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Madison County Community Access Network Partnership Agreement

Vision Statement:

We envision a caring community that supports people with dignity, hope and opportunities to build better lives.

Mission Statement:

The purpose of the Community Access Network is to help create a community system that is connected, efficient and effective in empowering organizations to provide positive life change for individuals to help them meet their own needs.

Structure:

Partnership:

All members represent an organization within the Community Access Network.

Executive Committee:

Community Access Network participant will elect an Executive community consisting of a Chair, Vice Chair and Secretary. Additional Ad Hoc representatives may be appointed. This executive committee will be elected for a one year period. The role of the Chairman is to lead Board meetings and to implement decisions and actions of the Board. The Vice Chairman shall assist the Chairman in his/her duties and serve as Chairman in the absence of the Chairman. The Secretary shall be responsible for recording the minutes of all Board meetings. The Secretary shall post the minutes to all Board members. The Secretary shall also be responsible for informing all Board members of meeting times and agendas of future Board meetings.
Values & Responsibilities:

**Client Centered Values:**

- Act with compassion toward clients and partner organizations.
- Facilitate a client-focused, holistic approach to meet clients’ needs.
- Commit to respecting clients’ values.
- Provide hope and opportunities to foster client success.
- Treat all clients with respect and dignity without biased practices.
- Respect individual diversity and uphold inclusiveness.

**Partnership Values:**

- Maintain respect for individual organization’s mission, values, and practices.
- Build upon the strengths of the existing human services system and existing collaboration.
- Committed to sharing information and learning about one another.
- Integrate access to community resources whenever possible.
- Work openly and cooperatively in CAN activities to support full participation, ongoing feedback, and accountability.

**Partnership Responsibilities:**

- Provide timely and accurate client data entry using common, shared database (levels 2 & 3)
- Participate in the common assessments and processes based upon the levels of participation in the network and refer clients appropriately.
- Organizations must provide program information & be listed on 211 when applicable.
- Provide the client with appropriate guidance as to how to navigate the system through appropriate referrals.
- Ensure the values of the CAN system are institutionalized within each organization.
- Participate in meetings, system training and professional development opportunities to strengthen network capacity. Provide a proxy when necessary.
- A quorum is necessary to perform official business.
- Operate in accordance with state and federal laws governing confidentiality and rights of persons served. Inform the network of any potential breaches.
- Educate clients and community on the benefits of the CAN system.
- Actively support the values, responsibilities and policies established by the CAN partner organizations.
- Assist in securing and sustaining funding and other resources to support the CAN network
- Ensure that any client seen as a potential danger to other staff or case managers at other organizations warrants breach of confidentiality and all CAN members should be notified by internal Instant Message on the database system used by CAN.
- Agree to annual review including completing the Madison County CAN Partner Yearly Survey.
**Family Development and Data Entry Responsibilities:**

Members of Madison County’s Community using the Family Development Program in the Charity Tracker agree to:

1) Input the basic demographic data required by Charity Tracker for clients who are determined to be appropriate and eligible for the service.

2) Use a common pre-assessment of the client’s basic needs and share this information with other providers in the network if the client wishes and to help in determining if the client needs to be in long-term case management. Share this information with other providers in the network as needed, with the client’s approval.

3) Use a common release of information form. Keep hard copies of the signed forms on file at the agency where the client joined the network, and make referrals as appropriate. Every three years Charity Tracker release forms must be updated.
Madison County Community Access Network
Levels of Participation:

