activities are described in Section 0552.10.15, Participation Requirement for Education.

When the Pathways social caseworker receives the referral s/he refers the unwed pregnant adolescent or the minor custodial parent under age 20, to the appropriate Adolescent Pregnancy/Parenting Program (APP).

The Adolescent Pregnancy Programs assure access to and participation in three areas of core services:

Health Services;

Prenatal, postnatal, and pediatric care and nutrition information

Educational/Vocational Services; and,

Assessment of participant's level of academic achievement, literacy, aptitudes and interests

Development of short and long-term career goals

Maintaining or enrolling participant in school or other

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educational program leading to a high school diploma

Providing access to job placement resources

Social Services.  
Child Care

Adequate Housing

Transportation

Parenting Training

Consumer Education/Life Skills Training

Adoption Counseling and Referral

Clinical Counseling

Personal Counseling and Support

The Projects are funded by the Department of Human Services and coordinated through the Division of Community Services.

For those pregnant unwed adolescents who are not eligible to receive AFDC but who need and request social services, the F&AS social caseworker refers the teenager directly to the Adolescent Pregnancy and Parenting Programs located at the correct community agencies listed below:

PROGRAM		COMMUNITIES SERVED
Blackstone Valley CAP 129 School Street Pawtucket, RI 02860	723-4520	Pawtucket, Central Falls Cumberland, Lincoln
City of Warwick City Hall Warwick, RI 02886	738-2000 738-4300	Warwick
Cranston Health Center 1090 Cranston Street Cranston, RI 02920	943-1981	Cranston, Coventry
Family Services 55 Hope Street	331-1350	Westerly, Charlestown, Hopkinton, Richmond

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Providence, RI 02906		
Kent County Mental Health Center 50 Health Lane Warwick, RI 02886	732-1540	West Warwick
Northwest Community Nursing & Health Services P.O. Box 234 Harmony, RI 02829	949-3801	Burrillville, Foster, Glocester, Smithfield, North Smithfield, Scituate
Providence Ambulatory Health Care Foundation 469 Angell Street Providence, RI	861-6300	Providence
Self-Help Incorporated 100 Bullocks Point Avenue Riverside, RI 02915	437-1008	East Providence, Barrington
Tri-Town CAP  190 Putnam Avenue Johnston, RI 02919	321-2750	Johnston, North Providence
Urban League 246 Prairie Avenue Providence, RI 02905	351-5000	Providence
Visiting Nurses Services of Greater Woonsocket Marquette Plaza Woonsocket, RI 02865	769-5670	Woonsocket
Women and Infants Hosp. 101 Dudley Street Providence, RI 02902	274-1100 ext. 1452	Central High School, Providence
Young Parents Program 135 Pelham Street Newport, RI 02840	846-3100	Newport, Middletown, Portsmouth, Tiverton, Little Compton, Jamestown, Exeter, North Kingstown, South Kingstown, Narragansett, Warren, Bristol



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**SERVICE PROVISION IN DHS/DCF ACTIVE CASES** 0508.40

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REV:07/1990

When both agencies are providing services, a case conference must be called to review the family's needs and to identify respective roles and responsibilities of each agency. DHS and DCF have a joint responsibility to keep each other informed of the progress, changes and needs of the family either by oral or written reports or periodic case conferences.



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**DEFINITION OF HEALTH-RELATED SERVICES**

**0510.05**

REV:07/1990

Health-Related Services are provided to assist clients attain and/or maintain a favorable condition of physical and mental health. The A&FS social caseworker assists clients to identify and understand their health needs, and to secure and utilize, through the referral process, the necessary preventive (EPSDT), maintenance and corrective, medical care. The service is provided to eligible persons by direct service staff, and purchased from agencies which have contracted with RI Medical Assistance.

Health Related Services are directed toward preventing, reducing, or eliminating dependency, achieving and maintaining self-sufficiency, and/or preventing or reducing inappropriate institutionalization.

**Worker Tasks**

The tasks for workers include the following:

- Assisting individuals to develop an appropriate health care plan by informing them of the availability of health resources, making appointments, and arranging for transportation to treatment facilities, when necessary;
- Counseling individuals to motivate them to utilize specific health care resources, especially when substance abuse treatment is necessary. A complete listing of Outpatient and Inpatient Treatment facilities is maintained in the United Way of Southeastern New England's, Directory of Human Service Agencies. When detoxification services are necessary, a referral is made to the Benjamin Rush Unit at the RI Medical Center, Talbot Detox, or to any one of the inpatient treatment facilities which provides such service.
- Providing counseling, referring to treatment facilities, and referring clients with debilitating mental and/or physical health problems to programs for potential financial assistance, such as, SSI, RSDI and Workers Compensation;
- Providing follow up services.

For children under 21 years of age participating in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, the

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following services are provided:

- Assistance with scheduling the initial EPSDT examination and any required follow-up services;
- Assistance in arranging transportation to appointments; and
- Any other necessary EPSDT services.

**Persons Eligible**

These services are available to persons eligible on the basis of Income Maintenance Status or Income Status.

**Service Provision**

These services are provided directly by Adult and Family service workers and through purchase of services.

**0510.10**

**AGENCY CONCERN FOR HEALTH**

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REV:07/1990

The agency caseworkers provide health services to clients by: identifying needs for preventive, maintenance, and remedial medical services; locating organizations and service providers who are willing to furnish quality care on a dignified basis; and, helping to solve any problems which may prevent clients from obtaining needed medical services and from making optimum use of the services available.

The service worker gives direct service to clients by making maximum use of all health resources within the agency and the community. The service worker discusses with parents the importance of medical and dental care for children, and helps parents make use of the EPSDT program.

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**Assessment of Health of Family Members**

**0510.10.05**

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REV:07/1990

The health assessment includes an accurate physical, mental, emotional and dental, health history of each individual and family member. This information is obtained by: observation; discussion with the individual or the parent(s), supplemented by information from resources having knowledge of the individual, such as adult child(ren); and verified medical documentation; when such information is necessary for a total understanding of the problem and to ensure that benefits are being derived from all available resources.

The caseworker advises the parent(s) to ensure that their children receive the necessary immunizations, including Diphtheria, Tetanus, Pertussis (DTP); Measles, Mumps, Rubella (MMR), and polio, and to keep accurate account of the dates of the immunizations for each child. The caseworker also explores the feelings of the individual or parent(s) about the importance of medical and dental care for themselves and their child(ren) and their knowledge and use of medical and dental resources, including private physicians, available dental facilities, hospital clinics, neighborhood health centers, and visiting nurses. The caseworker stresses the importance of good medical care.

Some physical and mental illnesses are obvious, while others are expressed by exaggerations in behavior, such as, extreme passivity, hyperactivity, aggressive behavior, and expression of bizarre ideas. Clients expressing such behaviors should be referred for an appropriate evaluation.

It is important to know what impact the illness of a parent(s) or a child is having on the rest of the family, and what resources, if any, are available among the relatives for care of the ill person, help with the homemaking, or care of the children. An evaluation by the caseworker may necessitate a referral to Homemaker Services or Respite Care.

In situations where family members are having difficulty adapting to the effects of the illness on the family or individual, a referral to the community mental health clinic may be appropriate.

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**0510.15**

**HEALTH SERVICES**

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REV:07/1990

Health services are provided in accordance with the health needs expressed by the individual or parent(s). Such services include:

- Explaining the agency medical care program, particularly, that persons eligible for the program are entitled to free choice of physician (Doctor of Medicine or Osteopathy) and other providers of medical services and supplies covered within the RI Medical Assistance Program's scope of services, and how the client may use the program;
- Discussing with clients the importance of medical and dental care, regular checkups, the specific safeguards of and schedule for immunizations against childhood diseases;
- Referring individuals and families with no exceptional health problems to geriatric physicians, family physicians, pediatric clinics and dental clinics, for regular health evaluations and maintenance services; and,
- Ensuring that a client who has a medical need or who is a parent of a child with medical needs, understands the medical recommendations, and has the capability and necessary medical equipment to carry them out.

When a severe medical or psychiatric illness is apparent and the individual or parent is unable or unwilling to seek medical advice or to follow recommendations made for treatment or follow up care, the situation is evaluated to determine whether Protective Services are indicated. If the person is an adult, the Department of Elderly Affairs is notified by telephoning, either 277-2880 or 277-2894. If the ill person is unable to care for a child, and there is no other suitable person available to care for the child, a referral is made to the CANTS Unit at DCF, telephone number -1-800-RICHILD or 742-4453.

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**Services to the Minor Unwed Parent**

**0510.15.05**

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REV:07/1990

Early prenatal care must be stressed with the expectant mother and helped to realize the importance of being examined by a qualified physician throughout her pregnancy. The worker must have current knowledge of all hospital clinics and health centers that can be beneficial to the expectant mother. The client is made aware of, and encouraged to use, available resources which will promote the good health of herself and her child, including prenatal health clinics, the WIC program and EPSDT services. Emphasis is placed on the importance of good nutrition both for her own health and that of the child.

The mental health of the mother, during pregnancy and after delivery, deserves special attention. Most hospitals and local health centers provide classes for the expectant mother. These classes can help the adolescent in the decisions regarding herself and the child and dispel fears she may have regarding the delivery and care of her child. Group sessions are available at such hospitals as Women and Infants where the expectant mother can ventilate any ambivalent feelings she may have concerning her pregnancy and forthcoming motherhood. Expectant mothers should be encouraged to attend such sessions. In addition, the caseworker provides supportive counseling to the teenager.

The caseworker assists the teenager in developing a positive attitude toward her pregnancy. In order to foster such an attitude, the expectant mother should be encouraged to continue her education, maintain friendships, and use what resources she has, including her family, so she does not feel isolated.

The worker must have a knowledge of postpartum depression and be able to refer a mother who is experiencing this depression to the proper mental health facility. If the depression is debilitating, the worker helps the client arrange for homemaking and child care assistance.

The expectant mother should be encouraged to choose a pediatrician for her child before the baby is born. The importance of regular physical examinations for the child should be emphasized. The availability of a visiting nurse to come into her home to assist her in the caring for her child should be made known to her. The mother should also be reminded of the importance of maintaining her own good health by making regular visits to her physician after the birth of her child.

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In order to assure that the services listed above are provided, every unwed pregnant minor must be referred to the Adolescent Pregnancy Parenting program. All pregnant minor applicants for and recipients of AFDC must be referred to the Pathways to Independence program. The Pathways social caseworker will then refer the adolescent to the Adolescent Pregnancy Parenting program.

The social caseworker completes the PATH-200, Client Appraisal Form, in duplicate, for each mandatory or voluntary Pathways to Independence participant. The PATH-200 is retained in the service record pending the determination of eligibility for AFDC.

The Pathways social caseworker refers the unwed pregnant adolescent or the minor custodial parent under age 20, to the appropriate Adolescent Pregnancy/Parenting Program (APP).

The Adolescent Pregnancy Programs assure access to and participation in three areas of core services:

Health Services;

Prenatal, postnatal, and pediatric care and nutrition information

Educational/Vocational Services; and,

Assessment of participant's level of academic achievement, literacy, aptitudes and interests

Development of short and long-term career goals

Maintaining or enrolling participant in school or other educational program leading to a high school diploma

Providing access to job placement resources

Social Services.

Child Care

Adequate Housing

Transportation



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Parenting Training

Consumer Education/Life Skills Training

Adoption Counseling and Referral

Clinical Counseling

Personal Counseling and Support

The above services are provided to assist program participants in achieving and maintaining the goal of self-sufficiency.

The Projects are funded by the Department of Human Services and coordinated through the Division of Community Services.

When it is observed or deduced that the pregnant women, (whether an adolescent or an adult) is a substance abuser, such information must be forwarded to the CANTS Unit at DCF, where it will be entered in the Early Warning computer system. If the pregnant woman has no other children in the home, no action will be taken by DCF unless there are reports of neglect or abuse after the child's birth.

For other Specialized Services see: Section 0506.20.05.10, Services to the Minor Unwed Parent; Section 0508.35, Adjustment Services For Minor Unwed Parent; and, Section 0522, Maternity Home Services.

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**Early/Periodic Screening/Diagnosis/Treatment 0510.15.10**

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REV:07/1990

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is designed by the federal government to provide early and periodic medical examinations for eligible Medical Assistance recipients, under 21 years of age. The examinations usually include:

History	Vision/Sight Screening
Health Appraisal	Hearing Screening
Physical Examination	Immunization Review
Developmental Evaluation	Appropriate Lab Tests

In addition all children over 3 years of age are referred to a dentist.

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The EPSDT is used to detect physical and/or mental defects and any current chronic conditions, and to provide treatment to correct or ameliorate such defects or chronic conditions. Children and adolescents eligible for the program include those who are recipients of RI Medical Assistance, including AFDC, SSI, and Foster Care, and those children eligible for General Public Assistance.

Permanent harm to children may result because treatable medical problems were not detected at an early stage. EPSDT regulations are designed to remedy this situation.

Family and Adult, and GPA service workers are required to:

- Inform eligible Medical Assistance recipients of the available services;
- Offer assistance in arranging for supportive services; and,
- Follow up, regarding the timely receipt of initial screening, initiation of treatment and assessment, according to the periodicity schedule.

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**0510.15.10.05                      Informing Requirements**

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REV:07/1990

The client will be informed of the EPSDT services, by the inclusion of the form R-11 in the application packet, during the initial screening process and whenever a family case is reopened.

Arrangements must be made to provide the necessary EPSDT information to clients who have hearing and/or visual impairments. Interpreters will be used in offering EPSDT services in foreign language situations.

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**Informing Process**

0510.15.10.10

REV:07/1990

During the face-to-face interview, the service worker provides the following information:

- The benefits of preventive health services;
- How EPSDT services can be obtained;
- The location of the nearest providers participating in the EPSDT program;
- The screening services that the agency offers; See 0510.15.10 and for further information, see either MA-350 or MA-400, EPSDT Examination Forms.
- The periodicity schedule established for Rhode Island, see Form PS-1;
- That both initial and periodic screening, according to the State's periodicity schedule, can be provided to recipients;
- That treatment services covered under the Medical Assistance Program will be provided for problems disclosed during screening;
- That assistance in referral will be given for services not covered under the MA Program;
- That assistance in arranging for transportation, if the family or recipient requests it, will be provided by the agency;
- That assistance in scheduling appointments, if the family or recipient requests it, will be provided by the agency;
- That, as long as the family or recipient remains eligible for Medical Assistance or GPA Medical, EPSDT services may be requested at any time in the future, if the choice is to postpone the decision at the time it is initially offered;
- That the family or recipient may choose to receive EPSDT services from a provider of its choice, and that if the

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provider of choice does not offer the full range of EPSDT services, as specified in the plan, the family or recipient can receive the services not offered from another provider, if the family or recipient requests them from the agency; and,

- That the EPSDT services covered under the Medical Assistance Program or GPA Program, are available at no cost to the recipient.

**0510.15.10.15**

**The Offering of Support Services**

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REV:07/1990

It is important that all service workers dispense EPSDT information to all new and reinstated cases. Information must be given at the initial intake appointment and at the DOCE. In the process of the service worker's informing clients of the items enumerated in Section 0510.15.10.10, the worker explains and explores with the appropriate person the health needs of every child or young adult in the family. In the discussion, the worker explains the various alternative resources available for meeting the existing health needs. The worker has the responsibility to identify those recipients eligible for EPSDT program who can obtain needed medical or remedial services through Title V of the Social Security Act (Maternal and Child Health and Crippled Children's Services). EPSDT services can be provided by the client's choice of physician or health center.

If the parent/caretaker/young adult accepts EPSDT services, the worker offers support services, including, help with scheduling appointments and assistance with transportation. If the parent, caretaker or young adult, prefers to do the scheduling and arranging for transportation, the worker's responsibility ceases. However, the family may request EPSDT supportive services at any subsequent time.

The EPSDT screening should be completed and treatment of any medical problem initiated within 120 days after the initial acceptance of EPSDT services. It is essential that pertinent forms be completed, properly dated, and support services be provided promptly.

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**Follow Up**

**0510.15.10.20**

REV:07/1990

Within one month of a scheduled EPSDT physical examination appointment, the worker checks to determine whether or not the appointment was kept and whether or not a problem was found.

If a health problem was found, it is essential that scheduling of the medical appointment be made promptly so that treatment may be initiated within 120 days of the initial offering of EPSDT services.

If needed treatment is not initiated within 120 days of the request for service, the reason must be specified in the recording. If the appointment was not kept, the worker must determine the reason, which is then specified in the case recording. The worker again offers scheduling and transportation assistance.

To help the worker in this follow up, the information should be incorporated in the case plan. File instructions should be utilized to alert the worker to the need for a contact. (See Section 0500. 50.15)

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**Transportation Resources to EPSDT Services**

**0510.15.10.25**

REV:07/1990

The social worker should explore the following areas when providing assistance with arranging transportation for EPSDT services:

The transportation resources the family normally utilizes when obtaining medical care;

The availability of public transportation for use by the family or recipient;

Relatives or friends who might to provide transportation assistance;

The Directory for Human Service Agencies in Rhode Island is used to determine what voluntary agencies might be available to provide this assistance.

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**0510.15.10.30 Refusal of EPSDT Services**

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REV:07/1990

As long as the child remains eligible for Medical Assistance or GPA Medical, s/he can receive EPSDT services, even when the initial services were refused. These services can be activated by a doctor who completes an EPSDT screening on the child or young adult and who completes the MA-350 or MA-400, Periodic EPSDT Examination Form, and forwards the form to the Division of Medical Services.

**0510.15.15 Children With Serious Special Problems**

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REV:10/1994

When there is indication that a child: is experiencing academic problems; is retarded; is emotionally disturbed; or has a physical handicap; more knowledge of the child and the problem must be obtained. It is important to learn from the parent(s) what s/he sees as the problem, what recommendations have been made, and whether the parent is following them.

Collateral academic, medical, psychological, or psychiatric information is obtained, as indicated, to ensure that everything possible is being done to meet the special needs of the child and that s/he is experiencing as full a life as possible and is utilizing her/his abilities. All services formerly provided under the Severely Disabled Children (SDC) Waiver, which was discontinued effective October 15, 1994, are provided in the same way under the EPSDT program (see section 0300.20.05.10).

When the child is terminally ill, the caseworker, in conjunction with the hospital social services, provides supportive services to the parent(s) and the child. The caseworker may refer the family, if appropriate, to the following service for terminally ill children:

The Impossible Dream

463-5566

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**Mental Retardation: Assessment**

**0510.15.15.05**

REV:07/1990

If the parent indicates that the child is unusually slow in talking or in ability to understand instructions, or if the child appears dull and lacking in intelligence, the service worker may suspect retardation. However, the worker should advise the parent that complete physical examinations and follow-up treatment services are available through the EPSDT program. It is particularly important that the child's vision and hearing be tested to be sure that such physical ailments are not the cause of the delayed development.

If a physical examination indicates that the child is suffering from neglect or from Failure to Thrive syndrome, the case must be referred immediately to the CANTS Unit at DCF.

If no neglect is evident, the worker should explore what steps, if any, the parent(s) has taken to obtain an evaluation of the child's health, both physical and psychological, and what subsequent recommendations have been made.

For pre-school age children, several hospitals, colleges, public and private agencies and all local school departments, provide early screening and diagnostic testing. Such facilities include, but are not limited to, the:

Child Development Center	RI Hospital	277-5681
Early Intervention Unit	MHRH	464-3235
Child Find	Local School Departments	

If the child is already in school, the service worker should know what testing has been completed and what plans the school and the parent(s) have made for the child's education, particularly the content of the Individual Education Plan (IEP). If the parent(s) is not aware of the educational services available for the child, but is interested in such services, the social caseworker may arrange a meeting with the parent and the school social worker or psychologist.

State law requires that the education of retarded children be provided either in special facilities within the school system or by purchase from other school systems, whichever is most beneficial to the child.

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Other educational and supportive services for the child and parent(s) are available through the:

Learning Center	Rhode Island College	456-8068
Community Help In Low-Income Decisions (CHILD)		737-0403
RI Association For Retarded Citizens (RIARC)		463-9191.

The service worker should assess what the presence of this child means to the parent(s) and other children in the family and if a problem is evident, be available to provide counseling or to make appropriate referrals.

A complete list of service providers is catalogued in the United Way of Southeastern New England's, Directory of Human Service Agencies In Rhode Island.

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**0510.15.15.10                      Mental Retardation: Services**

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REV:07/1990

When mental retardation of a child is known or suspected, the service worker will:

- Refer the parent of the child who has not been tested or evaluated to the Child Development Center at Rhode Island Hospital or to another center for an evaluation;
- Help the parent explore resources, such as neighbors and friends, for child care of other children while the parent keeps appointments;
- Help the parent become aware of and join parent groups such as Rhode Island Association for Retarded Citizens (RIARC); It is often helpful to know that others share the problem, and it is also a way of learning the many services that are available.
- Gain knowledge of new agencies as they develop and special planning in the community and disseminate such information; and,
- Participate in inter-agency conferences, to advocate for,



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and to ensure that, the child is receiving the most appropriate and beneficial services.

**Emotional Disturbance: Assessment**

**0510.15.15.15**

REV:07/1990

Some symptoms of emotional disturbance or behavioral disorders include, bed wetting, hyperactivity, extreme passivity, bizarre thoughts and actions, inability to get along with siblings or playmates, cruelty to animals, destruction of property, and fire setting. Some children get along well at school and act out at home and vice versa.

An assessment of a child's behavioral problems should include:

- A referral for a complete physical examination, especially when bed wetting and hyperactivity are the presenting problems; The parent(s) should be informed of the health services available through the EPSDT program.
- A history of the date of onset and any subsequent episodes;
- The parent's opinion on the probable cause of behaviors;
- The help that has been sought and the recommendations that have been made;
- The feeling of the parent(s) toward seeking help, if it has not yet been sought; and,
- The effect, if any, the child's behavior has on the atmosphere in the home and on the relationships of the other members of the family.