<table>
<thead>
<tr>
<th>Roles</th>
<th>Resource Partner</th>
<th>Service Partner</th>
<th>Case Management Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Act as a CAN System Partner by accepting system values and responsibilities.</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>2. Complete Level I training</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>3. Complete Level II training</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>4. Complete Level III training</td>
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<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>5. Complete Level IV - certification in case management</td>
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<td>✅</td>
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<tr>
<td>6. Identify and access resource information to guide clients to appropriate services.</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>7. View, edit, and enter basic demographic information about clients in shared database.</td>
<td></td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>8. Conduct initial client assessment to identify presenting issues for the entire family unit; use Pathway processes to help client determine course of action when needed</td>
<td></td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>9. Determine and coordinate appropriate system connections to resolve immediate needs.</td>
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<td>✅</td>
<td>✅</td>
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<tr>
<td>10. Make referral to Case Management Organizations as appropriate.</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>11. Utilize the FDM to conduct assessment and develop action plans.</td>
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<td>✅</td>
</tr>
<tr>
<td>12. Maintain regularly scheduled face-to-face contact with clients participating in case management.</td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>13. Organization participation will be evaluated on a yearly basis to determine appropriate level of involvement.</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
</tbody>
</table>
Madison County Community Access Network
Partner Agreement Signature Form:

_________________________ desires to participate in the Madison County Community Access Organization Network as a ___________________________. We (Resource Partner, Service Provider or Case Management Provider) have read and agree to follow the guidelines set forth in the Community Access Network’s Partnership Agreement.

____________________________
Signature
Date

____________________________
Name

____________________________
Title

The following people work/volunteer for our organization and are actively involved in the CAN Network or are using the CAN Network database system. They have read the above listed procedures and guidelines and have agreed to follow such.

____________________________
Name Date

____________________________
Name Date

____________________________
Name Date

____________________________
Name Date
CharityTracker Data Entry Guidelines:

Entering a new client:

The following guidelines list the basic amount of data needed to consider a new client entry to be complete.

**First and Last Name:**

- Always use upper and lower case letters. It is not necessary that names be entered as all capital letters.
- Always use a full first and last name (i.e. William instead of Will or Willy).
- Enter nicknames in the “Nickname” entry under identification.
- For hyphenated last names (i.e Jill Smith-Thomas) use the client’s driver’s license or other primary form of identification as the standard way of listing the correct name order.
- For people with two first names, enter both names under first name. Include a hyphen only if their name contains one.
- For individuals with spaces in their last names (Bob De La Sol) leave the spaces when you type their name.

**Middle name:**

- Always collect and record the client’s middle initial. This will decrease the likelihood of entering a client twice and will help with future client identification.

**Suffixes:**

- For family members that share a full name please include the proper suffix (Jr, Sr, I, II, III) in the “Identification” tab under “suffix”. Without the correct suffix CharityTracker will treat both individuals as a duplicate.

**Maiden Name:**

- Maiden names are not required, but when a maiden name is provided, add it under the “identification” tab. (Recently married women might want to provide that information strictly for clarification but that decision should be left for the client).
Head of Household:

- List one adult in the family as “head of household” in the “Identification” tab. If the household contains more than one adult, ask which one is most likely to be accessing services regularly and label that one as “Head of Household.”

Social Security Numbers:

- Social Security numbers are not required and it is preferable that they are not collected unless needed by your organization.

Phone Numbers:

- Include a phone number for each client. If the client does not have a direct line, please include a relative, friend, neighbor or even a caseworker.

- If a client has a pre-paid cell phone, state “Pre-Paid Cell phone” in the phone description so other caseworkers understand that clients must be careful of the amount of time spent on a phone.

- Clients can have multiple phone number entries, so you can enter different phone numbers if clients think they will not always have access to the same phone number. This will aid CAN partners in maintaining contacts with families.

Addresses (Living and Mailing):

- Always enter an address for a client. If a person is homeless and does not have a living address then collect a mailing address either from a shelter drop-in or a family member. Always use common abbreviations for streets and cardinal direction and include the zip code.

Income:

- List all sources of income in the last full calendar month including full and part-time employment, seasonal employment, self-employed salary, child support, Food Stamps, pension and retirement benefits, veteran benefits and social security income.

- Create a separate entry for each source of income; do not combine all sources of income into one monthly lump sum.
Demographics:

- The demographics data offers a chance to further advance the effectiveness of our programs by better understanding the populations that seek our services, and may provide opportunities to apply for funding to meet the needs of targeted groups. While not required to meet the requirements of a basic client entry records, it is highly recommended that this information is collected.

Relationships:

- Once all members of a household are listed, add a relationship description for each individual in the household.

- For each relationship description you create in the system, be sure to select “dependent” for each dependent and select “living at the same address” for every member of that household. These two selections will aid the system in defining household composition and will update addresses to match with the head of household.

- For twins, always comment in the “Notes” section listing the other twin’s name. This will reduce errors. Be sure to include middle initials, as many parents will name twins with similar first names.

- To maintain uniformity, use the below terms whenever possible:

<table>
<thead>
<tr>
<th>Grandmother/ Grandfather</th>
<th>Aunt/Uncle</th>
<th>Cousin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother/Father</td>
<td>Boyfriend/Girlfriend</td>
<td>Roommate</td>
</tr>
<tr>
<td>Sister/Brother</td>
<td>Daughter/Son</td>
<td></td>
</tr>
</tbody>
</table>

Related but not living together:

- Individuals can be listed as related but do not need to live at the same address. Listing absent parents, or creating a relation between elderly parents and their adult children can often be helpful for other organizations to know.

Joint Custody:

- For children that reside with both split parents, link the child as a dependent of the parent they stay with the most. This will maintain their address with that parent. If the child is split evenly between two parents, leave them as a dependent with whichever parent has the longest assistance record in the system.

- In the relationship information for each child in split custody, put down the length of custody in the relationship status (i.e. John is the Parent (1/2 Custody) of Billy). Mark the child as dependent and living with the primary parent and related to but not living with or related to the second parent.
Verifying that existing client entries are up-to-date:

When you work with clients already entered into CharityTracker, you will need to verify that their information is still accurate and up-to-date:

**Verifying client information:**

- Read to the client the address, phone number, number of adult and child residents within the household and verify that all information is still current. Verify income and make the proper updates as needed.

- After pulling up the client profile in CharityTracker, review the “Notes” and “Alerts” section to see if any actions are needed. Other organizations might have left a note or an alert asking for additional information or requesting a follow-up with the client. If you fulfill any notes or alerts that ask for information or documentation, document these steps in a new note or alert.

**Adding an Assistance log:**

- After entering all required information, complete any notes that might be needed by other staff members or other organizations. Always remember that someone else may not fully understand the situation, and to use the comments as needed to provide additional information and to reduce unnecessary phone calls.
# CharityTracker Release of Information Form:

**United Way of Madison County Assistance Network**

**Shared Case Management Software - CharityTracker**

**RELEASE OF INFORMATION (ROI)**

<table>
<thead>
<tr>
<th>Client's Last Name:</th>
<th>First Name:</th>
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<table>
<thead>
<tr>
<th>Address:</th>
<th>City/State:</th>
<th>Zip:</th>
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<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>SSN:</th>
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</table>

**Phone:**

The **United Way of Madison County Assistance Network**, hereinafter referred to as “CharityTracker”, is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. **United Way of Madison County (Administrating Agency)** administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including __________________________ (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

<table>
<thead>
<tr>
<th>Household Member Name:</th>
<th>Date of Birth:</th>
<th>Relationship to Head of Household:</th>
<th>Sources and Amount of Income(s):</th>
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</table>

I authorize __________________________, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize __________________________ (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

X                  X

Client and/or Parent-Legal Guardian's Authorizing Signature

Agency Representative Signature

Date                  Date

*The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from it's expiration date.*

*The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from it's expiration date.*
CharityTracker Release of Information Form:

United Way of Madison County Assistance Network

Shared Case Management Software - CharityTracker

RELEASE OF INFORMATION (ROI)

Client's Last Name: _____________________________ First Name: _____________________________ MI: _____________________________

Address: _____________________________ City/State: _____________________________ Zip: _____________________________

Date of Birth: _____________________________ SSN: _____________________________

Phone:

The United Way of Madison County Assistance Network, hereinafter referred to as "CharityTracker", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. United Way of Madison County (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including _____________________________ (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