When such emotional disturbances or behaviors are indicative of neglect and/or emotional, physical or sexual abuse, an immediate referral to the CANTS Unit at DCF is mandated.

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0510.15.15.20

Emotional Disturbance: Services

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REV:07/1990

When the assessment indicates that a child is emotionally disturbed or has a behavioral disorder, the service worker will:

- Determine what agency or facility completed the child's behavioral evaluation;
- Contact the agency or facility representative to determine the probable cause of the problem, the treatment plan recommendations, and the parent's or other care provider's participation in the plan; If there are difficulties following the treatment plan, the worker will discuss the difficulties with the family and arrange a meeting with the treatment facility representative, if necessary, to develop an alternative plan.
- Provide supportive services, as requested, including, helping the parent(s) plan transportation, child care for any other children, and any other necessary supportive services.
- Provide information and referral services; If the parent(s) has not sought help, the worker assists the parent in locating and making appointments to facilities which provide testing and evaluative services, such as, hospital behavior and mental health clinics, and the social services department of the child's school.
- Help the parent(s), in cooperation with the hospital, mental health clinic and the school, to formulate an Individual Education Plan (IEP) that is the least restrictive and most beneficial to the child; and,
- To provide support to the parent and the child, if Day Treatment away from home or a Twenty-four Hour Treatment facility is recommended.

When the assessment identifies substance abuse as the cause of the emotional or behavioral disfunction, the caseworker assists the parent(s) in obtaining the appropriate treatment for the child. A list of available treatment centers and facilities is maintained in the United Way of Southeastern New England's Directory of Human Service Agencies in Rhode Island.

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**Physical Handicaps: Assessment**

**0510.15.15.25**

REV:07/1990

Some handicapping conditions are congenital in nature, while others are the direct result of accidents, abuse, neglect, or disease. Such conditions may include loss of hearing, vision or speech, or severely restrict physical and/or mental development. The handicapping condition may be observed by the service worker or presented by the parent(s) in the discussion of each individual child.

If the social caseworker suspects, particularly after discussion with the parent or child, that the condition is the result of abuse or neglect, a referral to the CANTS Unit is mandatory.

The assessment of the condition includes:

- The onset and cause of the handicap;
- What medical care has been sought and what corrective measures have been attempted, if any;
- The attitude of the parent(s) toward the child with the handicap;
- The child's feelings and attitude about his/her condition in relation to school, recreational opportunities, relationships with siblings and playmates, and especially the child's feelings concerning his/her abilities and self-esteem; and,
- The effect on other children in the family who may receive less of the parent's attention because of the special needs of the handicapped child.

**Physical Handicaps: Services**

**0510.15.15.30**

REV:07/1990

The service worker provides the child and the family with the following services:

Determines what resources have been used for evaluation and assessment, and if the child is presently receiving treatment and/or rehabilitative services;

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Refers to resources which provide the appropriate services for the child, such as,

Child Development Center - RI Hospital 277-5681

Hearing and Speech Clinic - URI 792-5969

Easter Seal Society 438-9500  
if the parent has not yet sought help or wishes additional testing for the child;

Determines what treatment or rehabilitative recommendations have been made and whether the parent(s) is following them; If there are difficulties following the treatment plan, the worker will discuss the difficulties with the family and arrange a meeting with the treatment facility representative, if necessary, to develop an alternative plan.

Provides supportive services, as requested, including, helping the parent(s) plan transportation and child care for any other children in the family;

Provides information regarding special recreational resources, special camping opportunities and homebound activities;

Ensures that the child has an Individual Education Plan (IEP) which is consistent with the child's abilities and which provides the most beneficial program for the child's development; and,

Advocates on the child's behalf at inter-agency planning conferences.

**0510.15.20**

**Services to Meet Health Needs of Adults**

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REV:07/1990

The social caseworker provides the following services, as necessary:

- Assists in securing necessary diagnostic, preventive, remedial, ameliorative and other health services (including prosthetic, orthopedic and assistance aids), available through the RI Medical Assistance program or by

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- contractual agreement with providers of health services;
- Assists with making arrangements for transportation to and from resources;
  - Plans with relatives, or other appropriate persons, to assist the adult in carrying out medical recommendations;
  - Maintains a liaison with the physician, nurse, institution, or other provider of health services, to assure the provision of social services necessary to carry out medical recommendations; and,
  - Obtains, in medical emergencies, services of a physician, arranges care of dependents and other social services required as a result of the adult's medical emergency.

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**Self-Support Services for Handicapped Adult**                      **0510.15.20.05**

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REV:07/1990

These social services include:

Exploring the adult's interest and potential for self-support in whole or in part;

Referring to the appropriate public and/or voluntary agency which provides service to adults with the individual's specific type of handicap, including:

Vocational Rehabilitation	421-7005
Services for Blind and Visually Impaired	277-2300
Developmental Disabilities Services	464-3235
Vocational Resources	861-2080
Training Thru Placement	353-0220

Counseling, when necessary to alleviate barriers which prevent or limit an adult in his/her use of training and employment opportunities;

Following up on referrals and participating in any necessary



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**Title: Plan to Purchase Nursing Services** 0510.20.10

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REV:07/1990

Objectives:

1. To provide continuous health supervision for those children in a community who are unable to get such services elsewhere.
2. To teach the parents the value and need for continuous health supervision of children.
3. To help parents obtain essential information needed for meeting the day-to-day responsibilities and problems encountered in rearing children.
4. To help parents understand the broad pattern of growth and development.
5. To help parents understand the physical and emotional needs of children and to foster their parental affection to encourage them to develop wholesome attitudes and self-confidence in order to make parenthood an enjoyable experience and family life a happy one.
6. To appraise the health status and development of the individual child through health screening methods to search for early variations from normal growth and development and to interpret to the parents any need for further medical care and assist them in planning for such care by referral and interchange of information.
7. To protect the child against the preventable diseases of childhood by providing immunizations.
8. To interpret community resources to the parents and help them to use such resources.
9. To teach parents the needs of their children and how to meet them.

Eligibility:

Children under five years of age who do not have access to private pediatric care.

Service Area:

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State Wide

Agency:

Kent County Visiting Nurse Association 737-6050  
51 Health Lane  
Warwick, RI 02886

Little Compton Nursing Association 635-2358  
P.O. Box 545, The Commons  
Little Compton, RI 02837

Northwest Community Nursing and Health Service 949-3801  
P.O. Box 234  
Putnam Pike  
Harmony, RI 02829

Visiting Nurse Association of RI (VNA) 331-8842  
157 Waterman Street  
Providence, RI 02906

East Bay Satellite 245-1500  
624 Main St.  
Warren, RI 02885

Visiting Nurse Association of Greater Woonsocket 769-5670  
Marquette Plaza  
Woonsocket, RI 02895

Visiting Nurse Service of Newport County 849-2100  
21 Chapel Street  
Newport, RI 02840

Visiting Nurse Service of Pawtucket, 725-3414  
Central Falls, Lincoln, and Cumberland  
172 Armistice Boulevard  
Pawtucket, RI 02860

Visiting Nurse Services of Washington County 789-0232  
and Jamestown  
142 Kenyon Avenue  
Wakefield, RI 02879



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**Title: Child Health Conferences**

**0510.20.15**

REV:07/1990

Objectives:

1. To provide comprehensive health care, including preventive and treatment services, thereby teaching parents the need for continuous health supervision of their children and helping parents to meet the day-by-day responsibilities in rearing their children.
2. To protect children against the preventable diseases of childhood by administering preventive immunizations and any other screening devices.
3. To correlate the health services of the neighborhood health centers by interchange of information and/or referral to other allied agencies in helping to service families in the deprived areas to receive optimum medical care.

Eligibility:

The neighborhood health centers are available to provide family health care at no cost to those persons covered by RI Medical Assistance or GPA Medical and on a sliding fee scale to other families not covered by medical insurance.

Service Area:

State Wide

Agency:

Allen Berry Health and Dental Center 202 Prairie Avenue Providence, RI 02905	421-4303
Blackstone Valley Community Action Program 44 Perry Street Central Falls, RI 02863	724-7110
Capitol Hill Health and Dental Center 40 Candace Street Providence, RI 02908	861-7060
Central Health Center	831-7076

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239 Cranston Street Providence, R.I. 02907	
Chad Brown Health Center 285A Chad Brown Street Providence, RI 02908	274-6339
East Providence Health Center 100 Bullocks Point Avenue Riverside, RI 02915	437-1008
Fox Point Health Center 550 Wickenden Street Providence, RI 02906	521-9220
Hartford Park Health Center 10 Whelan Road Providence, RI 02909	861-4585
Health Center of South County 321 Main Street Wakefield, RI 02879	783-0523
New Visions for Newport County 19 Broadway Newport, RI 02840	847-7821
North Kingstown Regional Health Center S-32 Callahan Road North Kingstown, RI 02852	295-9706
Northwest Community Nursing and Health Services P.O. Box 234 Putnam Pike Harmony, RI 02829	949-3801
Olneyville Health Center 100 Curtis Street Providence, RI 02909	831-6500
Pawtucket Neighborhood Health Center 401 Mineral Spring Avenue Pawtucket, RI 02860	723-3176
James F. Silvia Memorial Health Center 1040 Stafford Road Tiverton, RI 02878	625-5134

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Thundermist Health Associates 767-4100  
383 Arnold Street  
Woonsocket, RI 02895

Tri- Town C.A.P. 231-0016  
190 Putnam Avenue  
Johnston, RI 02917

Warwick Community Health Center 737-2050  
821 West Shore Road  
Warwick, RI 02889

Wood River Health Services 539-2461  
823 Main Street  
Hope Valley, RI 02832

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**Title: Maternal and Infant Care Project 0510.20.20**

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REV:07/1990

Objective:

To provide optimum and comprehensive total maternity care to pregnant women on a state wide basis and to provide comprehensive pediatric care to infants of project mothers from birth to 15 months of age, in order to reduce infant mortality.

Eligibility:

All pregnant women regardless of age or marital status.

Service Area:

State Wide

Agency:

Pawtucket Memorial Hospital 722-6000  
Prospect Street  
Pawtucket, RI 02860

Saint Joseph Hospital 456-4300  
21 Peace Street  
Providence, RI 02907

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Women & Infants Hospital 274-1100  
ext. 1324  
101 Dudley Street  
Providence, RI 02905

**0510.20.25 Title: Dental/Mentally Retarded**

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REV:07/1990

Objective:

To provide a highly specialized program for complete dental care for mentally retarded and developmentally disadvantaged children and adults.

Eligibility:

Mentally retarded or developmentally disadvantaged children or adults.

Service Area:

State Wide

Agency:

Rhode Island Department of Health 277-2588  
75 Davis Street  
Providence, RI 02908

Rhode Island Hospital Dental Clinic 277-5284  
593 Eddy Street  
Providence, RI 02902

**0510.20.30 Title: Home Visits**

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REV:07/1990

Objective:

To maintain an active preventive health program for low-income high-risk mothers and children through home nursing visits. Also, to enroll these mothers and children into a primary health care facility.

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Eligibility:

All low-income, high-risk mothers and children in Rhode Island.

Service Area:

State Wide

Agency:

Kent County Visiting Nurse Association 51 Health Lane Warwick, RI 02886	737-6050
Little Compton Nursing Association P.O. Box 545, The Commons Little Compton, RI 02837	635-2358
Northwest Community Nursing and Health Service P.O. Box 234 Putnam Pike Harmony, RI 02829	949-3801
Health Center of South County 321 Main Street Wakefield, RI 02879	783-0523
Visiting Nurse Association of RI (VNA) 157 Waterman Street Providence, RI 02906	331-8842
East Bay Satellite 624 Main St. Warren, RI 02885	245-1500
Visiting Nurse Association of Greater Woonsocket Marquette Plaza Woonsocket, RI 02895	769-5670
Visiting Nurse Service of Newport County 21 Chapel Street Newport, RI 02840	849-2100
Visiting Nurse Service of Pawtucket, Central Falls, Lincoln, and Cumberland 172 Armistice Boulevard	725-3414



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**Title: Children and Youth**

**0510.20.40**

REV:07/1990

Objective:

Comprehensive health care for children under the age of 14 from low-income families in Burrillville.

Eligibility:

Children and youth residing in Burrillville who are under the age of 14.

Service Area:

Burrillville

Agency:

Northwest Community Nursing and Health Service

949-3801

P.O. Box 103

Putnam Pike

Harmony, RI 02829

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**Title: Erythroblastosis Fetalis Program**

**0510.20.45**

REV:07/1990

Objective:

The objective of the program is the prevention of Erythroblastosis Fetalis in Rhode Island through the provision of a drug, Rho(d) Immune Globulin (Human) called RhoGAM, and MicrhoGAM, which provides prophylactic immunosuppression of a human immunological reaction brought on by the injection of passive antibodies.

Eligibility:

All maternity patients are eligible for participation in the Erythroblastosis Prevention Program regardless of their economic levels or lack of insurance coverage. Eligibility for administration of RhoGAM will be determined only on medical criteria as detailed in the product literature as approved by the Food and Drug Administration.

Service Area:

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State Wide

Agency:

Rhode Island Department of Health  
75 Davis Street  
Providence, RI 02908

277-2312

**0510.20.50**

**Title: Crippled Children's Program**

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REV:07/1990

Objective:

To maintain, extend and improve coordinated medical and social services to help in the rehabilitation of children with certain handicapping conditions. These conditions are long term orthopedic and cardiac conditions, cleft palate, scoliosis, impaired hearing and/or speech, and prosthesis (upper and lower).

Purchase of Service:

For children having cleft palate, scoliosis, hearing or speech problems and those with upper or lower limb prosthesis, services are administered at the:

RI Hospital Child Development Center  
593 Eddy Street  
Providence, RI 02902.

277-5681

For those children whose parent(s) are unable to pay or who have no insurance coverage, the CCP program will underwrite the cost of care of only the specific handicapping condition.

Eligibility:

Any resident of Rhode Island under 21 years of age handicapped by reason of defect, disability, or disease, or having a condition likely to result in a handicap, is eligible for diagnostic evaluation or for any of the pertinent services available at the Child Development Center. The program provides treatment and / or services to children with certain handicaps, as listed above.



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Service Area:  
State Wide

Agency:

Rhode Island Department of Health  
75 Davis Street  
Providence, RI 02908

277-2312

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**Title: Prenatal Clinic Projects** **0510.20.55**

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REV:07/1990

These social services include:

Exploring the adult's interest and potential for self-support in whole or in part;

Referring to the appropriate public and/or voluntary agency which provides service to adults with the individual's specific type of handicap, including:

Vocational Rehabilitation	421-7005
Services for Blind and Visually Impaired	277-2300
Developmental Disabilities Services	464-3235
Vocational Resources	861-2080
Training Thru Placement	353-0220

Counseling, when necessary to alleviate barriers which prevent or limit an adult in his/her use of training and employment opportunities;

Following up on referrals and participating in any necessary inter-agency conferences; and,

Advocating on the client's behalf.

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0510.20.60

Title: M.C.H. Coordinator

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REV:07/1990

Objective:

To coordinate comprehensive family centered quality Maternal and Child Health care, utilizing personnel efficiently and funds economically, and screening prenatal and postpartum patients in community hospitals and home health agencies for public health nursing referrals or referral to community agencies.

Eligibility:

Low-income high risk mothers and infants.

Service Area:

State Wide

Agency:

Kent County Visiting Nurse Association 737-6050  
51 Health Lane  
Warwick, RI 02886

Little Compton Nursing Association 635-2358  
P.O. Box 545, The Commons  
Little Compton, RI 02837

Northwest Community Nursing and Health Service 949-3801  
P.O. Box 234  
Putnam Pike  
Harmony, RI 02829

Visiting Nurse Association of RI (VNA) 331-8842  
157 Waterman Street  
Providence, RI 02906

East Bay Satellite 245-1500  
624 Main St.  
Warren, RI 02885

Visiting Nurse Association of Greater Woonsocket 769-5670  
Marquette Plaza  
Woonsocket, RI 02895

Visiting Nurse Service of Newport County 849-2100

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21 Chapel Street  
Newport, RI 02840

Visiting Nurse Service of Pawtucket, 725-3414  
Central Falls, Lincoln, and Cumberland  
172 Armistice Boulevard  
Pawtucket, RI 02860

Visiting Nurse Services of Washington County 789-0232  
and Jamestown  
142 Kenyon Avenue  
Wakefield, RI 02879

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**Title: Delivery of Family Planning Services 0510.20.65**

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REV:07/1990

**Objective:**

To ensure that individuals have the freedom of choice to determine the spacing of their children; offering general health care services to women and their families who previously did not have access to such services; reducing maternal and infant mortality; and providing medical supervision to women of childbearing age.

**Eligibility:**

Services are available to all persons of childbearing age without regard to race, color, national origin, religion, creed, age, sex, or marital status.

**Service Area:**

State Wide

**Agency:**

BVCAP Health Center 724-7110  
44 Perry Street  
Central Falls, RI 02863

Catholic Social Services 467-7200  
433 Elmwood Avenue  
Providence, RI 02907

Child Development Center RI Hospital 277-5681

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Genetic Counseling  
593 Eddy Street  
Providence, RI 02902.  
Cranston Health and Family Planning Center 943-1981  
1090 Cranston Street  
Cranston, RI 02920

East Providence Health Center 437-1008  
Self-Help  
100 Bullocks Point Avenue  
Riverside, RI 02915

Family Planning Services of RI 274-1100  
Women and Infants Hospital Ext. 1324  
101 Dudley Street  
Providence, RI 02905

Health Center of South County 783-0523  
321 main Street  
Wakefield, RI 02879

Muscular Dystrophy Association 823-5260  
15 College Park Court  
Warwick, RI 02886

Natural Family Planning of RI 943-7900  
Office of Family Life - Diocese of Providence  
8 Saint Mary's Drive  
Cranston, RI 02920

North Kingston Regional Health Center 295-9706  
S-32 Callahan Road  
North Kingstown, RI 02852

Northwest Community Nursing and Health Services 949-3801  
P.O. Box 234 Putnam Pike  
Harmony, RI 02829

Pawtucket Neighborhood Health Center 723-3176  
401 Mineral Spring Avenue  
Pawtucket, RI 02860

Planned Parenthood of RI 421-7820  
111 Point Street  
Davol Square  
Providence, RI 02903

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80 Central Street Narragansett, RI 02882	539-7820
Providence Ambulatory Health Care Foundation 469 Angell Street Providence, RI 02906 See Health Centers serving the Providence area listed in Section 0510.20.15.	861-6300
Thundermist Health Associates 383 Arnold Street Woonsocket, RI 02895	767-4100
Visiting Nurse Service of Newport County 21 Chapel Street Newport, RI 02840	849-2100
Wood River Health Center 823 Main Street Hope Valley, RI 02832	539-2461
Women's Health Collective, RI 50 Rounds Avenue Providence, RI 02907	461-0280

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**Title: Child Development Center** **0510.20.70**

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REV:07/1990

**Objective:**

To provide a multidisciplinary evaluation and treatment of children and adolescents with developmental disabilities, mental retardation, and multiple handicapping conditions. Special programs are provided for follow-up of long term illnesses, including, adolescent handicaps, metabolic, Down syndrome, genetic counseling, cystic fibrosis, meningomyelocele, PKU, seizure, neuromuscular, and muscular dystrophy programs, and learning disabilities.

**Purchase of Service:**

Services are administered at the Rhode Island Hospital Child

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Development Center. For those children whose families do not have insurance coverage or for other reason cannot afford the cost of ambulatory care, the CCP program will underwrite the cost of care of only that specific disability.

RI Hospital Child Development Center 277-5681  
593 Eddy Street  
Providence, RI 02902

Rhode Island Hospital Pediatric Sub-Specialty Outpatient Clinics:

Child and Family Psychiatry	277-5617
Comprehensive Hemophilia	277-8250
Pediatric Allergy	277-5641
Pediatric Diabetes Metabolism	277-5255
Pediatric Encopresis	277-5255
Pediatric Endocrine	277-5255
Pediatric Gastroenterology	277-8306
Pediatric Hematology/Oncology	277-5171
Pediatric Neurology	277-5255
Pediatric Primary Care	277-5255
Pediatric Pulmonology	277-4612
Pediatric Renal Disease	277-5672
Pediatric Rheumatology	277-5255
Pediatric Urology	277-5255
Sickle Cell Clinic	277-8250

Eligibility:

Any residents of Rhode Island under 21 years of age who have multiple congenital anomalies, are mentally retarded, or who have a question of or known significant developmental disabilities.

Service Area:

State Wide

Agency:

Rhode Island Department of Health 277-2312  
75 Davis Street  
Providence, RI 02908

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**Title: Neuromuscular**

**0510.20.75**

REV:07/1990

Objective:

A program to provide the comprehensive health care which is needed for children with handicapping conditions involving the neuromuscular system.

Eligibility:

Children under 21 afflicted with a neuromuscular disorder.

Service Area:

State Wide

Agency:

Rhode Island Department of Health  
75 Davis Street,  
Providence, RI 02908

277-2506

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**Title: Epilepsy**

**0510.20.80**

REV:07/1990

Objective:

To identify children under 21 years of age who have epilepsy and who are in need of a coordinated medical program for rehabilitation and whose family would need the assistance of such a program.

Eligibility:

Children under 21 afflicted with Epilepsy.

Service Area:

State Wide

Agency:

Rhode Island Department of Health  
75 Davis Street

277-2312

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Providence, RI 02908

**0510.20.85**

**Title: Lead Program**

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REV:07/1990

Objective:

Identification and treatment of child with lead poisoning and elimination of environmental causes.

Eligibility:

Children under 21.

Service Area:

State Wide

Agency:

Rhode Island Department of Health  
75 Davis Street  
Providence, RI 02908

277-2312

**0510.25**

**DEFINITION OF FAMILY PLANNING SERVICES**

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REV:07/1990

Services offered by various Family Planning programs include: counseling and advice to enable men and women to attain desired family size and plan for ideal spacing of wanted pregnancies; contraceptive and natural family planning advice for the prevention of unwanted pregnancies; genetic counseling; gynecological examinations; and, screening and treatment of venereal disease.

Eligibility:

The service is provided to eligible persons by purchase from community agencies.

Worker Tasks



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Tasks performed by the service workers include:

Providing information regarding available Family Planning programs;

Discussing the various programs and helping the individual decide which programs suits his/her needs;

Referring the individual to the program of choice; and,

Follow up to ensure that the client is receiving adequate service with reasonable promptness.

Persons Eligible

These services are available to Income Maintenance Status and to Income Status individuals and families.

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**Family Planning Services**

**0510.25.05**

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REV:07/1990

Family Planning Services are offered and provided to those recipients wishing such services, specifically including medical contraceptive services (diagnosis, treatment, supplies, and follow up), social services and education services. Such services are available without regard to marital status, age, or parenthood.

Recipients must be assured choice of method, and choice of source of service. Acceptance of any service is voluntary on the part of the recipient and may not be a prerequisite or impediment to eligibility for the receipt of any other service or aid.

Medical services for Family Planning are provided through Title XIX for persons who are eligible for that program.

When an applicant is determined ineligible for social services and Family Planning Services have been requested, the person is referred to a Community Resource as listed in Section 0510.25.15.

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**0510.25.10 Providing Family Planning Services**

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REV:07/1990

Information regarding Family Planning Services may be offered by the caseworker or requested by the recipient. When such request is made, the information is provided promptly.

An offer of Family Planning Services occurs when a recipient is informed by the agency of the availability of these services and the means for obtaining them.

For AFDC recipients, a notice about Family Planning is mailed at the same time as the first Assistance Payment check. It is again mailed with the packet for each Determination of Continued Eligibility.

For SSI recipients, a Social Services Brochure for Adults offering Family Planning Services is available at Social Security Administration Offices and at all DHS offices.

The offer of this service must be recorded in the service record.

**0510.25.10.05 Request**

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REV:07/1990

A request for Family Planning Services by a recipient consists of a specific statement either orally or in writing to an agency staff member. If the request is made to Economic and Social Services, an AP-48 is forwarded to the Adult or Family Services Unit for appropriate follow up. The request is documented in the recipient's service record.

**0510.25.10.10 Prompt Provision**

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REV:07/1990

If the request for Family Planning Services is to be handled directly by F&AS service staff, it is initiated within 30 days of the date of the request. With respect to services provided through Planned Parenthood of Rhode Island or another service provider, the service worker must make a referral within 30 days. Appropriate follow up and disposition are necessary and are recorded in the service record.

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**Payment**

0510.25.10.15

REV:07/1990

The payment for Family Planning Services provided by family physicians, hospitals, out-patient departments and physician services in Neighborhood Health Centers is made through the Division of Medical Services (Title XIX Funds). The payment of Family Planning Services provided by Planned Parenthood of R.I. is made through Title XX Funds. SSI recipients use their Certificate of Eligibility Card when securing Family Planning Services. AFDC recipients use their photo Identification Card or check stubs for identifying purposes.

**Community Resources**

0510.25.15

REV:07/1990

BURRILLVILLE (Also Serves Smithfield, Scituate, and Foster)

Northwest Community Nursing and Health Services    568-7661  
The Bridgeway  
Pascoag, RI    02859

CENTRAL FALLS

BVCAP Health Center    724-7110  
44 Perry Street  
Central Falls, RI    02863

CRANSTON

Health and Family Planning Center    943-1981  
1090 Cranston Street  
Cranston, RI    02920

Natural Family Planning of RI    943-7900  
Office of Family Life - Diocese of Providence  
8 Saint Mary's Drive  
Cranston, RI    02886

EAST PROVIDENCE

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East Providence Health Center 437-1008  
100 Bullocks Point Avenue  
Riverside, RI 02915

GLOCESTER (Also Serves Smithfield, Scituate, and Foster)

Northwest Community Nursing and Health Services 949-3801  
P.O. Box 234 Putnam Pike  
Harmony, RI 02829

NEWPORT

Visiting Nurse Service of Newport County 849-2100  
21 Chapel Street  
Newport, RI 02840

Newport Community Health Center 847-7821  
19 Broadway  
Newport, RI 02840

NORTH PROVIDENCE

Tri-Town Family Health Center 231-0016  
79 Waterman Avenue  
North Providence, RI 02911

PAWTUCKET

Pawtucket Neighborhood Health Center 723-3176  
401 Mineral Spring Avenue  
Pawtucket, RI 02860

PROVIDENCE

Child Development Center - RI Hospital 277-5681  
Genetic Counseling  
593 Eddy St  
Providence, RI 02902

Planned Parenthood of RI 421-7820  
111 Point Street  
Davol Square  
Providence, RI 02906

Women & Infants Hospital of RI 274-1100  
101 Dudley Street Ext. 1324

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Providence, RI 02905

Women's Health Collective, RI 461-0280  
50 Rounds Avenue  
Providence, RI 02907

PROVIDENCE HEALTH CENTERS

Allen Berry Health and Dental Clinic 421-4303  
202 Prairie Ave  
Providence, RI 02905

Capitol Hill Health and Dental Clinic 861-7060  
40 Candace Street  
Providence, RI 02907

Chad Brown Health Center 274-6339  
285A Chad Brown Street  
Providence, RI 02908

Fox Point Health Center 521-9220  
550 Wickenden Street  
Providence, RI 02906

Hartford Park Health Center 861-4585  
10 Whelan Road  
Providence, RI 02909

Olneyville Health Center 831-6500  
100 Curtis Street  
Providence, RI 02909

TIVERTON

The James Silvia Memorial Health Center 625-5134  
1040 Stafford Road  
Tiverton, RI 02878

WASHINGTON COUNTY

Health Center of South County 783-0523  
321 Main Street  
Wakefield, RI 02879

North Kingstown Regional Health Center 295-9706  
S-32 Callahan Road

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North Kingstown, RI 02852

Planned Parenthood of RI	539-7820
80 Central Street	
Narragansett, RI 02882	

Wood River Health Services, Inc.	539-2461
823 Main Street	
Hope Valley, RI 02832	

**WARWICK**

Warwick Community Health Center	737-2050
821 West Shore Road	
Warwick, RI 02889	

**WOONSOCKET**

Thundermist Health Associates	767-4100
383 Arnold St	
Woonsocket, RI 02895	

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**0510.30**

**RITE START PROGRAM**

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REV:10/1991

The Rite Start program pays for medical care for pregnant women who cannot afford such care. The program pays for all needed prenatal medical services including delivery.

**Worker Task:**

Referral of eligible women to the program.

**Eligibility:**

Any pregnant woman living in Rhode Island who has no private health insurance, who is not eligible for Medicaid, and whose family income is below 200% of the Federal Poverty Guidelines for her household size.

**Service Area:**

State Wide

**Agency:**

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**HEALTH RELATED & FAMILY PLANNING SERVICE SECTION 0510**

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Rhode Island Department of Health  
Cannon Building  
75 Davis Street, Room 302  
Providence, RI 02908

1-800-346-1004





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**SOCIAL SERVICES**

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**DEFINITION OF HOUSING SERVICES**

**0512.05**

REV:12/1992

Housing services are designed to help eligible individuals and families obtain or retain adequate housing in the community. The service is provided by the Housing Services Unit staff and is directed toward the goal of helping people become self-sufficient regarding their housing needs. The service delivery process consists of assessment of the family and home situation, educating the client to resources available to ameliorate a housing problem, counseling and/or linking to an appropriate housing resource, and follow up evaluation.

**Housing Worker Tasks**

The direct tasks performed by the housing services worker are:

- Assisting the client with those services related to obtaining adequate housing, providing information regarding the housing search, arranging minimum housing inspections, coordinating the relocation, and recommending approval for payment of the moving bill.
  
- Helping the client to maintain adequate housing, educating the client regarding his obligations and rights as a tenant, and assisting the client to develop problem-solving behavior related to the landlord-tenant relationship.

**Persons Eligible**

Housing services are available to Income Maintenance Status and to Income Status individuals and families.

**Service Provision**

Housing services are provided directly by Housing Services caseworkers.







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Area Served: Elmwood section of Providence

Fox Point Neighborhood Housing Corp.      331-5234  
99 Ives Street  
Providence, RI 02906  
Provides information on housing and tenant rights.  
Area Served: City of Providence (section 8 only)

Housing and Urban Development      Voice/TDD 528-5351  
John O. Pastore Federal Bldg., Room 330  
Providence, RI 02903  
Provides information on all H.U.D. programs.

John Hope Settlement House      421-6993  
7 Burgess Street  
Providence, RI 02903  
Multi-faceted program including provision of housing  
information.  
Area Served: Greater Providence

Mount Hope Neighborhood Association      521-8830  
199 Camp Street  
Providence, RI 02906  
Provides intake/outreach in areas of housing (including  
fuel assistance, home improvements and placement).  
Area Served: Mount Hope area of Providence  
Urban League of Rhode Island      351-5000  
246 Prairie Avenue  
Providence, RI  
Services: counseling, shelter services for the homeless,  
emergency financial assistance, information and referral.  
Area Served: Statewide

Women's Resource Center of So.County      783-9351  
61 Main Street      539-2569  
Wakefield, RI 02879  
Services for women in stress, including housing  
assistance.  
Area Served: Statewide, primarily Washington County

The housing services worker may help the client:

- compare the cost of the rental in relation to the current consolidated standard; if the rental cost is exorbitant, the housing services worker must explore this with the client.

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- contact local Community Action Programs when assistance in acquiring a damage deposit or purchasing household equipment and/or furnishings is necessary;
- as needed in the selection and purchase of these items or the housing services worker may refer the client to agencies which provide donated items at low or no cost;

Furthermore, the housing services worker:

- informs the client of his/her rights in relation to housing as well as the responsibilities s/he has as a tenant; and,
- arranges for a pre-rental inspection of the new dwelling.

**0512.10.20**

**Client's Responsibility in Moving Process**

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REV:12/1992

The housing services worker explains the following requirements to the client so the move can be satisfactorily completed.

- A moving payment will be issued only once in a twelve (12) month period unless the need for a move results from a catastrophe and is approved by the Regional Manager.
- The client assumes the primary role in locating his/her dwelling and informs the housing services worker so that the required pre-rental inspection can be arranged. Exception to the pre-rental inspection can only be made by the housing services supervisor when an inspection has been completed within the previous thirty (30) days. To receive a Housing Services recommendation of approval for a moving payment, the dwelling must pass the pre-rental inspection.
- The client has the responsibility to arrange for the moving of the household belongings. The client has a free choice of moving methodology and provider when moving.
- The client has the responsibility to furnish evidence that they have occupied the new dwelling so the housing services worker can forward a recommendation for moving

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payment to the eligibility worker. Evidence may be a rent receipt, signed lease, letter from the new landlord, or other documentation that the move has actually occurred.

**Recommendation for Moving Payment**

**0512.10.25**

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REV:12/1992

If a moving payment has not been issued within the previous 12 months, other than as a result of a catastrophe, and the unit has passed a pre-rental inspection, the Housing Services worker informs the client that a moving payment will be recommended to E&SS eligibility staff when the move has taken place and the client presents documentation (rent receipt, lease, letter from the landlord, etc.) that they have occupied the new unit to the housing service worker.

The housing services worker completes Form DHS-48A, Moving Recommendation in duplicate. One copy is transmitted to the E&SS eligibility technician and one is retained in the service record.

**Denial of Moving Costs**

**0512.10.30**

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REV:12/1992

The E&SS eligibility staff may deny moving payments based on the following:

- Disapproved move, e.g., more than one move in a twelve month period (unless required as a result of a catastrophe and approved by the Regional Manager) or if the unit fails the pre-rental inspection.
- Moving to a destination out of state.
- Unauthorized moving, e.g., failure to involve the Housing Services Unit in the moving process.

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**0512.15**

**DEFINITION OF EMERGENCY SHELTER SERVICES**

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REV:12/1992

Emergency shelter services provide for emergency placement of families with children in temporary housing when their usual dwelling is made uninhabitable as a result of a catastrophe such as fire, flood, lightning, or severe wind. The service is also provided to eligible families as a result of severe domestic problems which endanger the safety of family members. The service is provided by various community facilities.

Emergency shelters for battered women are reimbursed for maximum of thirty (30) days.

The tasks for the housing unit caseworker include:

- Arranging for temporary relocation;
- Assisting the client in searching for and locating permanent housing; and,
- Counseling families.

**0512.15.05**

**Service Provision**

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REV:07/1990

Placement in an emergency shelter is considered when one of the following conditions occurs:

- Catastrophe

A catastrophic event is defined as one caused by fire, flood, lightning, or severe wind. Fire damage is further restricted to that caused by flame, smoke, and subsequent secondary water damage where there is damage to the dwelling. Furthermore, the incident must be reported immediately to the fire department.

Items provided through the correct program, either AFDC or GPA funds, are listed in section 0512.15.10.

- Domestic Problems

When a domestic problem exists within a family household which does or could endanger the safety of the family



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members. (See 0512.15.15 for a listing of agencies who assist women and their children in need of emergency housing.)

**Items Provided Through AFDC or GPA Funds**

**0512.15.10**

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REV:12/1992

Depending upon the category of assistance the client receives, either the housing services worker or the GPA caseworker has the responsibility for immediately determining the need for the following items, which are provided through the AFDC or GPA program as appropriate:

- Food/Transportation

Funds for initial food and transportation for each recipient in the amount of \$5.00 per person per day, if meals are prepared at home, or \$15.00 per person per day, if restaurants are used, are provided from the date of the catastrophe to the fifth working day (or to the date of the next Assistance Payments recurring check, if earlier).

- Clothing

Funds for initial clothing, if an individual recipient's clothing has been destroyed, can be authorized up to the maximum of \$123, only to meet the immediate clothing need.

- Moving

AFDC or GPA payment for moving. The once in 12 months limitation does not apply to moves resulting from catastrophic circumstances.

Assistance Payments has the responsibility to verify and document the need for essential household items, additional food, additional clothing, and storage of household goods for AFDC recipients. (See Section 0216).

Authorization of Payment

The E&SS Administrator has delegated to the Housing Services staff

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the responsibility for approving payments to meet the need for initial food and/or clothing, and for recommending the moving payment. Payments are authorized by the eligibility staff through the InRhodes System.

**0512.15.15**

**Responsibility for Provision of Services**

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REV:12/1992

The Housing Services worker is responsible for determining the need for emergency shelter.

The case is referred directly to the Housing Services Unit for emergency shelter.

In some communities, emergency shelter facilities are available and should be used before an alternate shelter facility is considered. The following is a list of emergency shelters which primarily serve women and their children:

Blackstone Shelter 723-3057  
324 Broad Street  
Central Falls, RI 02863  
Emergency shelter for women 18 years of age or older, or emancipated minors, and their children. No boys over age 13.  
Area Served: Statewide

Elizabeth Buffum Chase House 738-1700  
P.O. Box 9018  
Warwick, RI 02889  
Temporary shelter for women 18 years of age or older and their children.  
Area Served: Statewide and neighboring states

Emergency Shelter of Pawtucket and 728-8490  
Central Falls  
183 Barton Street  
Pawtucket, RI 02860  
Emergency shelter primarily for families but men and women are welcome.

Interim House ProCAP 831-4570  
23 Barry Road  
Providence, RI 02903  
Emergency shelter for women and families.

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Lucy's Hearth 847-2021  
909 West Main Road  
Middletown, RI 02840  
Temporary transitional shelter for women and their children.  
Area Served: Primarily Aquidneck Island; Statewide as bed  
space permits.

Newport County Women's Resource Center 847-2533  
11 Touro Street  
Newport, RI 02840  
Provides emergency shelter to battered women.  
Area Served: Newport County

Sojourner House 751-1265  
PO Box 5667  
Weybosset Hill Station  
Providence, RI 02903  
Provides shelter for battered women and their children for up  
to 6 weeks.  
Area Served: Statewide; primarily Providence and Northern  
RI

South County Emergency Shelter 782-4770  
8 North Road  
Peacedale, RI 02883  
Offers a warm evening meal, overnight shelter, and morning  
breakfast; referrals to other agencies; wheelchair accessible.  
Individuals must be homeless and in need of shelter.  
Area Served: Statewide

Travelers Aid Helpline 351-6500  
1-800-367-2700  
Information and referral program linking people in need with  
appropriate resources to alleviate the need.  
Area Served: Statewide

Urban League - Welcome Arnold Shelter 464-2498  
427 1/2 Pontiac Avenue 351-5000  
Cranston, RI 02910  
Provides emergency shelter for men, women, and women with  
children. Van transportation from shelter to Urban League,  
light meals served.  
Statewide

Warwick House of Hope 463-3324  
P.O. Box 8608

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Warwick, RI 02888

Provides shelter to families with children and elderly; emergency food closet; provides referrals for families in crisis.

Statewide

Warwick Shelter, Inc.

461-2120

48 Budlong Avenue

Warwick, RI 02888

Homeless shelter for family unit, single women, or single women with children.

Statewide

Westerly Area Rest and Meals, Inc.

377-4912

56 Spruce Street

Westerly, RI 02891

Homeless shelter for adults and families.

Statewide

Women's Center of Rhode Island

861-2760

45 East Transit Street

Providence, RI 02906

Emergency shelter for women and their children who need same due to domestic violence or homelessness.

Area Served: Statewide

Women's Resource Center of South County

783-9351

61 Main Street

Hotline 539-2569

Wakefield, RI 02879

Shelter for women in stress, particularly abused and battered.

Area Served: Statewide, primarily Washington County

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**0512.15.20**

**Authorization of Payment**

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REV:12/1992

Payment for emergency shelter for battered women is authorized only by the Housing Services Unit. The authorization for payment is made for a period not to exceed a maximum of thirty (30) days.

Form FCS-57, Authorization of Vendor Payment for Emergency Shelter Services is typed in triplicate and distributed as follows: the first copy is sent, attached to an AP-60, Transmittal Sheet, to the Economic and Social Services Business Office at Central Office; the second copy is retained for the case record; and the third copy is sent to, and retained by, the Housing Services Unit in Providence.

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If there is need for emergency shelter services beyond the maximum period, approval must be obtained from the Administrator of Economic and Social Services or her/his designee.

**SERVICE TO THE HOMELESS**

**0512.20**

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REV:12/1992

When a homeless individual or family requests housing assistance, the Housing Services Unit worker evaluates the situation. If the individual or family is homeless due to a catastrophe or domestic violence, see sections 0512.15.05 and 0512.15.15. If neither is the cause of the homelessness, an assessment of the situation is made. Factors to be considered include:

The physical and mental health of the individual;

The individual's previous living arrangements;

The reason(s) such arrangement is no longer viable;

The availability of family or friends who may provide emergency housing; and,

The financial status of the individual or family.

Once the assessment is completed, the housing services worker acts according to what resources, financial or otherwise, the individual or family may possess.

For those persons who appear physically or mentally ill, once the immediate food and shelter needs are met, a referral to GPA and/or SSI may be appropriate.

For a single parent family who is continuously in emergency housing situations, separate housing arrangements may be necessary for the child(ren) until the parent and caseworker can arrange adequate housing. The possibility of friends or relative care should be explored. If such arrangements are not available, a referral to DCF may be necessary. (See section 0512.15.15 for a listing of emergency housing for women and their children.)

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0512.20.05

Shelters for the Homeless

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REV:07/1990

If the individual or family has no resources, a referral to an emergency shelter may be the only appropriate action. Such shelters include but are not limited to:

Advent House 191 Linwood Avenue Providence, RI 02907 Emergency shelter for adult males only. Area Served: Statewide	273-8946
Amos House 415 Friendship Street Providence, RI 02907 Women's shelter Men's shelter Area Served: Statewide	272-0220  274-6890 272-1531
Blackstone Shelter 324 Broad Street Central Falls, RI 02863 Emergency shelter for women 18 years of age or older, or emancipated minors, and their children. No boys over age 13. Area Served: Statewide	723-3057
Emergency Shelter of Pawtucket and Central Falls 183 Barton Street Pawtucket, RI 02860 Emergency shelter primarily for families but men and women are welcome.	728-8490
Galilee Mission to Fishermen P.O. Box 459 Narragansett, RI 02882 Serves the Port of Galilee, the fishing community and families in need of emergency support and shelter. Area Served: South County	789-9390
Interim House ProCAP 77 Washington Street Providence, RI 02903 Emergency shelter for women and families.	831-4570

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McKinney Cooperative Shelter 15 Meeting Street Newport, RI 02840 Shelter for persons in emergency and transitional situations, including those who are mentally ill.	846-8810
Salvation Army (Pawtucket) 102 High Street Pawtucket, RI 02860	723-9533
South County Emergency Shelter 8 North Road Peace Dale, RI 02883 Provides food and overnight shelter to adult individuals and to children if accompanied by a parent.	782-4770
Urban League of Rhode Island 246 Prairie Avenue Providence, RI 02905 Shelter services for the homeless. Area Served: Statewide	351-5000
Warwick House of Hope City of Warwick Warwick, RI 02886	738-2000
Welcome Arnold Shelter Building 427, Howard Complex East Avenue Cranston, RI 02920	464-2498
Women's Center of Rhode Island 45 East Transit Street Providence, RI 02906 Emergency shelter for women and their children who need same due to domestic violence or homelessness. Area Served: Statewide	861-2760
Women's Resource Center of South County 61 Main Street Wakefield, RI 02879 Shelter for women in stress, particularly abused and battered. Area Served: Statewide, primarily Washington County	783-9351 Hotline 539-2569
Westerly Area Rest & Meals (WARM) P.O. Box 1208	322-3076

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Westerly, RI                      02891

Woonsocket Shelter CAP    766-0844  
176 Sayles Street  
Woonsocket, RI                      02895  
Provides shelter to families and singles.  
Area Served:    Northern Rhode Island

Young Men's Christian Association (YMCA)                      456-0100  
160 Broad Street  
Providence, RI                      02903  
Emergency shelter for men.