<table>
<thead>
<tr>
<th>Household Member Name:</th>
<th>Date of Birth:</th>
<th>Relationship to Head of Household:</th>
<th>Sources and Amount of Income(s):</th>
</tr>
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</tr>
</tbody>
</table>

I authorize _____________________________, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize _____________________________ (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

X

Client and/or Parent-Legal Guardian's Authorizing Signature

X

Agency Representative Signature

Date _____________________________ Date _____________________________

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from it’s expiration date.
CharityTracker Release of Information Form (Spanish):

Red de Asistencia-CharityTracker
Programa de Administración de Casos de Intercambio de Información-CharityTracker
FORMA DE INFORMACION PERSONAL (ROI)

Apellido del Cliente: ____________________________ Nombre: ____________________________ INICIAL del Segundo Nombre: ______________

Dirección: ____________________________ Ciudad/Estado: ____________________________ Código Postal: ____________________________

Fecha de Nacimiento: ____________________________/ ____________________________/ ____________________________

United Way of Madison County Assistance Network - la Red de Asistencia CharityTracker, “con su nombre legal aquí referido como "CharityTracker”, es un programa compartido, que mantiene un sistema computarizado de registros que captura información de personas que están necesitando servicios de emergencia, incluyendo pero no limitado a la asistencia de pagos de servicios básicos como de luz y agua, medicamentos, pagos de renta o de hipoteca de casa, etc. United Way of Madison County (Agencia Administradora) administradores de CharityTracker en nombre de las agencias participantes en este programa de la Red de Asistencia CharityTracker, incluyendo REPLACE w/ NAME OF PARTICIPATING AGENCY (Agencia Participante).

Yo entiendo que toda mi información aquí proporcionada es personal y privada y que yo no tengo porque participar en este programa de CharityTracker. Yo he tenido la oportunidad de hacer preguntas acerca este sistema de CharityTracker y de revisar la información básica aquí identificada, que es autorizada por esta forma de información personal para ser compartida por todas las Agencias Participantes en la Red de Asistencia de CharityTracker. Yo también entiendo que información de servicios no-confidenciales que se me es proporcionada por agencias participantes de CharityTracker puede ser compartida con otras Agencias Participantes de CharityTracker. Esta información personal proporcionada se mantendrá en nuestra base de datos por tres años a partir de la fecha estipulada bajo mi firma en la parte de bajo de esta página solamente que yo le haga una petición formal a esta Organización donde yo ya no desee participar con CharityTracker.

<table>
<thead>
<tr>
<th>Nombres de Dependientes:</th>
<th>Fecha de Nacimiento:</th>
<th>Relación con el Solicitante:</th>
<th>Ingresos:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Yo autorizo REPLACE w/ NAME OF PARTICIPATING AGENCY, como Agencia Participante de CharityTracker, compartir mis servicios básicos y no-confidenciales de transacciones e información con otras Agencias Participantes de CharityTracker. Yo autorizo el uso de una copia de esta original para que sirva como una original para los propósitos ya señalados en la parte de arriba. Adicionalmente yo autorizo REPLACE w/ NAME OF PARTICIPATING AGENCY (Agencia Participante), como Agencia Participante de CharityTracker, compartir la información básica y no-confidencial de servicios e información de transacciones de mis dependientes con otras agencias participantes de CharityTracker.

X
Firma del Cliente y/o del Padre-Tutor Legal Autorizando la Firma

X
Firma del Representante de la Agencia

Fecha

Fecha
Community Access Network Exceptional Needs (CANEN)

Policies and Procedures:

The purpose of CANEN is to serve as an emergency monetary resource for CAN clients only. CANEN is unpublicized and CAN member organizations agree to follow the established policies and procedures.