For information on daily bed counts, call United Way's Helpline,  
Emergency Shelter Clearinghouse.                      1-800-367-2700

(See section 0512.15.15 for a listing of agencies serving women and  
their children.)



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**EMERGENCY SERVICES**

**SECTION 0514**

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**DEFINITION OF EMERGENCY SERVICES**

**0514.05**

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REV:01/1984

Emergency services provided directly by social service staff may be offered to assist clients in the resolution of crisis or emergency situations such as those related to insufficient food or resources to secure food, absence of heat or electricity, lack of sufficient clothing or furniture, or lack of housing. These circumstances are detailed in Sections 0514.05.05 through 0514.05.25.

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**Food Emergencies**

**0514.05.05**

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REV:07/1990

Food emergencies may occur as the result of a variety of circumstances. The causes may include:

loss of the client's source of income or insufficient income;

loss or theft of the client's check, cash or food stamps;

inability to purchase sufficient food due to unusual financial obligations such as purchase of an essential furniture item or a costly repair;

spoilage of food resulting from fire, flooding or loss of refrigeration; or

poor judgment or disordered budgeting priorities.

In assisting the client to resolve a food emergency, the worker may refer the client to community service agencies which have emergency food programs. Such agencies include:

Central Falls Community Center	728-7300
361 Cowden Street	
Central Falls, RI 02863	

Cranston Community Action Program	467-9610
41 Health Avenue	
Cranston, RI 02910	

East Providence Community Center	438-5285
365 Waterman Avenue	
East Providence, RI 02914	

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**EMERGENCY SERVICES**

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Elmwood Community Center 155 Niagara Street Providence, RI 02909	461-7940
Feed-A-Friend Program Martin Luther King Center 20 West Broadway Newport, RI 02840	846-4828
J.O.N.A.H 830 Oakland Beach Avenue P.O. Box 7773 Warwick, RI 02887	738-6666
JonnyCake Center of Newport County 135 Beacon Street Newport, RI 02840	789-1559
JonnyCake Center of Peace Dale 1231 Kingstown Road Peace Dale, RI 02883	789-1559
The Salvation Army Corps Community Centers	
Newport 51 Memorial Boulevard	846-3234
Pawtucket 102 High Street	723-9533
Providence 386 Broad Street	421-0956
Woonsocket	766-0095
Tri-Town C.A.P. 190 Putnam Avenue Johnston, RI 02917	231-2750
Warwick Community Action 195 Buttonwoods Avenue Warwick, RI 02886	732-4660

For the names, addresses and telephone numbers of other food closets and food banks, the client or social caseworker may

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**EMERGENCY SERVICES**

**SECTION 0514**

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telephone the United Way's Helpline at 1-800-367-2700.

When food is lost due to a catastrophe as defined by policy see Section 0512.15.10, Items Provided Through AFDC or GPA Funds. Specific policies by category, are as follows:

For AFDC recipients, refer to Section 0216.20, Emergency Assistance;

For GPA recipients, refer to Section 0622.20, Emergency Assistance; and,

For SSI recipients, refer to Section 0404.25 Emergency Assistance In Event Of Catastrophe.

**Utility Emergencies**

**0514.05.10**

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REV:07/1990

Loss or threat of loss of heat, electricity, and in some instances, telephone service, can constitute an emergency for the client. This loss may be related to a variety of causes, including:

Non-payment of past bills;

An inability to obtain service due to prior outstanding bill in either client's or client's spouse's name; and/or

landlord action.

When assistance is requested concerning utility emergencies, the worker advises the client that payment arrangements may be made either directly with the utility company, or through the Public Utilities Commission (PUC) or Rhode Island Legal Services, who may negotiate with the utility company on the client's behalf.

The service worker advises the client of agency and community resources which provide assistance in various areas of need. Such assistance programs include: The Home Energy Assistance Program, H.E.A.P, for heating assistance; The Link-up America and Lifeline Programs, for help keeping or getting a telephone; the regional Community Action Program and the Salvation Army for emergency fuel assistance.

If the person needs assistance with budget management which is beyond the resources of the caseworker, particularly if the client

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is pending an eviction, or has received a notice of utility or heat termination, the client is referred to the R.I. Consumer Council, 365 Broadway, Providence, RI., 277-2764.

In instances when utility service has been terminated illegally, the client will be referred to the local code enforcement agency and/or Rhode Island Legal Services.

**0514.05.15**

**Clothing Emergencies**

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REV:07/1990

Lack of sufficient or adequate clothing is occasionally presented as an emergency. This is particularly acute at the beginning of the school year and as the winter months approach. It can cause a disruption in the performance of important life tasks such as school attendance and employment. Clothing emergencies exist for many of the same reasons as food emergencies.

Referrals can be made to community agencies which collect clothing for free distribution, The Salvation Army and other thrift shops, and second-hand clothing stores. The utilization of some resources require that clients have money available; therefore, some budget counseling may be necessary.

When clothing is lost due to a catastrophe as defined by policy see Section 0512.15.10, Items Provided Through AFDC Funds. Categorically specific policies are as follows:

For AFDC recipients, refer to Section 0216.20, Emergency Assistance;

For GPA recipients, refer to Section 0622.20, Emergency Assistance; and,

For SSI recipients, refer to Section 0404.25 Emergency Assistance In Event Of Catastrophe.

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**Furniture Emergencies**

**0514.05.20**

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REV:07/1990

Clients may have furniture or appliance needs which constitute an emergency. Persons moving in from out of state, newly arrived refugees and those individuals setting up an independent living situation may be without essential furniture. Breakdown of a major appliance or essential furniture item and catastrophic destruction may also lead to an emergency situation for the client.

There are few resources that will provide clients with furniture at no cost. However, when furniture is donated, and the client requests assistance for the cost of moving the donated furniture, the service worker evaluates the circumstance according to Section 0512.10.15, Moving of Donated Essential Furniture.

In addition to any free "furniture banks", referrals are made to second-hand furniture stores either independently run or sponsored by a social agency. Clients are also encouraged to utilize their personal resources and various advertisements for the items they need. In instances where the emergency cannot be met, the worker explores any alternative short-term solutions with the client.

For furniture or appliances lost due to a catastrophe:

For AFDC recipients, refer to Section 0216.20, Emergency Assistance;

For GPA recipients, refer to Section 0622.20, Emergency Assistance; and,

For SSI recipients, refer to Section 0404.25 Emergency Assistance In Event Of Catastrophe.

**Housing Emergencies**

**0514.05.25**

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REV:07/1990

For details on emergency shelter services, see Section 0512.15.

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EMERGENCY SERVICES

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0514.10

ROLE OF THE SOCIAL SERVICE WORKER

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REV:01/1984

All social service intervention will be directed toward alleviation of the emergency situation and also toward assisting the client to move toward greater self-sufficiency.

The social service worker will perform the following tasks which are generic to all emergency situations:

Assessment of the nature and degree of the emergency;

Direct intervention in the emergency situation if client is incapable of total resolution;

Assisting the client in identifying her/his role in the resolution and in defining client tasks;

Exploring the client's personal resources;

Identification of, and referral to, appropriate community resources;

Follow up service to determine if and how the emergency was resolved; and,

Counseling the client regarding the prevention of future similar emergencies.

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**SERVICES TO FAMILIES AT RISK**

**SECTION 0516**

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**DEFINITION OF SERVICES TO FAMILIES AT RISK**

**0516.05**

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REV:07/1990

Social Services are provided to families and/or individuals who have been identified as "at risk". Risk is defined as any situation in which there is either imminent or potential danger or hazard. The danger or hazard may be physical, emotional or environmental.

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**Examples of At Risk Factors**

**0516.05.05**

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REV:07/1990

At risk factors include, but are not limited to, the following:

Physical Danger and Hazard; which may include,

Potential or actual abuse and/or neglect,

Sexual abuse,

Potential for, or actual evidence of, domestic violence,

Inadequate nutrition or failure to thrive,

Severe physical illness, and/or,

Substance abuse.

Emotional Danger or Hazard; which may include,

Potential or actual abuse and/or neglect,

Sexual abuse,

Potential for, or actual existence of, domestic violence,

Severely limited intellectual ability,

Psychiatric disorders, and/or

Substance abuse.

Environmental Danger or Hazard; which may include,

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SERVICES TO FAMILIES AT RISK

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The inability of the parent(s) to maintain a home life which is conducive to normal child growth and development as evidenced by,

inadequate care, supervision, and/or educational opportunities, and/or,

inadequate food, clothing, shelter and/or hygiene.

Hazardous living conditions, including,

unsafe physical structure, and/or,

the presence of vermin in the home.

**0516.10**

**ROLE OF THE SOCIAL WORKER**

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REV:07/1990

Reports from any source suggesting neglect, danger or abuse to a child, must, according to the General Laws of Rhode Island, be reported immediately to the CANTS unit at DCF by telephoning either 1-800-RI-CHILD or 742-4453.

Complaints of physical abuse, exploitation, abandonment or neglect of adults 60 years of age and older, are to be reported to the Elderly Abuse Program at DEA by telephoning either 1-800-322-2880 or 277-2880.

For situations that are within the parameters of DHS social service, the role of the E&SS social worker is to:

Evaluate and assess degree and number of risk factors;

Intervene directly in crisis situations, when appropriate;

Establish realistic goals and develop a case plan consistant with family unit capacities;

Assist the client to identify her/his tasks and role in the resolution of the risk situation;

Identify direct services to be provided by the Social Services worker;



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Identify and refer to community resources;

Provide counseling or referral related to prevention of similar risk; and,

Follow up to determine degree and sustainment of risk amelioration.

**MINOR PARENT(S)**

**0516.15**

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REV:07/1990

In addition to offering the normal range of social services, minor unwed parents often have special problems which require more frequent intervention and more specialized knowledge of adolescent psychology. Because in many cases the minor parent, herself, is still undergoing the emotional stresses of adolescence, she has a greater need for support and guidance than a more mature adult. In addition to the emotional supports, the minor unwed parent often needs a service worker who assumes a teaching role in parenting, homemaking and money management. These services are provided by the Adolescent Pregnancy and Parenting (APP) Programs.

Applicants for AFDC who are custodial parents under the age of twenty (20) and who have not completed a high school education must be informed by the F&AS social caseworker, during the screening process, of the Pathways requirement to participate in an activity directed toward the attainment of a high school diploma or its equivalent. The social caseworker completes the PATH-200, Client Appraisal Form, in duplicate, for each mandatory or voluntary Pathways to Independence participant. The PATH-200 is retained in the service record pending the determination of eligibility for AFDC. Participation requirements for the Pathways Program approved educational activities are described in Section 0552.10.15, Participation Requirement for Education.

When the Pathways social caseworker receives the referral s/he refers the unwed pregnant adolescent or the minor custodial parent under age 20, to the appropriate Adolescent Pregnancy/Parenting Program (APP).

The Adolescent Pregnancy Programs assure access to and participation in three areas of core services:

Health Services;

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Prenatal, postnatal, and pediatric care and nutrition information

Educational/Vocational Services; and,

Assessment of participant's level of academic achievement, literacy, aptitudes and interests

Development of short and long-term career goals

Maintaining or enrolling participant in school or other educational program leading to a high school diploma

Providing access to job placement resources

Social Services.

Child Care

Adequate Housing

Transportation

Parenting Training

Consumer Education/Life Skills Training

Adoption Counseling and Referral

Clinical Counseling

Personal Counseling and Support

The above services are provided to assist program participants in achieving and maintaining the goal of self-sufficiency.

The Projects are funded by the Department of Human Services and coordinated through the Division of Community Services.

For those pregnant unwed adolescents who are not eligible to receive AFDC but who need and request social services, the F&AS social caseworker refers the teenager directly to the Adolescent Pregnancy and Parenting Programs located at the community agencies listed in Section 0508.35, Adjustment Services for Minor Unwed Parent.

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**VICTIMS OF DOMESTIC VIOLENCE**

**0516.20**

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REV:07/1990

A law passed in 1982 by the Rhode Island Legislature makes it possible for men and women abused by their spouse, former spouse, or minor child to obtain legal protection in Family Court without having a lawyer represent them. (See Rhode Island General Law Title 15 - Chapter 15 "Domestic Abuse and Prevention").

When a client relates to a social caseworker that s/he is being, or is at risk of being, emotionally, mentally or physically abused by her/his spouse, the service worker assesses with the client the type of services needed.

If the client is in imminent danger, direct intervention by the local police department may be the only viable service.

If the client wishes to, and is safely able to leave the household, but has no alternative housing arrangements, the social caseworker refers the client to one of the emergency shelters listed at 0512.15.15, which primarily serve women and their children. See Section 0512.15.05 when placement in an emergency shelter is necessary.

Information regarding legal services, including help in obtaining a Temporary Restraining Order, are provided by the following agencies:

RI Council on Domestic Violence 324 Broad Street Central Falls, RI	02863	732-3051
RI Legal Services 77 Dorrance Street Providence, RI	02903	1-800-662-5034
Sojourner House PO Box 5667 Weybosset Hill Station Providence, RI	02903	Hotline Providence 751-1262 Hotline Northern RI 765-3232
Women's Resource Center/Newport County 11 Touro Street Newport, RI	02840	847-2533
Women's Center of RI 45 East Transit Street		861-2760

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**SERVICES TO FAMILIES AT RISK**

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Providence, RI                      02906

Women's Resource Center of South County 783-9351  
61 Main Street                      Hotline                      539-2569  
Wakefield, RI                      02879

For those families requesting marital and/or family counseling, referrals may be made to: the local community mental health center; RI Council on Domestic Violence; and/or, the Counseling Unit at RI Family Court, telephone number 277-3504.

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**0516.25**

**MARGINALLY FUNCTIONING FAMILIES**

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REV:07/1990

Marginally Functioning Families are defined as those families with a number of risk factors present (see Section 0516.10). The social services worker may identify such client, or client family, at intake or at a time of crisis intervention. The social caseworker contracts with the client or family to work together for a time limited and task oriented intervention.

The social worker will work directly with this client and/or family, refer to community resources, or a combination of the above, in an attempt to ameliorate the risk factors. The worker will develop a case plan and establish short-term goals with the client. Social Services will be provided for a maximum of six months at which time the case will be reviewed by the Social Services worker with her/his supervisor. A decision will be made at the time of review to continue social services or to close the case to social services. For continued social services, the client's case plan and short-time goals will be reformulated and a new six-month review date established.

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**SECTION 0518**

**PURPOSE OF PROTECTIVE PAYMENTS**

**0518.05**

REV:07/1990

Protective Payments are payments made to an individual, other than the parent or caretaker relative, to meet the needs of eligible AFDC children or families. Federal regulations mandate that protective payments must be made in the following situations: (see Section 0222).

Pathways Program (JOBS) Sanctions

If conciliation is not accepted or is terminated unsuccessfully and the non-exempt individual is sanctioned for non-participation, the needs of the non-exempt individual are not taken into account in determining the family's need for assistance, and assistance is furnished to the eligible members of the family. The needs of an applicant/recipient who fails to participate in the Pathways Program, unless specifically exempt, are not considered in the assistance payment. A protective payment must be made if the individual who is refusing is a non-exempt parent or other caretaker relative who is not specifically exempt.

Refusal to Assign Rights to Support and/or Refusal to Cooperate in Obtaining Support

A parent or caretaker relative who fails to comply with the assignment requirement, or to cooperate in obtaining support, is ineligible for assistance but only with respect to the parent or caretaker relative. Any payment for which the child(ren) is (are) eligible (determined without regard to the need of the ineligible parent or caretaker relative) will be in the form of a protective payment.

However, in either situation, if after making all reasonable efforts, the agency is unable to locate an appropriate individual to whom protective payments can be made, the agency may continue to make payments on behalf of the remaining members of the assistance unit to the sanctioned caretaker relative.

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**SECTION 0518**

**PROTECTIVE PAYMENTS**

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**0518.10**

**METHOD OF MAKING PROTECTIVE PAYMENT**

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REV:07/1990

When it is established that a protective payment must be made, the eligibility technician refers the case to the Economic and Social Services (E&SS) social caseworker who reviews the situation with the recipient and, with his/her consent and participation, if possible, select a person to act as the payee on his/her behalf. The E&SS social caseworker has a Statement of Need, DHS-2, signed by the protective payee to reflect his/her willingness to assume responsibility for accepting the payment. Only the pertinent information on the form relating to the eligible person(s) is completed. The E&SS social caseworker forwards the DHS-2 to the eligibility technician in order for the action to be processed.

**0518.10.05**

**Selection of a Protective Payee**

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REV:07/1990

When it is determined that the designation of a protective payee is indicated, the selection of such payee is made with the participation of the recipient, whenever possible.

The selection of the protective payee is based on the following factors.

A relative or friend who has demonstrated an interest in, or concern for, the welfare of the recipient(s), as evidenced by:

Interest or concern for the welfare of the child(ren) indicated by frequent visits, efforts to help in times of crisis, and demonstrations of friendship beyond that of ordinary neighborly concern;  
Ability and availability to work closely with the family in meeting their daily needs including household budgeting and home management; and,

Ability to establish and maintain a positive relationship with the family.

A staff member of a private or public social agency, preferably an agency or that part of an agency providing protective services for families. (It may not be made to the Administrator of the Financial Assistance agency, the staff member determining financial eligibility for the

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individual(s), the Bureau of Family Support, or the Business Unit.)

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**Responsibilities Within Payee Relationship** **0518.10.10**

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REV:07/1977

The protective payee has the responsibility to manage the assistance payment. The service worker has the responsibility to coordinate cooperative planning with the protective payee and the parent or other caretaker relative.

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**Control of Protective Payment** **0518.10.15**

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REV:07/1977

When a protective payment has been authorized, the service worker must review, as frequently as indicated by the individual's circumstances but at least every three (3) months, the way in which a protective payee's responsibilities are carried out and keep the eligibility technician advised of any change that affects the payment.

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**NOTIFICATION OF FAIR HEARING RIGHT** **0518.15**

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REV:07/1977

A parent or caretaker relative is notified of his/her right to a hearing, if s/he is dissatisfied with (1) the decision that a protective payment should be made or (2) the selection of the protective payee.

For currently active cases, the eligibility technician is notified by an AP-48 to send the 10-day notice of the transfer to a protective payment. If the recipient requests a hearing on the issue within ten (10) days, the payment is continued to him/her until the hearing decision.

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**0518.20**

**TERMINATION OF PROTECTIVE PAYMENT**

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REV:07/1990

When a protective payment is no longer needed because the person who has been sanctioned complies with the Pathways Program or child support requirements, the service worker sends an AP-48 to notify the eligibility technician of the change.

**0518.25**

**PROTECTIVE PAYMENT FOR GPA**

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REV:05/1988

When a protective payment is required for food, heat and/or utilities, a voucher may be issued for the protective item(s) up to the amount of the deficit determined according to the Consolidated Standard for the size of the family. The amount of the voucher(s) must be made according to an agreement with the recipient. The total amount of voucher items is subtracted from the total deficit. Any balance is provided in cash.

**0518.30**

**REPRESENTATIVE PAYEE FOR SSI**

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REV:07/1990

In situations where it is determined that the client needs assistance in financial management, the Social Security Administration (SSA) has the responsibility by law to select a representative payee (or substitute payee) to receive and expend the checks for the client. There must be positive evidence that the client is incapable of managing his funds before SSA will determine that it is in the client's best interest to designate a representative payee for him. The evidence may be either legal or medical findings of incapability.

If the client has been adjudged incompetent by a court, or a legal guardian has been appointed to manage his estate, a certified copy of the court order must be submitted to SSA. However, even though there is a court finding of incompetency or a legal guardian has been appointed, SSA may make direct payment to the client if there is medical evidence of his ability to handle his funds and it is found that it would be of therapeutic value to make direct payment to him. Medical evidence of a person's incapability to handle funds may consist of a statement from a physician which gives a medical diagnosis and prognosis and the physician's opinion of the



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client's capability to manage his financial affairs. Special forms and further information may be obtained at social security offices.

If the client is determined incapable, SSA tries to involve a relative or friend to be designated as the representative payee.

The service worker may assist in gathering psychiatric or medical evidence and locating a suitable representative payee. For information regarding Guardianship and Conservatorship, see Section 0526.20.20.15.



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**PROTECTIVE SERVICES**

**SECTION 0520**

**DEFINITION OF CHILD PROTECTIVE SERVICES**

**0520.05**

REV:07/1990

The responsibility to provide comprehensive protective services to all children without regard to eligibility rests with the Department for Children and Their Families (DCF). However, some components of protective services for children are provided to children who are recipients of the AFDC, MA and SSI Programs by the Department of Human Services' Family Service workers. These services are available to achieve the goal of protection from abuse, neglect and exploitation.

**Worker Tasks**

Tasks performed by Family Service workers include:

Identifying and documenting potential cases of abuse, neglect and exploitation.

Reporting all potential and actual cases of abuse, exploitation and neglect to the CANTS Unit of Department for Children and Their Families, telephone number 1-800-RI-Child.

Providing pertinent client information to the Department for Children and Their Families.

**Persons Eligible**

Protective services are available to any person needing the service without regard to any eligibility criteria.

**Service Provision**

These services are provided directly by Adult and Family Service workers.

Since the policy previously outlined in this section on Protective Services for Children now applies to other programs in addition to Social Services, the revised policy is now located under the General Provisions, Section 0118, Protective Services for Children.

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**0520.10**

**DEFINITION OF FOSTER CARE SERVICES**

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REV:07/1990

When a recipient initially contacts a DHS social caseworker about a potential foster home or group care placement, the Family and Adult Service worker makes a preliminary assessment and, if indicated, refers the situation to the Department for Children and Their Families (DCF) for continuing service. See Section 0118.15.05, Processing Complaints of Abuse/Neglect and Section 0520.10.05 for referral procedures.

**Worker Tasks**

Tasks of the service worker include:

Identifying and assessing the presenting problem.

Referring the case to Department for Children and Their Families.

**Persons Eligible**

Foster Care/Group Care Services are available to Income Maintenance Status and Income Status children and families.

**Service Provision**

Foster Care/Group Care referral services are provided directly by Family and Adult Service workers.

**0520.10.05**

**Procedure for Referral From DHS to DCF**

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REV:07/1990

**Emergency Placements**

Any DHS agency representative who receives a complaint or has knowledge of potential or actual neglect, danger, abuse or exploitation of a child, must report such information to the CANTS Unit at DCF by telephoning either 1-800-RI-Child or 742-4453.

The CANTS social caseworker will evaluate the situation and decide if an emergency situation exists. If immediate removal from the home is not necessary but continued observation and

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evaluation is indicated, the CANTS worker refers the family to the DCF Division of Evaluation and Assessment for an evaluation and assessment of the need for placement and/or other alternative services.

Voluntary Placements

When a voluntary foster home or group home placement is necessitated by a non abuse situation, such as, the planned hospitalization of a parent or caretaker relative, and there is no responsible adult friend or relative to temporarily care for the child, with the parent's permission and cooperation, the DHS social caseworker contacts the DCF Intake Unit by telephoning 457-4890 to discuss the needs of the child and the family situation.

If a referral is indicated, the DHS worker helps the parent(s) complete an application and may, in some instances, accompany the parent(s) to the intake interview. The DHS worker prepares a referral summary to be submitted to DCF within ten (10) working days and participates, if appropriate, in the development of a placement plan for the child.

In either emergency or voluntary situations, where there is an active AFDC or GPA family, there must be joint planning between DHS and DCF to meet the needs of the child, by: sharing information on the family situation; establishing a visiting plan; and, working toward the return of the child to his/her home.

At the time the child is placed in a foster care/group care facility, roles and responsibilities of each agency must be clarified. Also, the DCF worker must keep the DHS worker informed of the child's progress and any changes in the family situation which affect the child. DHS participates with DCF in planning for the child's visits to his/her family and meets the additional expenses, as appropriate.

When planning for the return of the child(ren) to the home, the DCF worker should determine if DHS is servicing the family. If so, there should be contact between the two agencies to discuss the present situation of the child and the family, to share in future planning and to clarify roles and responsibilities.

If the family is receiving an assistance payment, the DCF worker must advise the AFDC eligibility technician or GPA caseworker of the removal of the child(ren) from the family or the return of the child(ren) to the family, in sufficient time to assure that the E&SS eligibility unit can take appropriate action on the assistance

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**SOCIAL SERVICES**

**MATERNITY HOME SERVICES**

**SECTION 0522**

**DEFINITION OF MATERNITY HOME SERVICES**

**0522.05**

REV:07/1990

Placement at the Little Flower Home, as well as counseling and related services to women who are pregnant, is provided by the Department of Human Services (DHS).

AFDC and SSI recipients who are pregnant out of wedlock are eligible for this placement service. Payment for room and board for up to 180 days for any one placement, is part of this service. Ordinary medical, prenatal and follow-up care and hospital costs are paid through Title XIX.

**Social Caseworker Tasks**

The tasks of the DHS social caseworker include:

Assessing and identifying the presenting problem and developing a case plan;

Referring to the Adolescent Pregnancy Program, if appropriate; (See Section 0510.15.05)

Encouraging the client to obtain pre-natal care and follow-up; (See Section 0510.20 for a comprehensive listing of pre-natal and maternity care programs.)

Referring the client to a maternity home, if such placement is requested; and,

Assisting in the plan for the return to the community, from the maternity home, for mother and child; or,

Assisting in the arrangement for the infant's adoption or placement in foster care.

Activities included above may be shared by the staff of the maternity home with the DHS social caseworker, depending upon the specific situation. The overall planning is accomplished through cooperative efforts of the DHS staff and the staff of the maternity home.

**Service Provision**

These services are provided by Family and Adult Service (F&AS) social caseworkers and by purchase of services from the:

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Little Flower Home, Inc. 568-0106  
11 Dion Drive, Harrisville, RI 02830  
Joann McOsker, Executive Director

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**0522.05.05** **Little Flower Home**

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REV:07/1990

The Little Flower Home is a residential facility for pregnant girls and women. The program provides shelter and supportive services. Free pregnancy testing, counseling, advocacy and medical care are also available to eligible females. The home accepts clients through direct application and by referral from physicians, lawyers, clergy, hospitals, and social service agencies.

Care before confinement is provided for a period consistent with the social factors in the situation but generally for a maximum period of three months prior to confinement. To establish this factor, an approximate date of delivery is obtained from the medical authority providing prenatal care.

Communication between workers in both agencies is essential to coordinate the case plan for service. After admission to the home, the DHS social caseworker who authorizes the placement remains involved in the situation in order to coordinate the post-discharge planning.

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**0522.05.10** **Criteria for/and Verification of Eligibility**

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REV:07/1990

The following criteria are used to establish eligibility, prior to admission to a maternity home, whenever possible:

The person should have a written medical statement with a diagnosis of pregnancy and the expected date of delivery;

Social circumstances must indicate the need for temporary placement away from the present environment and that it is not possible to plan with a relative to provide a home during this period;

Need for this service is determined by the F&AS social



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caseworker in consultation with his/her supervisor;

Prior approval is received from the maternity home and the DHS Chief Casework Supervisor in the Region;

A case plan for continued social service is established to help the woman work out plans for her future and that of her child.

When a woman notifies DHS that she has entered Little Flower Home without prior approval, a contact should be made by the F&AS social caseworker, as soon as possible, to discuss the client's present and future plans and to make arrangement for payment.

Verification of Receipt of AFDC or SSI

To verify that a woman is an recipient of AFDC, the F&AS social caseworker may check with the Assistance Payment Unit or may check the INRHODES System.

To verify that a woman is an SSI recipient, the social caseworker checks the most recent SSI microfiche or sends a TPQY card to the Social Security Administration.

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**DHS SOCIAL SERVICE RESPONSIBILITIES**

**0522.10**

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REV:07/1990

The DHS social caseworker is responsible for evaluating the request for Maternity Home Services and exploring alternatives with the parent(s) and/or the young woman. If the use of a maternity home is a desirable plan and the criteria for such care exists (see 0522.05.10), the social caseworker discusses the situation with his/her supervisor for consideration of approval for placement.

When the DHS social caseworker is contacted after admission into a maternity home, a contact with the client should be made, as soon as possible, to assist the client in arranging for the payment for the placement and for any social services that may be necessary after her confinement.

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**0522.10.05**

**Referral Process**

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REV:07/1990

After receiving the approval for placement, the DHS social caseworker, the maternity home worker and the client, have the responsibility to develop a case plan, according to the following criteria:

Determine the date of admission and, for AFDC recipients, transmit that date to the correct eligibility technician via an AP-48;

Explain the financial planning, based on the cost of care and determination of resources (see Section 0522.10.10);

Complete the FAS-57-SL. See Section 0522.15,05, Instructions for Preparing the FAS-57-SL; and,

Determine the expected date of discharge from the home. If a change of address occurs when an AFDC recipient returns to the community, the AFDC eligibility technician is notified.

**0522.10.10**

**Financial Planning**

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REV:07/1990

In determining eligibility for AFDC/SSI clients, the social caseworker must plan for the use of present and future resources for payment of the service. Some women who have been employed, may have resources such as TDI, which can be used toward the cost of their care or may have health insurance to meet their hospital expenses.

The Little Flower Home offers free care, but does expect those residents, who are able, to contribute to the cost of their care. Payment decisions are made by the maternity home worker, the DHS social caseworker and the client and should be a part of the service plan.

A woman receiving AFDC or SSI who is in need of this service continues to receive her AFDC or SSI payment. However, she must apply her AFDC/SSI grant to the cost of care in the maternity home with the exception of a \$10 weekly stipend which she is allowed to retain for personal needs. The home is informed of the amount the client is to pay toward her care. If a potential resource exists,

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the home is informed that the source of payment may shift from DHS to the client. This information is entered on the FAS-57-SL.

The social caseworker must explain that this arrangement does not include monies to maintain living quarters in the community while the woman is in a maternity home.

If the client is currently included in her parent(s)' AFDC grant, the parent(s) is responsible for the \$10 weekly personal needs stipend for the client. The cost of care is met by DHS through the Social Service Block Grant funds. Payment is made through a vendor payment arrangement which is authorized by the E&SS Business Office. Medical care and hospitalization costs are met through the RI Medical Assistance program.

**PURPOSE OF THE FAS-57-SL**

**0522.15**

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REV:07/1990

The FAS-57-SL, Authorization of Vendor Payment for Purchase of Maternity Home Service is used to authorize a vendor payment for service in the Little Flower Home. The cost of care is based on a negotiated per diem rate. The maternity home is paid for the day of admission but not the day of discharge. The FAS-57-SL is used to authorize the service for three months prior to delivery. If a social service evaluation determines that additional time is necessary, another FAS-57-SL is completed after four months.

The Economic and Social Services (E&SS) Business Office uses the authorization to disburse monthly payments upon receipt of a signed bill from a maternity home. The bill is compared with the FAS-57-SL. Any inconsistencies between the bill and the FAS-57-SL are clarified by the E&SS Business Office by a contact with the DHS social caseworker.

Any change in circumstance affecting the amount of the vendor payment, which occurs after the initial authorization, is submitted on a subsequent FAS-57-SL, and distributed as below. Should the service be discontinued prior to the planned date, the E&SS Business Office must be notified by memo.

The FAS-57-SL is a four-copy form. When the day of admission is determined, the worker completes the form and transmits all copies attached to a separate AP-60 to the E&SS Business Office at Central Office. The Business Office signs the forms, retains the white copy, sends the yellow copy to the maternity home, the pink copy to

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the recipient and returns the blue copy to the District Office to be filed in the service record.

**0522.15.05**

**Instructions for Preparing the FAS-57-SL**

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REV:07/1990

To complete the FAS-57-SL, enter:

The recipient's name and full address;

The AFDC identifying case number;

The recipient's Social Security number;

The date of admission to the home, expected date of delivery and recipient's date of birth;

The name and address of the parent or guardian, if payee for a minor, unless the recipient is independent; and

If the recipient is included in parent's or guardian's AFDC grant, enter parent's AFDC case number.

Resources/Income

Sections on resources and income are completed as follows:

Current

Enter a cross mark (X) in the appropriate block to indicate any resources and income currently available to meet personal needs, medical needs and/or the cost of care in the maternity home.

Potential

Indicate by a cross mark (X) any potential resources or income, such as TDI, and the expected date of its availability. When "Other" is checked, specify the source of the potential resource or income.

Authorization of Payment

Because the admission plan for the maternity home usually covers a

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period of three (3) months, space on the FAS-57-SL accommodates situations when the authorization period extends into the fourth calendar month.

In the first month, enter the dates for which care is authorized, and multiply the number of days in the month for which care is being authorized by the per diem cost of care to determine the total cost of care. The per diem cost of care for the Little Flower Home is \$21.25.

Enter the amount of AFDC and/or other available income for the month and total. If the initial or final month of authorization is less than thirty (30) days, the amount of AFDC and/or other income must be prorated. This is done by dividing the monthly income amount by thirty (30) and multiplying the resultant amount by the number of authorized days at the maternity home. From the total amount of income, subtract the amount authorized for personal needs (\$1.44 for each day) and enter the balance available to meet the cost of care in the total available income space. Subtract this amount from the total cost of care and enter that balance to be met in the amount paid by vendor payment space.

When the recipient is included in her parent's or caretaker's AFDC payment and her income is already considered toward the AFDC grant of her parents or caretaker, neither the AFDC amount nor the recipient's income is considered toward the cost of care. However, the \$10 weekly personal needs money must be provided to the recipient from the parent's or caretaker's AFDC check. According to the expected stay, enter the dates and complete the payment authorization for the second, third and fourth months according to the above instructions.

The social caseworker authorizing the payment signs the form and enters the date, his/her identification number and office location in the appropriate spaces.



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**DEFINITION OF TRANSPORTATION SERVICES**

**0524.05**

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REV:07/1990

Specialized transportation for persons who are handicapped is a service provided by The Department of Elderly Affairs to meet the special transportation needs of people who are unable to utilize other means of transportation. Specially equipped vehicles are utilized which make travel easier and more comfortable for persons with handicapping conditions.

Tasks for workers may include:

Helping clients obtain the needed identifying documentation;

Photo Identification Cards for seniors and handicapped citizens can be obtained through the RI Public Transit Authority (RIPTA) at 776 Elmwood Avenue, Providence.

Scheduling the needed transportation, if the client is unable to do so; and,

Following-up on the transportation arrangements.

Transportation services may be provided for health and medical related trips, nutrition-related activities, such as, group meals and shopping, or recreation/socialization trips. Agencies providing such services include the:

Cranston Transvan 943-3341  
1070 Cranston Street  
Cranston, RI 02920  
Requirements: 60 years of age or older, or permanently disabled  
Area Served: Cranston, Coventry, Foster and Scituate

Dept. of Elderly Affairs 277-2880 (Voice)  
59 Richmond Street 1-800-322-2880 (TDD)  
Providence, RI 02903

New Visions For Newport County 847-7821 (Voice/TDD)  
19 Broadway  
Newport, RI 02840  
Requirements for transportation services: Elderly and/or handicapped  
Area Served: Newport County

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No. Providence Senior Citizens Center      231-0742  
2240 Mineral Spring Avenue  
North Providence, RI      02911  
Requirements: 55 years of age or older, handicapped or disabled

Area Served: North Providence  
North Smithfield Mini-Bus Service      765-3535  
805 Pound Hill Road  
North Smithfield, RI      02895  
Requirements: 55 years or over; handicapped  
Area Served: Within 15 miles of North Smithfield

Northwest Transportation Service      765-3339  
664 Front Street      1-800-442-7433 (Voice/TDD)  
Woonsocket, RI 02895  
Requirements: 60 years and older or handicapped  
Area Served: Northwestern RI

Providence Community Action (ProCAP)      274-7433 (Voice/TDD)  
77 Washington Street  
Providence, RI 02903  
Requirements for transportation: Elderly or handicapped  
Area Served: Providence

RI Public Transit Authority (RIPTA)      781-9400 (Voice)  
265 Melrose Street      461-9400 (TDD)  
Providence, RI  
No fees charged for elderly or handicapped persons during certain hours of the day and evening, and on weekends.

Photo Identification Cards      461-9400  
776 Elmwood Ave  
Providence, RI

St. Martin De Porres Center      274-6783  
160 Cranston Street  
Providence, RI 02907  
Requirements for transportation: 60 years of age and over, or handicapped  
Area Served: Greater Providence

SCIRTS      828-4800  
Box 118, RRI      539-4002  
Wyoming, RI      02898  
Requirements: Kent County (excluding Coventry), 60 years and older or handicapped; Washington County open to general



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public. Small fee for service

Senior Inn 725-6444 (Voice/TDD)  
420 Main Street  
Pawtucket, RI 02860  
Requirements for transportation: 60 years and older/or  
handicapped  
Area Served: Pawtucket, Central Falls, North Providence,  
Johnston. Medical transportation to Providence. Small fee.

Persons Eligible

Services are available to Income Maintenance Status and to Income Status individuals who can document their handicapping condition by presenting one of the following:

A Social Security card with the disability (D) designation on it; or

A Medicare Card (for a person who is under 65 years of age); or,

A RI Public Transit Authority Photo Identification Card for seniors and handicapped citizens.

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**SERVICES TO THE BLIND/VISUALLY IMPAIRED**

**0524.10**

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REV:07/1990

Service Provision

Recipients of any form of assistance and non recipients requesting social services who are blind or visually impaired should be referred by E&SS case workers to the

Services for Blind and Visually Impaired (SBVI) 277-2300  
46 Aborn Street  
Providence, RI 02903

The following SBVI services are provided by SBVI caseworkers, as needed, without regard to a financial need:

Evaluation of rehabilitation potential (including diagnostic and related services);  
Counseling, guidance, and referral services; and,

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SECTION 0524

SERVICES-BLIND/DEVELOPMENTALLY DISABLED

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Placement.

The receipt of an assistance payment certifies to SBVI that the person meets the financial criteria for program participation. The scope of services which may be provided to those meeting the financial criteria and who are otherwise eligible include the following:

Counseling Services, to be provided throughout the rehabilitation process;

Physical and mental restoration services;  
Maintenance;

Transportation Services, in connection with the rendering of any vocational rehabilitation service;

Services to Family Members, when necessary to the adjustment or rehabilitation of the individual;

Vocational and Other Training Services, to include personal and vocational adjustment training;

Reader services, rehabilitation teaching services, and mobility and orientation services.

Telecommunications, sensory, and other technological aids and devices;

Recruitment and Training Services to provide new employment opportunities in the field of rehabilitation, health, welfare, public safety, law enforcement and other appropriate service employment;

Occupational licenses, tools, equipment, initial stocks and supplies;

Employment Placement Services leading to suitable employment;

Post Employment Services, including services to maintain suitable employment;

Independent Living Service; and/or,

Other Goods and Services.

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SERVICES-BLIND/DEVELOPMENTALLY DISABLED SECTION 0524

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Worker Tasks

SBVI service worker tasks include:

Personal interviews;

Data collection and analysis;

Counseling related to specific programs and/or agencies available to the blind or visually impaired;

Referral to an appropriate program (or agency) which deals with the individual's special problem; and,

Follow up service.

Persons Eligible

To be eligible for services, individuals must meet the requirement for Income Maintenance Status or Income Status and in addition must be either blind or visually impaired.

**Objectives of Services for the Blind**

**0524.10.05**

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REV:07/1990

Specialized counseling services, are available for those persons who are blind or visually impaired. The service is designed to enable individuals, families, and groups, to gain a better understanding of possible problems encountered due to visual impairments. The counseling service allows for the expression of attitudes and feelings about such problems, and thereby, assists in solving these problems. It helps individuals to become aware of their own potential and capabilities and how to use their capabilities to make the best possible decisions about their lives.

The SBVI service workers provide a comprehensive range of rehabilitative services including counseling and appropriate technical services to persons who are blind or visually impaired. Such services are provided to eligible persons in the community and in group care facilities in order to help them become, or remain, self-sufficient. (See Section 0524.10.)

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**SECTION 0524**

**SPECIALIZED SERVICES FOR THE HANDICAPPED**

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Persons Eligible

Specialized counseling services for the blind or visually impaired are available to Income Maintenance Status and to Income Status individuals and families.

**0524.15**

**VR SERVICES FOR DEVELOPMENTALLY DISABLED**

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REV:07/1990

The Vocational Rehabilitation Agency provides necessary services to eligible individuals with disabilities to overcome handicaps to employability. The Vocational Rehabilitation process is based upon an Individual Written Rehabilitation Program which is oriented to the achievement of a suitable vocational goal. A suitable goal is one which enables a disabled individual to secure employment consistent with the individual's capacities and abilities.

Persons who are not recipients of any form of assistance who request information regarding Vocational Rehabilitation may telephone 421-7005, or for those persons with a hearing and/or speech impairment a TDD/Voice machine may be reached by telephoning 421-7016.

If a recipient of AFDC, GPA or SSI appears to meet the eligibility requirements for service from VR, the service worker discusses with the client the services provided by VR. If the client agrees that the services of VR may be helpful and if s/he wants to plan for a discussion of his/her eligibility for service with a VR counsellor, the service worker completes a Referral to Vocational Rehabilitation, (AP-51).

Vocational Rehabilitation has the responsibility to report, in writing, to the service worker on the results of the referral, using the VR-13, if appropriate, and to make continuing reports orally, or in writing, as indicated.

Consultation between the VR counsellor and the service worker takes place as the need for it arises, but particularly, if it is agreed that an alternative service, other than VR, would be more helpful for a client.

The basic eligibility requirements are:

The presence of a physical or mental disability which for the

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individual constitutes or results in a substantial handicap to employment; and

A reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability.

If there is an inability to determine whether or not vocational rehabilitation services may benefit an individual's employment opportunities, an extended evaluation of rehabilitation potential may be provided to make such a determination.

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**VR Services Available At No Cost**

**0524.15.05**

REV:07/1990

A financial needs test is applied as a condition for furnishing all vocational rehabilitation services except for the following:

Counseling;

Guidance;

Referral;

Placement; and

Diagnostic services to evaluate rehabilitation potential including services within sheltered workshop and work activity center programs approved and utilized by the State Vocational Rehabilitation Agency, including, Vocational Resources, Inc., the R.I. Association for Retarded Citizens' (RIARC) Regional Centers, and other similar facilities, since these services are for the most part considered evaluative and prevocational in nature.

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**Services-Developmentally Disabled/Retarded**

**0524.15.10**

REV:07/1990

Services to persons who are developmentally disabled and/or mentally retarded are provided by Family and Adult social caseworkers. Such services include, evaluation, assessment, direct counseling, and referral, as appropriate, to programs in the community. These may include counseling the individual and his/her

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**SERVICES-BLIND/DEVELOPMENTALLY DISABLED**

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family, to encourage and assist the person attain his/her maximum potential.

Persons Eligible

These services are available to Income Maintenance Status and to Income Status individuals and families.