1. The client receiving CANEN assistance must be entered into Charity Tracker and CANEN assistance must be documented in the system.
2. Clients must have a need in which all other alternatives and resources have been exhausted. It is the responsibility of the referring agency staff to ensure that this policy has been met.
3. Madison County CAN has identified the following emergency needs for general consideration within these guidelines.
   - Dental
   - Eye exams and glasses
   - Hearing aids
   - Medications (emergency only with a referral to a Medication Counselor)
   - Automobile or appliance repair
   - Deposits
   - Transportation (bus ticket, etc.)
   - Funerals
   - Mental Health
   - Birth certificates or other record fee
   - GED Tuition & Test Fees
   - Other needs as determined by at least two members of the CAN executive committee.
4. Clients will not be provided cash benefits directly. CAN agencies will issue an authorized voucher following an accepted referral to a provider for identified services, including agreed-upon payment.
5. United Way of Madison County will pay providers of services directly or will reimburse CAN agencies upon receipt of an authorized voucher and receipt for services from the provider.
6. Maximum payments per client will comply with the guidelines unless the CAN Executive Board approves an exception. CANEN assistance will end when the budgeted funds have been expended.
   - Emergency Service clients: Maximum $75 with up to 2 services per year
   - Family Development clients: Maximum $150 and up to 5 services per year
7. CANEN will use identified preferred providers whenever possible. The preferred provider list will be updated monthly at CAN meetings.
CANEN Form:

CANEN Type:  Emergency ___  Family Development ___  AMOUNT: $ __________

CAN PARTNER ORGANIZATION: _________________________________________________________

CASE MANAGER: _____________________________________________________________________

APPROVED PROVIDER NAME: ___________________________________________________________

PROVIDER ADDRESS: __________________________________________________________________

PROVIDER TELEPHONE: ________________________________________________________________

CLIENT NAME: ______________________________________________________________________

CLIENT ADDRESS: _____________________________________________________________________

ASSISTANCE CATEGORY:
- Dental
- Medications
- Transportation
- Eye Exam/glasses
- Auto/Appliance Repair
- Mental health
- Hearing Aid
- Documentation Fees
- Deposits
- Funeral
- GED Fee
- Medical Exam

CANEN Check List:
- Yes  No  Client information is entered into CharityTracker AND is completed and up-to-date
  (Updated Family information, address, Income etc)

- Yes  No  Client is entered into a long-term Family Development Program
  (CAN Family Development Program, Pathways, etc)

- Yes  No  Client has made all possible attempts to cover expenses through family or other
  sources? (Please document all previous efforts to secure funding below)

ADDITIONAL INFORMATION/INSTRUCTIONS: ___________________________________________________________________

__________________________________________________________________________________________

PAY TO:  SERVICE PROVIDER _____  CAN PARTNER _____  OTHER: ______
(Payments will be made by United Way of Madison County directly to the approved service provider upon completion of service and submission of service receipt and a copy of this voucher. Other payment arrangements must be approved in advance by United Way of Madison County, the CAN partner organization, and another member of the CAN Governance Board.)

Submit completed form and receipt(s) for services to:
United Way of Madison County, P. O. Box 1200
Anderson, IN 46015-1200
FAX: 765-608-3065
TELEPHONE: 765-643-7493
E-mail: k.hatfield@unitedwaymadisonco.org.
Utility Community Assistance Program (UCAP):

UCAP Partner Agreement:

The partner agency is responsible for qualifying the client per procedures, including obtaining the appropriate documentation, ensuring that EAP and Township assistance have been requested, and communicating with the client and the utility company.

When making a utility pledge on behalf of the client, the CAN agency is NOT representing United Way. The pledge is from the partner organization as the qualifying and approving entity. It is permissible to inform the utility that the payment will come via the UCAP fund at United Way, but written and verbal pledges should clearly come from the partner organization.

General requirements for applying the fund must be met, including verifying household income at 250% or less of the Federal poverty guideline, verifying the account status, coordinating other assistance (EAP may be estimated as long as client has scheduled an appointment) including client contribution prior to applying UCAP assistance at no more than $150 per household. Additional assistance from your individual organization may be applied to the utility balance or to another need as determined by the caseworker. All general requirements are described in the next section.