Service Provision

If it is requested by the client, or determined beneficial by the caseworker in consultation with the client, a referral to one of the following agencies may be appropriate:

RI Association for Retarded Citizens Local Chapters include	463-9191
Blackstone Valley Chapter 115 Manton Street Pawtucket, RI 02861	727-0150
Bristol County Developmental and Training Center c/o James L. Maher Center PO Box 4390 Middletown, RI 02840	253-5900
Cranston Chapter 665 Dyer Avenue Cranston, RI 02920	942-2388
Greater Providence Chapter John E. Fogarty Center 220 Woonasquatucket Avenue North Providence, RI 02904	353-7000
Newport County Chapter PO Box 4390 Middletown, RI 02840	846-3518
Northern RI Chapter 320 Main Street Woonsocket, RI 02895	769-9720
South/Washington County Chapter PO Box 35	789-4386 884-6455

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Peace Dale, RI

Westerly-Chariho Chapter 596-2091  
Frank A. Olean Regional Center  
Airport Road  
Westerly, RI 02891

Developmental Disabilities Services 464-3421  
James L. Varley Building  
PO Box 8269  
Cranston, RI 02920

Dr. Joseph H. Ladd Center 294-4561  
PO Box 9

North Kingston, RI  
Retardation and Developmental 464-3234  
Disabilities Services  
Aime Forand Building  
600 New London Avenue  
Cranston, RI 02920

RI Protection & Advocacy System (RIPAS) 831-3150 (Voice/TDD)  
55 Bradford Street  
Providence, RI 02903

Training Thru Placement 353-0220  
20 Marblehead Avenue  
No. Providence, RI 02904

Arthur J. Trudeau Memorial Center 739-2700  
3445 Post Road  
Warwick, RI 02886





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SOCIAL SERVICES

PROTECTIVE SERVICES FOR ADULTS

SECTION 0526

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DEFINITION OF PROTECTIVE SERVICES

0526.05

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REV:07/1990

Protective services are rendered to any adult who has a mental impairment which results in or is associated with his/her limitation in functioning and self-management. Such limitations may be manifested by:

Being only marginally capable or completely incapable of,

Caring for his/her personal physical needs;

Performing the activities necessary in daily living;

Planning and making decisions;

Managing his/her property or finances;

Displaying disturbed conduct that is offensive and brings him/her into conflict with others;

Being dangerous to himself/herself or others; and/or,

Being unable to protect himself/herself against abuse, neglect, or exploitation by family members or others.

Worker Tasks

Specific direct service tasks include:

- Identifying and documenting problem situations requiring protection as well as receiving and evaluating referrals regarding adults allegedly in need of protection;
- Referring to The Department of Elderly Affairs by telephoning 277-2880 or 277-2894 when reports are received that an elderly person is being abused, neglected or exploited;
- Providing for emergency services to meet the crisis;
- Counseling to individuals and significant others toward restoration of adequate functioning and/or acceptance of services, including placement when necessary;
- Providing and coordinating ongoing services to help

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persons remain in the community; or

- Referring to appropriate resources for legal intervention.
- Persons Eligible

These services are available to all adults without regard to eligibility.

Service Provision

Protective services for adults are provided by Family and Adult Services workers.

**0526.05.05 Objectives of Protective Services**

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REV:07/1990

The objectives of protective services for adults are:

- To prevent further disfunction or breakdown;
- To prevent injury to self or others;
- To prevent neglect, abuse or exploitation;
- To ensure that emergency care is provided to meet acute physical, mental or other needs that the individual is not able to arrange;
- To protect the individual's financial resources and assets;
- To protect the individual's rights through legal intervention; and,
- To assure that the individual's right to self-management is restored as soon as his/her condition has sufficiently improved.

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**CRITERIA FOR PROTECTIVE SERVICES**

**0526.10**

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REV:07/1990

The individual in need of protective services experiences an inability to function due to a mental impairment that can either be documented or inferred from his behavior. A client may function adequately in some areas while evidencing an inability to exercise self direction in others. In some situations, the use of "professional authority" (influence, persuasion) prove effective. However, when the client is unwilling to accede to agency intervention or lacks the capacity to do so, some form of legal intervention may be the only appropriate protective measure.

The Factors for Decision chart in Section 0526.10.10 presents a theoretical framework for distinguishing protective service from other casework situations. The two factors involved in defining a potential protective situation are the existence of a serious health or life threatening danger and an inability to make decisions because of impaired mental functioning as they relate to the danger. Some individuals, despite the absence of any impairment, fail to function adequately for reasons unrelated to their decision-making capacity. While in either instance intensive casework service may be appropriate, protective service is required only when these dimensions converge and a client is not functioning adequately and not capable of making decisions to prevent exploitation, abuse, and/or neglect.

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**Behavior Indicating Need for Services**

**0526.10.05**

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REV:07/1990

Some of the specific behaviors which may indicate a need for protective services are when the client:

- Is so forgetful or otherwise mentally disorganized as to neglect activities of daily living;
- Neglects his personal hygiene and/or refuses to eat, and/or is ill and refuses to receive needed medical care;
- Is clothed inappropriately, either not dressed for protection against extreme weather conditions or wears winter clothing in extreme heat;
- Is oblivious of or refuses to correct or leave unsanitary

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or hazardous living conditions or creates situations hazardous to self or others;

- Gives money or possessions away, spends or hoards money and goes without essentials, and constantly loses checks or money, keys, food stamps, or does not open mail;
- Is unaware or too feeble to protect him/herself against abuse, neglect, or exploitation (financial, physical or sexual);
- Isolates him/herself, locks or barricades him/herself in his/her home;
- Uses excessive or insufficient amounts of medication or attempts suicide or is otherwise self injurious;
- Acts in a bizarre manner, hallucinates, or is disoriented as to person, time and place, or wanders aimlessly; and/or
- Causes injury to others or repeatedly causes disturbances in the community.

**0526.15**

**RESPONSE TO PROTECTIVE REFERRALS**

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REV:07/1990

Upon receipt of a referral from a DHS agency representative, a private social service agency or from someone in the general public, a case record is established. If the referral indicates that an immediate response is necessary, such referral is given to a casework supervisor for review and assignment to a worker whose schedule permits a prompt response. A preliminary discussion of the nature of a case occurs at this time, and a home visit is planned for that day or within a few days.

**Information Gathering**

Agency records, including the SSI Microfiche and Master File, are reviewed for pertinent social, financial and medical information. While the client is the preferred source of information regarding his/her circumstances, in protective service cases, communication will be established with the referral source and/or other involved agencies or individuals who may have additional knowledge of the

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client's situation in order to clarify the referral information. The client's own appraisal of his circumstances are important to an understanding of the presenting problem and may or may not lead to a validation of the client's need for protective services.

**Determining Eligibility for Service**

All individuals eighteen years of age or older are eligible for protective services.

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**Initial Evaluation and Assessment**

**0526.15.05**

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REV:07/1990

The agency referral information and/or information made available by other concerned individuals or agencies aid in the development of a tentative case plan for the provision of service on an emergency basis. A referral to a health care provider or to a legal authority may be appropriate from the outset. The worker's own observations during initial contacts and the client's appraisal of his own circumstances should lead to a determination regarding the urgency, extent and duration of the client's need for protection. Relatives, friends, clergy and community representatives, may provide information essential to the development of an appropriate plan.

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**Service Plan**

**0526.15.10**

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REV:07/1990

The worker endeavors to establish rapport and to enlist the client's cooperation in a service plan designed to meet protective goals. This plan is based on the worker's appraisal of factual circumstances and an understanding of the client's strengths and limitations. The extent to which the client is endangered by his/her own competence versus the harm done by the inadequacies of his situation, contribute to a decision regarding whether or not the client can be helped to remain in the community through supportive services. Services are delivered only in the areas where a disfunction exists, keeping in mind the least restrictive alternative when planning on the client's behalf. This allows the client to control those areas of his/her life that s/he is capable of managing.



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**Medical and Psychiatric Services**

**0526.20.05**

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REV:07/1990

Necessary medical and psychiatric services may be provided by:

- Private physicians, hospital clinics, community health centers or visiting nurse associations;
- Rescue squads, ambulance services and hospital emergency rooms;
- Alcohol or drug detoxification centers or treatment programs;
- Nutrition meal programs, home health aid services, and/or Adult Day Care Centers;
- Community Mental Health Centers, psychiatric hospitals or mental health practitioners;
- The NIC Unit; or,
- The General Hospital.

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**Housing Services**

**0526.20.10**

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REV:07/1990

Housing services which may be necessary, include:

- Direct contact with landlords, code enforcement officials, city building inspectors, and housing authorities;
- Direct contact with or referrals to, utility company representatives, public utility commissioner, community action programs or other community resources; and
- Referral to emergency shelter programs. (See Section 0512, Housing Services.)

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**PROTECTIVE SERVICES FOR ADULTS**

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**0526.20.15**                      **Home Management**

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REV:07/1990

Home management services include:

- Referral and follow-up services to sources of financial support or assistance, such as, SSA, VA, Food Stamp Program and Medical Assistance; and,
- The provision of homemaker services and nutrition programs, such as, Meals-on-Wheels, meal sites and home visiting programs.

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**0526.20.20**                      **Legal Services**

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REV:07/1990

Legal services include obtaining: a representative payee; power of attorney; guardianship; and emergency, voluntary, and civil court contempt. These are detailed in Sections 0256.20.20.05 through 0526.20.20.20.

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**0526.20.20.05**                      **Representative Payee**

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REV:07/1979

In situations where it is determined that the client needs assistance in financial management, the Social Security Administration (SSA) has the responsibility by law to select a representative payee (or substitute payee) to receive and expend the checks for the client. There must be positive evidence that the client is incapable of managing his funds before SSA will determine that it is in the client's best interest to designate a representative payee for him. The evidence may be either legal or medical findings of incapability.

If the client has been adjudged incompetent by a court, or a legal guardian has been appointed to manage his estate, a certified copy of the court order must be submitted to SSA. However, even though there is a court finding of incompetency or a legal guardian has been appointed, SSA may make direct payment to the client if there is medical evidence of his ability to handle his funds and it is found that it would be of therapeutic value to make direct payment to him. Medical evidence of a person's incapability to handle



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funds may consist of a statement from a physician which gives a medical diagnosis and prognosis and the physician's opinion of the client's capability to manage his financial affairs. Special forms and further information may be obtained at social security offices.

If the client is determined incapable, SSA tries to involve a relative or friend to be designated as the representative payee.

The service worker may be helpful in gathering psychiatric or medical evidence and locating a suitable representative payee.

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**Power of Attorney**

**0526.20.20.10**

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REV:07/1979

A mentally competent recipient may execute Power of Attorney to a person who will manage his affairs. Power of Attorney can be executed by a signed statement of the person specifying the name and address of the person to whom he has given the Power of Attorney.

Usually the client is able to decide whether there is need for someone to act on his behalf. However, in some situations, the worker can discuss with the client the need for assistance to manage his affairs and can help the client to determine who might be authorized to assume this responsibility.

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**Guardianship - Conservatorship**

**0526.20.20.15**

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REV:07/1990

Under the Rhode Island Mental Health law, a petition to Probate Court for the appointment of a guardian or conservator may be initiated by any relative or interested party willing to attest in writing to a person's incompetency. An allegedly incompetent person will be served papers giving notification that a petition has been filed. Social and medical facts enabling the court to determine incompetency are presented by the petitioner at a hearing scheduled by the court. The legal guardian or conservator is granted legal authority to receive and expend money on behalf of his ward and is accountable to the court for managing funds in the ward's best interests.

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The Veterans Administration is empowered to establish a guardianship when presented with medical evidence of need. Administrative procedures require a determination of incompetency and are relatively time consuming and complex.

The service worker must be alert to the client's need for protection of his legal rights and assists the client in securing legal representation during the establishment of a guardianship or whenever this seems in the client's best interests. A worker may advocate on behalf of the client's right to exercise self-determination to the extent of his capabilities. When notification is received by a client of a filing of a petition for guardianship, the caseworker assists the client in contacting the Mental Health Advocate at 1-800-346-2282 or 464-2003 or RI Legal Services at 1-800-662-5034 or 274-2652, as necessary.

In addition, when necessary, the service worker may assist individuals and their significant others in recognizing the need for a guardianship and in locating a suitable person willing to undertake this responsibility. The service worker may assist in the process of gathering social and medical documentation of the person's circumstances.

Information regarding a person's needs and facilities available in the community for meeting those needs can be provided to a court-appointed guardian. The qualifications for a guardian should include honesty, an ability to manage funds and to keep accurate records, and sufficient time and interest to see that the beneficiary is cared for properly.

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**0526.20.20.20                      Emergency/Voluntary/Civil Court Commitment**

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REV:07/1979

Section 40.1, Chapter 5, of The Rhode Island Mental Health Law, provides that, any person who is need of care and treatment in a psychiatric facility, may be admitted or certified, received and retained as a patient in a facility by complying with any one of the following admission procedures applicable to the case:

Voluntary Admission;  
Emergency Certification; or,  
Civil Court Certification.

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Voluntary Admission

Any individual of lawful age, may apply for voluntary admission to a psychiatric facility seeking care and treatment for alleged mental disability. The application is made in writing, signed by the applicant in the presence of at least one (1) witness. If the applicant is not yet eighteen (18) years of age, the application is signed by the applicant and his/her parent, guardian or next of kin.

Emergency Certification

Any physician, who after examining a person, (or the medical director, a qualified mental health professional or police officer, in the absence of a physician), has reason to believe that such person is in need of immediate care and treatment and is one whose continued unsupervised presence in the community would create an imminent likelihood of serious harm by reason of mental disability, may apply for the emergency certification of such person.

Civil Court Certification

Procedures for Civil Court Certification are specified by the RI Mental Health Law and enables relatives, guardians and certain state department directors to file petitions for certification to psychiatric facilities on behalf of persons allegedly in need of care and treatment in a facility and whose continued unsupervised presence in the community would create a likelihood of serious harm by reason of mental disability.. This method of certification is rarely employed and is to be utilized only when other alternatives are deemed inappropriate.

In general, the emphasis on community-based care has led to the development of diagnostic and screening procedures that ensure exploration of alternative and less restrictive treatment plans.

However, the service worker is alert to behavioral indications of the need for psychiatric care and is prepared to provide supportive counseling to the client, his family and/or significant others. When necessary, the service worker refers the client to appropriate health/mental health care providers, which may include, the client's physician or psychiatrist, the community mental health center or the community's designated emergency psychiatric service. The worker may be involved in facilitating arrangements for

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hospitalization, scheduling transportation, accompanying clients to appointments, discharging community responsibilities and providing follow up services.

**0526.25**

**EMERGENCY PROTECTIVE SERVICE DELIVERY**

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REV:07/1990

In some instances, clients will resist or reject protective services in the face of life-threatening situations. In a critical situation in which the client cannot or will not take or accept any action to protect himself or to be protected, the worker will need to secure professional advice as to whether this behavior results from medical or psychiatric impairment. Through relatives, friends or the local police, the worker arranges an evaluation by medical and/or mental health professionals. The results of this evaluation may be a commitment under the Rhode Island Mental Health Law.

If the situation is not critical, the worker continues to work with the client to institute an acceptable case plan of action, if possible. This may necessitate involving relatives, friends, clergy and/or health and mental health care providers, such as physicians, nurses and home health aides. These supportive services may be provided to sustain the client until a stable resolution is reached.

If the client (or his family) refuses or sets up barriers to the delivery of service and the client is not deemed to be harmful to himself/herself or others and is not in a crisis situation, the worker may have no alternative but to discontinue agency service involvement. A further deterioration of the client's condition or some change in his circumstances may enable effective intervention at a future date.

**0526.25.05**

**Authorities to Whom Referrals Are Made**

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REV:07/1990

Authorities to whom referrals may be made in an emergency are:

- Police, when there is evidence of imminent danger to a client who refuses to allow entrance or is deemed to be in urgent need of help and is not responding;

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- The Mental Health Advocate by telephoning 1-800-346-2282 or 464-2003;
- Rhode Island Legal Services at 1-800-662-5034 or 274-2652 or other available attorneys, when a client is in need of representation for protection of his civil rights, his income or property.
- Community Mental Health Centers, especially the emergency treatment services units, when an evaluation to initiate commitment procedures is indicated. The psychiatrist or psychiatric nurse on duty usually assumes responsibility for compiling the necessary forms and making other arrangements for hospitalization, including ambulance transportation or police escort, if necessary.

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**CASE MANAGEMENT AND ONGOING ASSESSMENT**

**0526.30**

REV:07/1990

The service worker, in cooperation with the client, whenever possible, explores various alternative solutions to the identified problems. The initial service plan is subject to revisions as goals are met or new problems are identified. In addition, the service worker coordinates the provision of necessary supportive services. Conferences with supervisory staff and with other involved service providers are held frequently to determine progress or lack of progress in meeting case goals. Case records reflect the intensity and direction of service involvement.

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**TERMINATION OF SERVICE**

**0526.35**

REV:07/1990

Case closings are appropriate when protective service goals have been achieved or are found to be unrealistic. The client may be restored to an adequate level of functioning or may be assisted in relocating to more adequate housing, such as, housing for the elderly and/or disabled, licensed boarding homes, with relative or friends, or in a NIC facility or institutional setting. The worker, in conjunction with the casework supervisor and such other agency staff as may be appropriate, is responsible for determining whether or not further service involvement is desirable or

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necessary. A protective service case is closed when a client enters a NIC facility or institution.

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DEFINITION OF ADULT DAY CARE SERVICES

0528.05

REV:07/1990

Adult Day Care Services offer comprehensive supervised programs on a regularly scheduled basis to adults with mental and/or physical handicapping conditions. In situations in which such condition(s) presents special problems to the person, the services are provided for a substantial part of a twenty-four (24) hour day. Part of the services are provided by DHS staff.

DHS staff tasks include:

- Determining the need and eligibility for the services;
- Referring the situation to the Homemaker Review Office (HRO) for a decision on authorization;
- Arranging for the services with a provider agency;
- Monitoring the provision of the services;
- Evaluating the continuing need for the services; and
- Terminating the services when no longer needed.

Persons Eligible

Adult Day Care Services are available to Income Maintenance Status individuals.

Authorization for Adult Day Care Services

Adult Day Care Services are authorized by the Homemaker Review Office (HRO) at 111 Fountain Street, Providence, RI 02903, based on information supplied by the Family and Adult Services (F&AS) social worker and by the client's physician.

Services Provided

Adult Day Care Services, which have been approved by the Department of Elderly Affairs (DEA), are purchased by the Department of Human Services from provider agencies. Adult Day Care Centers must be approved by the DEA in order to ensure that the facilities which offer the services are safe and without hazard to the clientele.

Adult Day Care Services are provided to eligible individuals upon prior authorization from the DHS HRO. Services which are provided

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through this arrangement may include, but are not limited to:

- Medical supervision;
- Social and educational activities;
- Physical therapy, when appropriate;
- Social Service;
- Snacks and/or hot meals; and
- Transportation, if necessary.

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**0528.10** **CRITERIA FOR ELIGIBILITY**

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REV:12/1985

Adult Day Care Services are directed toward SSI recipients who, because of severe disability related to age or chronic illness, are encountering special problems in maintaining themselves in the community. Such individuals are impaired to the degree that they require help, not only with routine house cleaning, shopping and laundry, but also with meal preparation and personal care, such as bathing and dressing. They have limited mobility resulting in physical and/or social isolation detrimental to their well being. (Refer to the criteria in Section 0530 as guidelines.) In addition, they may require close monitoring and supervision for health reasons.

In cases where Homemaking/Personal Care (H/PC) Services are utilized or would be appropriate, Adult Day Care Services may be a partial alternative. A combination of both services may be approved provided there are no duplicate functions. In all situations, Adult Day Care is used as part of a twenty-four hour care plan which makes adequate provision for the client's care during the time that s/he is not at the Day Care Center.

Individuals who can function satisfactorily in the community using less intensive supportive services are not appropriate for Adult Day Care. Such individuals typically:

Require little or no supervision;

Have a degree of mobility which enables them to benefit from available community services, including senior centers, meal



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centers and health clinics;

Require little or no help with personal care; and,

May be able to prepare some of their own meals.

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**ROLE OF ECONOMIC AND SOCIAL SERVICES**

**0528.15**

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REV:07/1990

If the request for Adult Day Care Services is made to Economic and Social Services, an AP-48 is completed by the eligibility technician and sent to the Family and Adult Services Unit for appropriate action.

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**ROLE OF THE SERVICE WORKER**

**0528.20**

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REV:07/1990

The service worker has the responsibility to:

Assess the need for service;

Review the circumstances of the case with the casework supervisor;

Request authorization, as necessary; and,

Arrange for the service to be provided.

See Sections 0528.20.05 through 0528.20.35 for descriptions of the responsibilities of the service worker.

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**Assessment of Need**

**0528.20.05**

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REV:07/1990

In order to assess the need for service, the worker must know the nature of the disability and its effect on the client, especially with respect to those problem areas mentioned in Section 0528.10.

The worker interviews the client and arranges for the HS-1, Release of Confidential Information, to be completed. If necessary, the

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worker confers with the attending physician, the Visiting Nurses, or the HRO RN consultant, for further information. However, the impact of the disability on a particular individual is best understood within the context of the client's own personality, previous socialization pattern and current support systems, if any.

The worker completes the HS-2, Social Worker's Assessment. If it appears that a client meets the criteria for the service and would benefit from it, a request for authorization is made to the HRO. The worker may make a preliminary contact with a center to determine if a suitable vacancy is available.

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**0528.20.10** **Review with Casework Supervisor**

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REV:12/1985

The casework supervisor reviews each request prior to submittal. Particular attention is paid to the criteria relating to the degree of incapacity, isolation, and need for medical supervision. When the worker and supervisor are in agreement that the request is the appropriate course of action, the supervisor countersigns the HS-2 and transmits it, together with the HS-1, to the HRO.

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**0528.20.15** **Request for New Authorization**

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REV:12/1985

The HS-1 and the HS-2 are reviewed by the HRO for a decision on authorization. The HS-1 is the medical statement consisting of a release signed by the client and an evaluation completed by the client's physician. The HS-2 is the evaluation completed by the worker.

These forms are also used to request H/PC Services. If both Adult Day Care Services and H/PC Services are indicated, a single application is made for the services. (See Section 0530 for instructions on completing forms.)

The HRO considers the recommendation made on the HS-2 by the worker as to the number of days per week of service needed in relation to the total slots and funds available. In cases where both Adult Day Care Services and H/PC Services are indicated, the HRO authorizes a combination of these services which meets the need without duplication and which takes into consideration

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available funding.

**Arranging for the Services**

**0528.20.20**

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REV:07/1990

The HRO notifies the worker of its decision to authorize Adult Day Care Services using the HS-5A, Notice of Authorization of Adult Day Care Services. This indicates the maximum number of days per week and the length of time the services are authorized. An HS-7, Notice of Authorization, containing the effective date and amount of services is sent to the client by the worker. Together, the worker and client choose the most appropriate facility. Some facilities are under the auspices of religious organizations, but all are non-sectarian.

The choice, in many cases, is based on proximity and availability of transportation. The facility may provide transportation or it may be available through Senior Citizens Transportation. In some communities, vans equipped with hydraulic lifts are available. For a listing of transportation especially equipped for elderly and/or disabled individuals, see Section 0524.05.

Upon receipt of the HS-5A, the worker notifies the HRO of the name of the facility selected. The HRO sends a copy of the authorization of services to the Day Care Center.

**Reauthorization**

**0528.20.25**

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REV:12/1985

Adult Day Care Services are authorized for up to a maximum of one year. If an assessment indicates continued need for these services, a reauthorization request is made by completing and submitting a new HS-1 and HS-2 in accordance with the procedures in Sections 0528.20.15 and 0528.20.20.

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**0528.20.30**

**Terminations**

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REV:07/1990

The HS-6, Notice of Termination of Adult Day Care Services, is used to notify the HRO of any change in circumstances, either during or at the end of the authorization period, which require the termination of services. The worker must also inform the Day Care Center.

Some elderly clients, when they are no longer able to attend a Day Care Center, may experience difficulty in separating from the friends they have made and the care they have received at the Day Care Center. The worker should be sensitive to the client's feelings resulting from the separation and loss and should assist the client in easing the adjustment.

**0528.20.35**

**Notices and Appeals**

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REV:12/1985

In the event that Adult Day Care Services are denied, the client must be given notice, using the HS-8 (Notice of Denial).

In the event of a reduction or a termination of services, the client must be given notice ten days prior to the effective date of the reduction or termination, using the HS-9.1 (Notice of Reduction or Termination). If conditions exist which do not warrant a timely notice (see Section 0204), the HS-9.1 may be sent with less than ten days notice.

The HRO reviews with the worker the reasons for each reduction or termination which it originates. If the decision remains the same, the worker sends an HS-9.1 to the client stating the nature of the decision, the reasons for it, the effective date and the client's right to request a hearing. This notice informs the client that the worker is available to discuss the decision. It is often desirable for the worker to contact the client in advance of the written notice.

Should the client appeal the decision of the HRO, the worker takes the necessary steps to arrange an adjustment conference and/or formal hearing, either at 111 Fountain Street or, if indicated, at the client's home. If the appeal is filed within the ten-day limit, services are continued at the previously authorized level until a decision is rendered (see Section 0106).

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**PURPOSE OF HOMEMAKING SERVICES**

**0530.05**

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REV:05/1989

Homemaking/Personal Care Services (H/PC Services) are provided to eligible individuals who are homebound and unable to meet their homemaking and personal care needs which make them an at risk group for institutionalization. The purpose of home-based services is to meet these home care and non-medical self-care needs enabling these individuals to remain in the community as long as possible.

Tasks of Family and Adult Services workers include:

- Determining the need and eligibility for H/PC Services;
- Referring the case to the Homemaker Review Office (HRO) for a decision on authorization;
- Arranging for the services with a provider agency;
- Monitoring the provision of services;
- Evaluating the continuing need for the services; and
- Terminating the services when no longer needed.

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**Goals of Homemaking/Personal Care Services**

**0530.05.05**

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REV:05/1989

The goals of H/PC Services are preventing or reducing inappropriate institutionalization and preventing or remedying neglect, abuse or exploitation of adults. This is accomplished by functioning as part of a service delivery system involved in these areas:

- Health Related Services to Adults - the array of programs which enables an individual to receive medical care as an out-patient.
- Protective Services to Adults - casework services which assist in removing an individual from a situation in which s/he is being abused, neglected, and/or exploited (see Section 0520).
- Long-Term Care Alternatives - services which allow an individual, upon release from the hospital, the choice,

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when medically appropriate, of living in the community.  
(See Section 305 - Waiver under Section 2176 - Long-Term Care Alternatives).

**0530.05.10**

**Homemaking/Personal Care Services**

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REV:05/1989

H/PC services include such tasks as assisting the client with personal hygiene, dressing, feeding, transfer, ambulatory needs, and household tasks incidental to the client's health needs. These might include making the client's bed, cleaning the client's living areas such as bedroom and bathroom, and doing the client's laundry and shopping.

H/PC Services are purchased by the Department of Human Services (DHS) from provider agencies and are provided to eligible individuals upon a prior authorization from the DHS Homemaker Review Office (HRO).

These services are available only to individuals/couples and AFDC families. However, H/PC Services may be provided on a temporary basis, without regard to eligibility, as part of protective services for adults.

**0530.10**

**AUTHORIZATION OF HOMEMAKER SERVICES**

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REV:05/1989

H/PC Services are authorized by the Homemaker Review Office (HRO), at 111 Fountain Street, Providence, Rhode Island 02903, based on information supplied by the Family and Adult Services caseworker and by the client's physician.

**0530.10.05**

**H/PC Criteria for SSI Recipients**

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REV:11/1990

In order to qualify for H/PC Services, an SSI recipient must have a chronic illness or disability of a nature and degree of severity which results in the person being homebound. "Homebound" means that the client, because of his/her disability, can only leave the house when assisted. Evidence of this might include dependence on



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a walker, severe shortness of breath, vertigo, palsy or pain, disorientation, blindness, blackouts, or other disabilities of a similarly incapacitating nature. Additionally, there must be no other person or agency available to provide these services.

H/PC Services are not a substitute for a higher level of skilled care such as may be provided by a home health aide or nurse.

Examples of services which are not provided are:

- Insertion and irrigation of catheters;
- Irrigation of body cavities requiring sterile procedures;
- Application of dressings involving prescription medication and antiseptic techniques, including care of skin breakdowns;
- Administration of injections; and,
- Acute care provided by the Visiting Nurse Association (VNA) under Medicare/Medicaid coverage.

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**Criteria for AFDC Recipients**

**0530.10.10**

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REV:05/1989

The services may be provided for AFDC recipients and their children if the caretaker is unable, because of illness or disability, to provide caretaking functions for herself/himself and/or her/his child. In this situation, the same criteria as used in SSI apply to the disabled AFDC parent, and the additional caretaking needs of the child, appropriate to his/her age, are also provided in the authorization. These services are only provided when no other person or agency is available to provide them.



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**Assessment of Need**

0530.20.05

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REV:12/1985

In order to assess the need for these services, the worker must know the nature of the disability, the extent to which it precludes the client from taking care of his/her own personal care needs, and whether it results in the person being homebound. The worker interviews the client in the home to gain an understanding of the client's view of the disability and its implications for his/her functioning.

The worker must know what specific problems in day-to-day living the client is experiencing and to what extent the client is able to participate in their solution. The HRO RN consultant may be used, when necessary, to gain an understanding of the limitations caused by the medical condition.

The worker and client together explore resources which are available to meet the client's needs. A thorough review is made of the extent family and other informal supports can be utilized, as well as what alternative or complimentary services, such as VNA or Meals on Wheels, might be appropriate. If it appears that H/PC services are appropriate, a request for authorization of services is made. The worker specifically tailors the request to provide for any unmet needs identified in the assessment.

**Request for New Authorization**

0530.20.10

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REV:12/1985

The initial request for authorization of H/PC Services requires two forms, the HS-1 (Release of Confidential Information) and the HS-2 (Social Worker's Assessment). In situations where both H/PC Services and Adult Day Care Services (Section 0528) are needed, a single application is made for the services. (See Section 0530 for instructions on completing the forms.)

When a decision is reached to request authorization of H/PC Services, the client signs an HS-1, and it is then completed by a physician and returned to the worker. The worker completes an HS-2 (in duplicate), using the information obtained during the assessment of the situation. The completed HS-2 is reviewed and counter-signed by the casework supervisor. One copy of the HS-2 is attached to the HS-1 and transmitted to the HRO. One copy is retained in the case record.



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**Termination**

**0530.20.20**

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REV:12/1985

The worker uses an HS-6 to notify the HRO of circumstances, either during or at the end of the authorization period, requiring termination of services. Should the HRO terminate authorization, the worker notifies the client and provider agency.

**Notices and Appeals**

**0530.20.25**

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REV:07/1990

In the event that H/PC Services are denied, the client must be given written notice, using the HS-8, Notice of Denial.

In the event of a reduction or termination of services, the client must be given notice ten days prior to the effective date of the reduction or termination, using an HS-9, Notice of Reduction or Termination. If conditions exist which do not warrant a timely notice (see Section 0204), the HS-9 may be sent with less than ten days notice.

The HRO reviews with the worker the reasons for each reduction or termination which it originates. After this review, if the decision remains the same, the worker sends an HS-9 to the client stating the nature of the decision, the reasons for it, the effective date of the decision, and the client's right to request a hearing. This notice informs the client that the worker is available to discuss the decision. It is often desirable for the worker to contact the client in advance of the written notice.

Should the client appeal the decision of the HRO, the worker offers a conference which may be a home visit by a member of the HRO. At this conference the client has the opportunity to present his/her reasons for appealing the decision. The HRO then re-reviews the decision, taking into account any additional information disclosed.

In the event that the problem is not resolved through this conference, the worker arranges a formal hearing, either at 111 Fountain Street or, if indicated, at the client's home.

If the appeal is filed within the ten-day limit, service are continued at the previously authorized level until a decision is rendered. (See Section 0106.)

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The client is notified that the present level of service(s) is continued pending the hearing decision unless the client requests the reduction or the termination of service(s) pending the hearing. Further, if the benefits are continued and the hearing decision is not in the client's favor, the client is required to repay the agency for the difference between the cost of the present level of services and the cost of the level of services resulting from the hearing decision.

**0530.20.30** **Arranging for Vendor Service**

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REV:01/1992

The HRO notifies the service worker of its decision to authorize services by transmitting an HS-5 (Notice of Authorization) which indicates the number of hours and the duration of the services. The worker consults with the client who chooses a vendor from the list of vendor agencies maintained by the Homemaker Review Office. The worker has the responsibility to contact the vendor agency on behalf of the client to arrange for provision of the services. After agreement has been reached between the worker and the vendor that the vendor will provide the service, the vendor informs the HRO. The HRO sends an Authorization (HS-3) to the Economic and Social Services Business Office and to the vendor.

**0530.20.30.05** **Provision of Services**

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REV:12/1985

The provider agency arranges for an initial visit by its field supervisor to assess the situation and translate the authorization into a work plan. The written work plan, which should be on the premises, specifies what tasks are to be completed and how often. The provider agency has the responsibility to see that the work is being carried out properly and in accordance with the authorization.

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**Monitoring/Evaluation**

**0530.20.30.10**

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REV:12/1985

The DHS service worker represents the agency in the field and is charged with primary responsibility for monitoring the provision of services. This involves:

- Verifying that an adequate work plan has been developed and is being appropriately implemented;
- Establishing an informal communication network which will promptly bring to his/her attention any breakdown in the H/PC Services delivery system;
- Performing an evaluation of services at the time of each reauthorization (completion of an HS-10);
- Following up on inadequacies or complaints;
- Mediating problems between client and service provider; and
- Keeping the HRO informed of conditions in the field by reporting to the HRO any problems concerning the provision of H/PC Services.

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**ROLE OF THE SUPERVISOR**

**0530.25**

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REV:12/1985

The casework supervisor reviews each request for H/PC Services within the context of the total case plan before the request is submitted to the HRO. When appropriate, s/he countersigns the HS-2, HS-2.1 and HS-10. Routine problems pertaining to monitoring or delivery of services are resolved according to the regular supervisory process. Problems requiring a programmatic response are referred to the HRO only after supervisory approval. The casework supervisor has the responsibility to see that all requests for appeals and hearings are carried forward expeditiously.

The casework supervisor has the additional responsibility of monitoring and controlling the reauthorization process in order to assure that interruptions in the reimbursement to the H/PC agencies are avoided.

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**SOCIAL SERVICES**

**SECTION 0530**

**HOMEMAKING/PERSONAL CARE SERVICES**

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**0530.30**

**FORMS**

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REV:12/1985

Service workers use the following Homemaking/Personal Care Services (H/PC Services) or Adult Day Care Services forms:

- HS-1 Release of Confidential Information for H/PC Services and Adult Day Care Services.
  
- HS-2 Social Worker's Assessment for H/PC Services/Adult Day Care Services.
  - HS-2.1 Social Worker's Interim Assessment.
  
- HS-5 Notice of Authorization of H/PC Services.
  
- HS-5A Notice of Authorization of Adult Day Care Services.
  
- HS-6 Notice of Termination of H/PC Services and Adult Day Care Services.
  
- HS-7 Notice of Authorization (to client).
  
- HS-8 Notice of Denial.
  
- HS-9 Notice of Reduction or Termination of H/PC Services.
  - HS-9.1 Notice of Reduction or Termination of Adult Day Care Services.
  
- HS-10 Homemaking/Personal Care Services Monitoring - Evaluation Form.

**0530.30.05**

**Instructions for Completion of HS-1**

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REV:12/1985

This form is signed by the client and given to a physician who completes the medical information and returns the form to the service worker. The service worker attaches it to the HS-2, Social Worker's Assessment, and forwards it to the Homemaker Review Office (HRO).



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**Instructions for Completion of HS-2**

**0530.30.10**

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REV:12/1985

This form is completed in duplicate. The original is attached to the HS-1 and transmitted to the HRO. A copy is retained in the case record.

Item entries on the HS-2 are completed as follows:

Item 1 Enter the date the form is completed.

Item 2 Indicate type of services needed and whether the request is for a new, continued or reopened case.

Items 3, 4 Enter the worker's name and office telephone number.

Items 5, 6, 7, 8

Enter the identifying information which pertains to the client. Be sure to include the census tract in Item #6. If the client has no telephone, enter "none" in Item #7.

Item 9 Check either SSI or AFDC.

Item 10 Enter the client's category (A, B, D, or C) and case number.

Item 11 Enter the client's SSRS service number. If pending, write "pending". (Client must be entered into SSRS to receive H/PC Services and/or Adult Day Care Services.)

Items 12, 13, 14, 15, 16

Check one or more to describe type of housing. If Item 16 "other" is used, specify the type of housing.

Items 17, 18, 19

Enter the appropriate information on the living arrangements.

Item 20 If "with others" is checked in Item #19, complete Item #20.

Item 21 Indicate if the client is the primary homemaker. (See Item #23.)

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- Item 22 Complete if there is further information about the living arrangements which would help the HRO in the decision.
- Item 23 Based on information derived from your discussion with the client and from the medical authority, check appropriate boxes reflecting the client's limitations in performing the functions itemized in this question. e.g., homemaking, child care, personal requirements, and so forth.
- Item 24 Must be completed in detail. Indicate if there are no relatives.
- Item 25 Every line must have two entries, one under "worker activity" and one under "result". If the entry under worker activity is "contacted", enter the date contacted in the box. For other entries, use check marks.
- Item 26 Enter any further information on resource utilization.
- Item 27 Designate the service goal.
- Item 28 Enter date services should begin.
- Item 29 Enter duration of the need for services.
- Item 30 Enter the number of hours/days previously authorized by the HRO. If this is a new request, leave blank.
- Item 31 Enter the number of hours/days of service actually provided, if different from Item 30. If this is a new request, leave blank.
- Item 32 Indicate if the current hours or days actually being provided by the vendor are sufficient. Indicate if the client could manage adequately with more or less hours and/or days. If this is a new request, leave blank.
- Item 33 If the number of hours or days currently being provided by the vendor needs adjusting, state the reasons. If additional space is needed, use Item #34. If this is a new request, leave blank.
- Item 34 Insert any additional information relevant to the request.

Worker and supervisor must sign the HS-2. The supervisor's

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signature affirms that s/he has reviewed the situation and approves the request.

**Instructions for Completion of HS-2.1**

**0530.30.15**

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REV:12/1985

The HS-2.1 is an interim form that is completed in lieu of the HS-2 at the request of the HRO, or is initiated by the worker to indicate a change. Item entries on the HS-2.1 are completed as follows:

Item 1 Enter the date the form is completed and indicate the type of request.

Items 2, 3 Enter the worker's name and office telephone number.

Items 4, 5, 6, 7, 8

Enter the identifying information which pertains to the client.

Item 9 Check appropriate box to indicate changes in client's circumstances.

Item 10 Enter the explanation of Item 9.

Item 11 Enter name of agency providing service.

Item 12 Indicate hours and days actually provided by the vendor agency.

Item 13 Indicate if the hours or days currently provided are sufficient. Indicate if the client could manage adequately with more or less hours and/or days. Enter the appropriate information.

Item 14 Enter the explanation of Item #13.

Item 15 Enter any additional comments.

The worker and supervisor must sign the HS-2.1. The supervisor's signature affirms that s/he has reviewed the situation and approves the request.



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- Item 3 Enter the service worker's name.
- Item 4 Enter the name of the vendor agency.
- Item 5 Enter the client's name.
- Item 6 Enter the client's case number.
- Item 7 Enter the client's address.
- Items 8, 9 Enter the date that services are no longer required.
- Item 10 Enter the reason for termination of services.
- Item 11 Enter any relevant information.

**Instructions for Use of HS-7**

**0530.30.35**

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REV:12/1985

The HS-7 is used by the worker to inform the applicant that his/her request for H/PC Services and/or Adult Day Care Services has been authorized. This notice also indicates the type and amount of services that are being authorized. The worker must also contact the applicant and describe/explain these services so that the applicant understands the content of the services, how they are delivered, and his/her responsibilities as a recipient of these services.

The worker provides his/her office address, the date on which the form is completed and the case number. The inside address contains the applicant's name and address. The salutation, "Dear \_\_\_\_\_", contains the applicant's name. The worker must check the appropriate box(es), indicating the services which are being authorized and the date on which the services begin. The worker must write in the appropriate box the number of hours that are being authorized for each type of service. Space is provided for additional explanatory remarks by the worker.

The second page contains the applicant's appeal rights. The worker must review this material with the applicant so that the procedure to receive a hearing is clearly understood.

The worker must provide the date of the deadline by which the applicant can file for a hearing (this date is thirty days from



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form was completed, and the case number. The inside address contains the recipient's name and address. The salutation, "Dear \_\_\_\_\_", contains the recipient's name. The worker must fill in the effective date of termination of services. For a reduction of services, the worker must fill in the effective date and the difference in hours per day and days per week from the current level to the reduced level of services. Additionally, the reduction is broken down into the specific services that are being changed by indicating in the appropriate box(es) the present number of hours and the reduced number of hours. Space is provided for the worker to make descriptive/explanatory comments.

The second page contains the recipient's appeal rights. The worker must review this material with the recipient so that the procedure to receive a hearing is clearly understood.

The deadline dates are filled in by the worker (these are the thirty-day period during which the recipient can file for a hearing, and the ten-day period during which the recipient is entitled to continue to receive the existing level of services until a hearing decision is rendered). The worker enters his/her telephone number and signs the form.

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**Instructions for Use of HS-9.1**

**0530.30.50**

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REV:12/1985

The HS-9.1 is used by the worker to notify the recipient that his/her Adult Day Care Services are being reduced or terminated. This notice indicates specific details pertinent to the reduction or a description of the factors underlying the termination. The worker must also describe/explain this material to the recipient so that s/he clearly understands the substance of the change in services and the reason(s) underlying the change or the termination.

The worker provides his/her office address, the date on which the form is completed and the case number. The inside address contains the recipient's name and address. The salutation, "Dear \_\_\_\_\_", contains the recipient's name. The worker must fill in the effective date of termination of services. For a reduction of services, the worker must fill in the effective date and the difference in days per week from the current level to the reduced level of services. Space is provided for the worker to make descriptive/explanatory comments.





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followed by a brief description of the action.

Worker's Signature: The form is signed by the worker and his/her supervisor.



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**EMPLOYMENT AND TRAINING RESOURCES**

**SECTION 0560**

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**EMPLOYMENT AND TRAINING PROGRAMS**

**0560.05**

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REV:06/1988

In addition to the Pathways to Independence Program administered by the Department of Human Services (DHS), a number of other employment and training resources are available to assist DHS clientele in securing employment. Sections 0560.10 through 0560.35 present a synopsis of the programs available both through DHS and other public and private agencies.

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**DISPLACED HOMEMAKER PROGRAM**

**0560.10**

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REV:06/1988

The Displaced Homemaker program, administered by the DHS, offers peer support services and employment opportunities to clients who are considered displaced homemakers, as defined below.

**Displaced Homemakers Definition**

Displaced homemakers are persons who have worked in the home for a substantial number of years performing unpaid household services for family members and are not gainfully employed or would have difficulty securing employment. They were dependent on the income of another family member, but are no longer supported by such income; or were dependent on assistance from the State or Federal Government, but are no longer eligible for such assistance; or are receiving public assistance for dependent children in the house, especially when such assistance is soon to be terminated. For participation in the Displaced Homemakers Program, the above definition has been broadened and priority is given to AFDC recipients:

- Who are newly divorced, separated or widowed (within two years), never married, and are 25 years of age or older.
- Whose youngest child is 16 and thus will soon be ineligible for public assistance (an exception to non-mandatory WIN participant status is made in such cases).
- Who possess a high level of motivation and willingness to participate in a job readiness program.

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**0560.10.05**

**Referral**

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REV:06/1988

The caseworker contacts the Displaced Homemaker Center Recruitment Specialist, and an appointment is made for the client. The caseworker completes the Client Assessment Checklist (EPMS-19) which the client takes to the Displaced Homemaker's Program when making application. The Displaced Homemaker Program makes the determination as to the suitability of the referral for this program.

**Program Contacts**

The Displaced Homemaker Center is located at 275 Westminster Mall, Providence, RI (277-2862).

For convenience, satellite Intake Centers are located in Washington County Government Center (783-7079), and Newport County (849-6793) if the client finds these more convenient. However, all program sessions are held at the Providence site.

For general questions, call 277-2862. For referrals, contact the Displaced Homemaker Center Recruitment Specialist.