Failure to follow the guidelines and procedures may cause the partner agency to be barred from accessing the UCAP fund.

United Way Responsibilities:

United Way will download UCAP assistance records weekly and will process payments twice each month – on the 14th and 28th – so that payments will be received by the utility within 30 days of the pledge. If there is a circumstance that requires expedited payment or other special handling, contact the United Way office at 765-643-7493.

United Way will provide periodic updates of the available UCAP funds to CAN partners.

United Way staff will verify that all necessary information will be included with the CharityTracker Assistance Record and remove any assistance records that are found to be incomplete or represent a duplicate client entry. Any incomplete or duplicate entries will be the requirement of the partner agency to follow-up on. When the payment is sent to the utility, United Way will add an edit to the Assistance Record Comment Section noting the date.
211 Screening and Referral for UCAP Assistance:

2-1-1 will triage assistance calls for UCAP partners by asking the following of callers seeking utility assistance:

- EAP and Township Assistance First
- Income 250% or less poverty
- Location of caller to determine closest partner location
- Time/day of call and deadline for disconnect to determine most expedient provider
- United Way to provide 2-1-1 with UCAP partner list
Requirements for a completed UCAP Application:

**Verify application with EAP and Township Trustee**

- Verify verbally from the client that they have contacted EAP and the Township Trustee. Verify that they have either received assistance, have a meeting scheduled or are ineligible for assistance.

**Verify income at 250% or less poverty**

- Use all sources of income (earned wages, unemployment, disability or other benefits, child support etc.) for the last full calendar month.

**Verify account balance and that the client is not disconnected**

- UCAP assistance cannot be applied to the reconnect fee, but can be applied if the client can pay for the reconnect fee in some other form, including their own savings or donations from another organization. Do not apply the client for UCAP assistance unless you have verbally verified that the client can cover the disconnect fee.

**Enter the client in CharityTracker:**

- Verify Charity Tracker account or create new account
- Enter all information required for the entry to be considered a completed application.
- Document UCAP assistance in Charity Tracker, including the following:
  - Vendor: *(Use common abbreviations where appropriate)*
  - Account Number:
  - Total Bill Balance:
  - Amount Needed to Stay Out of Disconnect:
  - Name on bill: *(Leave blank if the client is the same)*
  - Contacted TWP Trustee: *(Yes/No)*
  - Contracted EAP: *(Yes/No with date and amount or description for why not)*
  - Document non-UCAP assistance *(Useful for data analysis)*

**Communicate pledge to utility company**
CharityTracker Tutorial:

Accessing CharityTracker

How do I log in?
When you sign up for CharityTracker, you get an email that contains your login information. It consists of your email address and a password. You need that to log in.

The address is www.uwmc.charitytracker.net.
I forgot my password, how do I get it back?

On the login screen, there is a link you can click to get your password back.

Click "Forgot your password?"

I'm still having problems logging in.

If you have been approved by the network administrator, and you have not received an email with your login information, check your spam box. Sometimes your email program will think that the automatic email from the system is spam. If an email from CharityTracker or United Way is in your spam box, tell your email program to accept emails from support@charitytracker.net and k.hatfield@unitedwaymadisonco.org.
Working with Cases:

**How do I find out if a case is already in the system?**

Use the Search feature to look for an existing case. Type all or part of the name that you are looking for in the search bar and then click "Search." The search results will be displayed with the closest matches at the top of the list. Use the "Advanced" options to search by specific fields. This can be useful for searching by town or zip code. When searching by name, always search first by the first three letters of both the first and last name. The system looks only for exact matches and does not try to guess like many internet search engines do.

If you still can’t find the case you were searching for, chances are they haven’t been added to the system yet.
How do I add a case?

Click the "Add New Case" button in the upper-left corner to add someone to the system.

Enter the personal information into the correct fields and click "Add Case" when you are finished. You will need to select each of the three tabs at the top and complete the information for Identification, Income and Demographics. In the upper right-hand corner you will need to click “Release of Information”. Clicking this will generate a Release of Information (ROI) form. Be sure to have a Release of Information (ROI) form signed by the person being added to the system. All persons must sign a ROI before being entered into the system according to CharityTracker Terms of Service.
How do I edit the personal info for a case that is already in the system?