**0560.15**

**VOCATIONAL REHABILITATION**

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REV:06/1988

This program offers services to those clients fourteen (14) years of age or older for whom a physical and/or mental disability has resulted in significant employment handicaps and for whom there is a reasonable expectation of achieving functional employment. Referral is made to:

Vocational Rehabilitation  
40 Fountain Street  
Providence, RI 02903  
421-7005

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**THE OPPORTUNITIES INDUSTRIALIZATION CENTER**

**0560.20**

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REV:06/1988

This program offers a variety of educational, training and employment services both in its regular program and its specialized Women's Opportunities Unlimited Program. The latter is designed to reach minority female household heads and provide them with remediation services, vocational training and job placement. Referral is made to:

Opportunities Industrialization Center (OIC)  
One Hilton Street  
Providence, RI 02905

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**THE JOB TRAINING PARTNERSHIPS ACT PROGRAM**

**0560.25**

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REV:06/1988

This program was authorized in 1982 as replacement for CETA and offers a variety of training services for disadvantaged adults and youths. AFDC recipients are a target group for JTPA services. The JTPA Program offers a variety of services; however, a heavy emphasis is placed on job training. Private sector employers play a major role in determining the types of training programs to be offered. This training includes both classroom and on-the-job instruction.

In Rhode Island, three Service Delivery Areas have been designated for JTPA services. The Rhode Island Department of Economic Development, Division of Job Development and Training, operates programs for two of the three State Service Delivery Areas. The client may make application at the following locations.

Residents Living Outside Providence/Cranston

The balance of state residents must apply at Rhode Island Job Development and Training Offices, at:

- Y           - Newport Intake (Wednesday only)  
              73 Valley Road  
              Middletown, RI 02840  
              847-3680
  
- South County Intake  
              Washington County

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Government Center  
Tower Hill Road  
Wakefield, RI 02879  
789-3036

- Warwick Intake  
26 Airport Plaza  
1800 Post Road  
Warwick, RI 02889  
277-6910 (11) (12)

The Rhode Island Job Development and Training Northern Rhode Island Consortium Offices are for residents of Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield, Pawtucket, Smithfield, and Woonsocket. Offices include:

- Pawtucket Intake  
109 Main Street  
Pawtucket, RI 02860  
722-7500
- Woonsocket Intake  
217 Pond Street  
Woonsocket, RI 02895  
762-9010

Residents of Providence/Cranston

Residents of Providence and Cranston must apply for Job Training Partnership Act (JPTA) services at:

- Providence/Cranston Job Training Partnership  
Providence/Cranston Intake  
277-3951
- Providence/Cranston Job Training Partnership  
40 Fountain Street  
Providence, RI 02903  
861-0800
- Providence/Cranston Job Training Partnership  
Sanders School  
40 Heath Avenue  
Cranston, RI 02910  
461-1000, Extension 120

Referral to any of the above programs will necessitate completion

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of the DHS-25, Authorization to Obtain or Release Confidential Information, by the client. The DHS-25 is to be completed to allow DHS to release information to the appropriate JTPA Agency. The DHS-25 is retained in the DHS case record.

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**NEW ENGLAND FARM WORKERS' COUNCIL**

**0560.30**

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REV:06/1988

The New England Farm Workers' Council (NEFWC) is a private non-profit service agency that was originally established in 1971 to address the problems associated with the lifestyle and working conditions of agricultural laborers throughout New England. In that capacity, the agency sought to provide employment and training programs, adult education services and supportive services to the population in ways designed to ameliorate poverty. Funds to operate such programs were awarded by a variety of federal, state and local sources.

The NEFWC has maintained a field office in the State of Rhode Island for thirteen years. For the past four years, the Rhode Island operation has concentrated its efforts on the employment and training problems of the Southeast Asian population, the majority of whom are public assistance and Food Stamp recipients. The Rhode Island program is currently funded by the DHS Office of Refugee Resettlement and Community Services Block Grant to operate short-term vocational training for Southeast Asian public assistance recipients.

The training curriculum is designed in conjunction with area employers and is conducted by NEFWC staff in its Pawtucket Office and on-site at the participating employers' locations. At the conclusion of training, program participants are hired by the cooperating companies.

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**RHODE ISLAND EDUCATIONAL OPPORTUNITY CENTER**

**0560.35**

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REV:06/1988

The Rhode Island Educational Opportunity Center (EOC) makes available many useful services, all of which are free of charge and completely confidential. It is a federally-funded agency that is primarily geared towards assisting low-income and first generation prospective students; however, anyone who needs EOC

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services is welcomed.

EOC counselors give personalized advice to add to the general information in its publications. They can also provide fee waivers, help to complete admissions forms, and provide referrals to other programs. The EOC Skills Center is a tutorial service for enrolled students that aids persons in any subject.

Other helpful EOC services include a library of books, pamphlets and catalogues on such subjects as careers, colleges, and scholarships. Another source of information in the Guidance Information System (GIS) is the EOC computer, where one can explore facts about careers and post-secondary institutions.

The EOC staff is ready to assist and encourage participants in any way. Spanish-speaking counselors and materials in several different languages are available. Many counselors are students themselves, and so can understand the special problems which go along with the continuing education. Counselors can also help to make these decisions easier.

For further assistance contact the Urban Educational Center at 126 Somerset Street in Providence (333-7204).



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SOCIAL SERVICES

FOOD STAMP E & T ACTIVITIES

SECTION 0562

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WORK REGISTRATION PROCEDURES

0562.05

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REV:06/1988

This section presents work registration procedures, including registration, screening for referral, and recertification.

Registration

The Food Stamp Program staff must register for work each household member who is not exempt. When it is determined that an applicant/recipient must register, the agency representative explains to the applicant/recipient the pertinent work requirements, the rights and responsibilities of the work-registered household member(s), and the consequences of failure to comply. A written summary (RIFS-510) of these matters is provided to each work registrant. It is also provided to a previously exempt member or a new household member who becomes subject to the work registration requirement.

Work registration is accomplished by completing the RIFS-511, in duplicate, for each household member required to register for employment. This form may be completed by the applicant or authorized representative for each household member who is required to register for employment. The date the registration form is completed is recorded on the Case Activity Chronology (DHS-8).

Screening for Referral to E & T Activities

Upon certification of the household for food stamp benefits, all mandatory work registrants are referred for employment and training activities to the Pathways to Independence Program. Additionally, any food stamp recipient who is exempt from work registration may volunteer for employment and training activities by completing an RIFS-511.

Referral to the Pathways to Independence Program is accomplished by forwarding the original copy of the RIFS-511, attached to a Transmittal Sheet, to the Pathways to Independence Program, 334 Westminster Mall, Providence, Rhode Island 02903.

Recertification

A work registration form (RIFS-511) is completed for all non-exempt household members at initial certification and every twelve (12) months thereafter. At each recertification, the agency representative must check the RIFS-511 in the case record to ensure that it has not expired.

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SECTION 0562

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**0562.05.05**                      **Reporting Changes**

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REV:06/1988

Three kinds of changes may occur with regard to E & T activities: change in status, reconsideration of mandatory registration status, and change of address.

Change in Status

The agency representative must notify the Providence Office of the Pathways Program any time a work registrant becomes exempt from work registration requirements or is no longer certified for participation in the program. Such notification is provided within fifteen (15) days from the date the change becomes known to the agency representative, by forwarding an RIFS-512 to the Pathways Program.

Reconsidering Mandatory Registrant Status

If the agency representative has required an individual to register for work and the Pathways Program disagrees, a request is made to reconsider the determination by using the RIFS-512 and listing the reason for such a request. The agency representative will decide either to uphold or reverse the decision. The agency representative's response is accepted as final.

Change of Address

The agency representative must notify the Providence Office of the Pathways Program whenever a participant moves. This notification, using the RIFS-512, must be made within fifteen (15) days of such change becoming known to the agency representative.

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**0562.10**                      **WORK REGISTRANT REQUIREMENTS**

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REV:06/1988

All mandatory work registrants must:

- Participate in an employment and training program if assigned by the agency;
- Respond to a request from the FSP or the Pathways

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**SOCIAL SERVICES**

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Program representative for supplemental information regarding employment status or availability for work;

- Report to an employer when referred by the Pathways Program if the potential employment meets the suitability requirements in Section 0562.25;
- Accept a bona fide offer of suitable employment at a wage not less than the higher of either the applicable State or Federal minimum wage.

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**EMPLOYMENT AND TRAINING ACTIVITIES**

**0562.15**

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REV:06/1988

Persons required to register for work and not exempt from placement in an Employment and Training Activity are subject to the work and/or training requirements imposed by the agency for such individuals. These persons are referred to as Employment and Training (E&T) mandatory participants. Requirements may vary among participants depending on the E&T component to which they are assigned. Failure to comply without good cause with the requirements imposed by the agency results in disqualification as specified in Section 0562.20.

Additionally, recipients who are exempt from work registration or E&T participation may volunteer to participate in an E&T activity. Such volunteers are not subject to disqualification for failure to meet participation requirements.

The Pathways to Independence Program, which is the unit within DHS responsible for employment services, administers the employment and training activities delineated in Sections 0562.15.05 and 0562.15.10. Social caseworkers in this unit assess individuals referred from the Food Stamp Program and assign them to an appropriate E&T component.

Upon receipt of the RIFS-511, a letter is sent to the E&T participant to schedule a work orientation/employability assessment interview. A copy of the RIFS-510 is enclosed with the appointment letter. Failure to respond to two appointment letters will result in the imposition of the disqualification penalties described in Section 0562.20.

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**SECTION 0562**

**FOOD STAMP E & T ACTIVITIES**

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**0562.15.05**

**Work Orientation/Employability Assessment**

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REV:06/1988

An evaluation of employability skills coupled with counseling on how and where to search for employment comprise this activity. Using established interview techniques, the social caseworker elicits information needed to assess employability. At the same time, the social caseworker explains the available employment services as well as the participant's responsibilities.

During this assessment, the social caseworker determines, if appropriate, whether the participant's mandatory work registration status is valid. If there is a need to redetermine the work registration status, an RIFS-512 is sent to the FSP representative. A decision is made by the FSP representative within thirty (30) days.

At the conclusion of this one-day assessment process, a decision is made, based on the participant's employability and the availability of employment services, to assign that person to the most suitable component. These components are described in Section 0562.15.10.

**0562.15.10**

**E & T Components**

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REV:06/1988

This section presents the components that comprise the employment and training activities into which food stamp recipients are assigned.

**Group Job Search Component**

Group Job Search is a service provided in a four-day structured workshop setting consisting of: training in the use of canvassing to obtain job interviews; instruction in completing job applications and writing resumes; assistance in developing job interview skills; and advice on dressing for interviews. Peer group support and exploration of individual career interests are among the methods used. The latter part of the period is spent on developing actual employment interviews obtained through the Job Bank, by telephoning companies listed in the yellow pages, or through other sources of job leads.

**Individual/Independent Job Search Component**

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FOOD STAMP E & T ACTIVITIES

SECTION 0562

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Individual or Independent Job Search includes, as appropriate, the elements specified under Group Job Search but is conducted on a one-to-one basis between the Pathways Program worker and the participant. Actual job interviews comprise a significant part of the Search.

Displaced Homemaker Component

Referral to the DHS-Displaced Homemaker Program is made for E&T participants who meet the following criteria:

- 25 years of age or older;
- recently (within two years) divorced, separated or widowed or never married;
- have worked in the home for a substantial number of years performing unpaid household services; and
- possess the motivation and willingness to participate in a job readiness program.

Participation in the specialized individual career counseling for a minimum of three sessions is required. This counseling is to determine a person's readiness for the peer support group. Program services also include:

- Special internship activities;
- Placement in classroom training; and
- Job development and placement.

On-the-Job Training (OJT) Component

Through a contractual arrangement, OJT assignments are available to those E&T participants determined suitable by the Pathways Program social caseworker. The determination includes an assessment of the participant's job skills, work history, educational ability and the available OJT assignments. The determination is made in consultation with a Pathways Program casework supervisor. These placements are monitored by the Pathways Program social caseworker.

Vocational Skills Training Component

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FOOD STAMP E & T ACTIVITIES

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Through a contractual arrangement, opportunities for vocational skills training are made available to E&T participants who have some work experience but do not possess occupationally-oriented skills. Through classroom training, this component will provide participants with skills which should enable them to re-enter the labor market. This training is short-term and expected to last between five and fifteen days. These placements are monitored by the Pathways Program social caseworker.

Remedial and Basic Education Component

Through a contractual arrangement, opportunities are made available to E&T participants for instruction in basic reading and math skills necessary for a participant to complete a Graduate Equivalency Degree (G.E.D.). Length of participation in this component will average twenty to twenty-five hours over a four-to-six-week period. These placements are monitored by the Pathways Program social caseworker.

**0562.15.15**

**Unassigned Status**

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REV:06/1988

Those participants who, after completion of the assessment interview, are determined exempt from employment and training activities are placed in an unassigned status. Such persons are subject to review periodically by the Pathways Program.

Persons are assigned to this status for the following reasons.

- Geographic exemption is evaluated on a case-by-case basis for participants in the towns of Burrillville, Charlestown, Exeter, Foster, Gloucester, Hopkinton, Jamestown, Little Compton, New Shoreham, Richmond, Scituate, Tiverton, West Greenwich, and Westerly. Distance from E&T services sites and employment opportunities may make it impractical for some mandatory registrants to participate.
- The work registrant participates in a General Public Assistance Work Training Program. Such participation must be verified by the GPA Program representative.
- The E&T participant lacks child care, for a child age six to twelve, necessary to participate in an E&T activity.

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- The E&T participant is temporarily incapacitated. This must be verified by an appropriate health care provider and be expected to last less than thirty (30) days.
- The E&T participant lacks housing. Persons who are homeless should be referred to the appropriate DHS office for assistance in obtaining both immediate and long-term shelter.
- The E&T participant displays indications of mental illness to the Pathways Program social caseworker. Such persons should be referred to an appropriate mental health agency.
- Refugees who are currently participating in a work program under the auspices of the Office of Refugee Resettlement.
- The E&T participant displays current evidence of substance abuse.

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**Outcomes of Assigned Components**

**0562.15.20**

REV:06/1988

If the participant completes the assigned component and locates employment, the social caseworker informs the agency representative via an RIFS-512. The agency representative acts on this change in circumstances in accordance with Food Stamp Policy.

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**Support Services**

**0562.15.25**

REV:06/1988

The agency provides participants in employment and training components an allowance of \$3.00 per day towards the cost of transportation, up to a maximum of \$25 per month. This allowance is excluded as countable income for Food Stamp Program purposes.

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**0562.20**

**FAILURE TO COMPLY**

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REV:06/1988

If an individual (other than the head of household, as defined in the Food Stamp Manual), who is required to register and participate refuses or fails without good cause to comply with the requirements imposed by this section, that individual is ineligible to participate in the Food Stamp Program and is treated as an ineligible household member.

If the head of household who is required to register and participate fails to comply, the entire household is ineligible to participate as provided in Section 0562.20.05.

**0562.20.05**

**Length of Sanction**

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REV:06/1988

Ineligibility in both cases described in Section 0562.20 continues either until the member who caused the violation complies with the requirements of this section, leaves the household, becomes exempt from work registration (other than through the exemptions for WIN participants or UCB recipients) or is disqualified for two months, whichever occurs earlier.

If any household member who failed to comply joins another household as head of household, that entire new household is ineligible for the remainder of the disqualification period. If the member who failed to comply joins another household where s/he is not the head of household, the individual must be considered an ineligible household member. The agency should determine whether good cause for noncompliance exists, as discussed in Section 0562.20.10.

**0562.20.10**

**Determining Good Cause**

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REV:06/1988

The Pathways Program is responsible for determining good cause in those instances when a work registrant has failed to comply with the employment and training requirements of this section. The agency representative determines good cause in cases when an applicant has voluntarily quit a job.

Both the Pathways Program representative and the Food Stamp



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Program agency representative must consider the facts and circumstances, including information submitted by the household member involved and the employer.

Good cause includes circumstances beyond the member's control, such as, but not limited to:

- Illness or incapacity;
- Illness of another household member sufficiently serious to require the presence of the registrant;
- Unanticipated household emergency;
- Court-required appearance;
- Incarceration;
- Breakdown in transportation arrangements with no readily accessible means of transportation;
- Inclement weather which prevented the registrant and other persons similarly situated from traveling to, or participating in the prescribed activity;
- Problems caused by the inability of the registrant to speak, read or write English; or
- Lack of adequate child care for children who have reached age six (6) but are under age twelve (12).

**Notice of Adverse Action**

**0562.20.15**

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REV:06/1988

Within five (5) days of determining the noncompliance with the E&T requirement was without good cause, the Pathways Program social caseworker notifies the Food Stamp Program representative of the noncompliance via an RIFS-512.

Within ten (10) days of determining the noncompliance was without good cause, the Food Stamp Program must provide the individual and/or household with a notice of adverse action. Such notification must state the particular act of noncompliance committed and the proposed period of disqualification and must specify that the individual or household may reapply at the end of

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the disqualification period. Information is also included describing the action which can be taken to end or avoid the sanction. The disqualification period begins with the first month following the expiration of the adverse notice period, unless a fair hearing is requested.

Each individual or household has a right to a fair hearing to appeal a denial, reduction, or termination of benefits due to a determination of non-exempt status, or determination of failure to comply with the work registration or employment and training requirements of this section. Individuals or households may appeal agency actions such as exemption status, the type of requirement imposed, or agency refusal to make a finding of good cause, if the individual or household believes that a finding of failure to comply has resulted from improper decisions on these matters.

The Food Stamp Program representative and the Pathways Program representative should receive sufficient advance notice to either permit the attendance of a representative or ensure that a representative is available for questioning on the telephone during the hearing. A household must be allowed to examine its employment component case file at a reasonable time before the date of the hearing, except for confidential information (which may include test results) that the agency determines should be protected from release. Information not released to a household may not be used by either party at the hearing. The results of the hearing are binding on the agency.

**0562.20.20**

**Failure to Comply with WIN/UC Requirement**

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REV:06/1988

A household containing a member who was exempt from food stamp work registration because s/he was registered for work under WIN or Unemployment Compensation, and who fails to comply with a WIN or Unemployment Compensation requirement comparable to a food stamp employment and training requirement, is treated as though the member failed to comply with the food stamp requirement.

If a household member has refused or failed without good cause to comply with a WIN or Unemployment Compensation requirement, the agency representative determines whether the requirement was comparable. Similarly, if the household reports the loss or denial of AFDC or Unemployment Compensation or if the agency

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representative otherwise learns of such loss or denial, the agency representative determines whether the loss or denial was caused by a determination by the DES that a household member refused or failed without good cause to comply with the work requirement and, if so, whether the requirement was comparable to the employment and training requirement. The WIN or Unemployment Compensation requirement is not considered comparable if it places responsibilities on the household which exceed those imposed by the food stamp employment and training requirements.

**SUITABLE WORK**

**0562.25**

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REV:06/1988

Any employment is considered suitable if:

- The wage offered is at least the highest of the applicable Federal minimum wage, the applicable State minimum wage, or eighty percent (80%) of the Federal minimum wage, if neither the State or Federal minimum wage is applicable.
- The employment offered is on a piece-rate basis, and the average hourly yield the employee can reasonably expect to earn at least equals the applicable hourly wages specified above.
- The registrant, in order to be hired or to continue working, is not required to join, resign from, or refrain from joining any legitimate labor organization.
- The work offered is not at a site subject to a strike or lockout at the time of the offer unless the strike has been enjoined under Section 208 of the Labor-Management Relations Act (Taft-Hartley), or unless an injunction has been issued under Section 10 of the Railway Labor Act.
- Employment is considered suitable unless the registrant demonstrates, or the agency representative determines, that:
  - The risk to health and safety is unreasonable.

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- The member is physically or mentally unfit to perform the employment, as documented by medical evidence or by reliable information from other sources.
- The employment offered within the first 30 days of registration is not in the registrant's major field of experience.
- The distance from the registrant's home to the place of employment is unreasonable based on the expected wage and the time and cost of commuting. Daily commuting time should not exceed two hours per day, not including the transportation of a child to and from a child-care facility. Neither should employment be considered suitable if the distance to the place of employment prohibits walking, and both public and private transportation are unavailable to use in getting to the job site.
- The working hours or nature of the employment interferes with the member's religious observances, convictions, or beliefs. For example, a Sabbatarian could refuse to work on the Sabbath and not affect the household's eligibility.

**0562.30**

**ENDING DISQUALIFICATION**

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REV:06/1988

Following the end of the two-month disqualification period for noncompliance with the work registration or employment and training requirements, participation may resume if the disqualified individual or household applies again and is determined eligible.

Eligibility may also be reestablished within a disqualification period if the household is otherwise eligible and the member who caused the disqualification becomes exempt from the work requirement, is no longer a member of the household (although any new household containing this member must be subject to disqualification for the remainder of the disqualification period), or the member complies as follows:

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- Refusal to register -- completes the work registration form.
- Refusal to respond to a request from the Pathways Program for supplemental information regarding employment status or availability for work -- compliance with the request.
- Refusal to report to an employer to whom referred by the Pathways Program -- reporting to this employer if work is still available or to another employer to whom referred.
- Refusal to accept a bona fide offer of suitable employment when referred by the Pathways Program -- acceptance of this employment, if still available to the participant, of any other employment with earnings equivalent to the refused job, or any other employment of at least thirty (30) hours per week, with weekly earnings equal to the Federal minimum wage multiplied by thirty (30) hours.
- Refusal to comply with a Pathways Program assignment as part of the FNS-approved E&T program -- compliance with the assignment or an alternate assignment by the Pathways Program.

**REPORTING REQUIREMENTS**

**0562.35**

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REV:06/1988

The Pathways Program representative must report to the agency representative within five (5) working days of becoming aware that the registrant:

- has obtained employment; or
- has failed to comply without good cause.

Such information is forwarded using Form RIFS-512. The household is required to report all changes in income, such as a job placement.