Open up the case and click the "Edit Info" button on the "Personal Info" tab. Make your changes and then click "Save Changes."

You will see all changes made to the case listed in the "History of Modifications."

<table>
<thead>
<tr>
<th>History of Modifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modified by Jamesey Thomas from United Way of Madison County</td>
</tr>
<tr>
<td>Relationship To Yy Yy Yy changed</td>
</tr>
<tr>
<td>Dependent: 0 to Dependent: True</td>
</tr>
</tbody>
</table>

| Modified by Jamesey Thomas from United Way of Madison County | Thu, Jun 24, 2010 at 3:41 p.m. |
| Relationship added | |
| YYY YYY YYY (Child) with XXX XXX XXX (Parent) | |
How do I enter my assistance record?

When you are in a case, go to the "Assistance" tab and click the "Add Assistance" button. The "Add Assistance" dialog box will pop up. Enter a value and unit of measurement, choose a category, and can change the date for the assistance record if you want. You can also type a description and make the assistance private by checking the box next to "Only my agency should see this assistance."

Click "Add" and you'll see your Assistance record listed with the other records for that case. You can toggle between showing assistance for people "Living with" or "Related" to that person.
How do I define relationships for a case?

CharityTracker keeps track of all relationships between cases in the "Relationships" tab. To define a new relationship, click the black Add Relationship button. Enter the name of an already existing case (or add a new person) and click "Next." Click on the name of the person you wish to link to.

Define the relationship between the two cases. If both cases share the same street address, check the box "These people live at the same address" and determine whether the new relation is a dependent before clicking "Add Relationship."

The new relationship will then appear in the "Related to" list.
How do I change or remove a relationship status?

When household composition changes, it is important to keep CharityTracker profiles accurate. To change the relationship information, click on the orange relationship tab for the client, identify the individual that needs altered, and select “delete” to remove or “edit” to make any changes. If you delete the relationship, the individuals will remain in CharityTracker but will not display as related or living with the other individual. If you need to update, select “edit” and it will give you the option of altering the relationship term, dependent status and whether they are living together.

- **XXX XXX XXX** is the **Spouse** of **ZZZ ZZZ ZZZ**
- **ZZZ ZZZ ZZZ** is the **Spouse** of **XXX XXX XXX**

- **ZZZ ZZZ ZZZ** is a dependent of **XXX XXX XXX**
- Both people live at the same address?

Save Changes | Cancel
How do I make a note on a case?

Notes are an easy way to remember important information about a person. When you are in a case, click on the Notes tab and then the Add Note button. Type your note in the Add Note dialog that pops up. You can make the note private by clicking "Only my agency should see this note." Click "Add" to save your note.

Your new Note will then be attached to the case.
How do I post an alert on a case?

Alerts allow you to notify everyone of potential fraud, security issues, etc. Click the Alerts tab when you are in a case and then the Add Alert button.

Type the notice in the Add Alert dialog that pops up. You can send an email alert to everyone by checking "Send an email notification to all users." Click add when you're done.

From this point forward the alert will be seen by everyone who accesses the case.
What do I do if there’s a problem with a case?

The "Flag Case" button allows you to send a message to the network administrator if you notice an issue with a case. Type out your message Once finished, click the Add button. The an Email will be sent to the administrator with all the
How do I add a bulletin?

Bulletins allow everyone in your network to be notified quickly about anything from suspicious activities to community events. To post a message on the community bulletin board click the "Add Bulletin" button on the Home tab.

In the Add Bulletin dialog that pops up, type in your message and give it a title. If you give it an expiration date, the post will be deleted from the bulletin board on that date. Check "Send an email notification to all users?" to send the message to everyone's email inbox and click Add to post the bulletin. Once the Bulletin is posted, you can Edit or Delete your message at any time.