

Objective # 1 : (Restate Objective Here) Maintain effective management of services provided for the elderly in the Downtown Aging Services District through the accomplishment of activities listed in Section 4 during the period 7/1/80 - 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
1-1	Provide personnel direction, supervision and training through individual and/or group staff meetings. Time contributed to contract: Executive Director 10%, Bookkeeper 10%.	Ongoing	Staff hired	
1-2	Evaluate staff performance at least on an annual basis	Annually or as needed	Evaluations completed	Executive Director
1-3	Submit required reports in a timely manner	Monthly	Programs and Fiscal reports will be submitted to HRB monthly	Social Work Supervisor, Bookkeeper, I&R Specialist
1-4	Attend Area Agency on Aging Contractor Meetings as required	Ongoing	Attendance recorded by HRB	Executive Director
1-5	Provide staff assistance to Advisory Committee and Board of Directors at monthly meeting or as required	Ongoing	Advisory Committee meets the 3rd Monday of each month. Board of Directors meetings as required - 4th Tuesday of each month	Executive Director

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

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Objective # 2 : (Restate Objective Here) Increase knowledge of services and resources for elderly residents by providing information (simple)* and information (complex)* services in response to 1,759 requests for information and assistance during the period 7/1/80 - 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
2-1	Maintain personnel to provide information service. The personnel will be Information and Referral Specialist 35%; ten volunteers (FTE);	Ongoing	Personnel assigned duties	I&R Specialist
2-2	Provide staff direction, supervision and work programs, provide ongoing training and evaluation for information personnel (paid and volunteer)	Ongoing	Weekly staff meetings held, job descriptions and work programs updated, evaluations completed	I&R Specialist
2-3	Maintain, in conjunction with the Tri-County Community Resource File, an up-to-date file of services and resources available to older adults	Monthly	Files updated	I&R Specialist
2-4	Provide a communication center whereby individuals may inquire about and receive information on services and resources available to older adults	Ongoing	Requests received and responses given	I&R Specialist
2-5	Monitor information service to insure contract compliances and quality of service	Monthly	Report reviewed and submitted to HRB	I&R Specialist

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

* Provision of information and referral services is to be in accordance with definitions and standards published May, 1978 by the National Alliance of Information and Referral Services (AIRS)

A-4

Objective # 3: (Restate Objective Here) Increase access to needed services among elderly residents through the provision of referral (simple)* and referral (complex)* services in response to 383 requests for assistance during the period 7/1/80 - 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
3-1	Provide personnel to provide a referral service. The personnel will be the Information and Referral Specialist 50%, 2 field counselors 5%	Ongoing	Personnel assigned duties	I&R Specialist
3-2	Provide staff direction, supervision, update job descriptions, training programs and evaluate staff for assigned personnel.	Ongoing	Weekly staff meetings held, job descriptions and work programs updated, training plan updated, evaluations completed	I&R Specialist
3-3	Accept referrals from agencies, individuals and other agency staff for older adults in need of referral service	Ongoing	Referrals accepted and recorded	I&R Specialist
3-4	Implement the referral service by making appropriate referrals to service providing agencies, including advocacy and follow-up to ensure delivery	Ongoing	Referrals made and recorded	I&R Specialist Field Counselors
3-5	Provide reports and maintain records on referral service to insure contract compliance	Monthly	Reports reviewed and submitted to HRB	I&R Specialist
3-6	Provide information to Loaves & Fishes Downtown Center re: social services downtown	Ongoing	Weekly reports given, participation on Advisory Committee	I&R Specialist
3-7	Provide referral services to Loaves & Fishes participants	Ongoing	Referrals made and recorded	Field Counselors

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

*Provision of information and referral services is to be in accordance with definitions and standards published May, 1978 by the National Alliance of Information and Referral Services (AIRS).

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Objective # 4 : (Restate Objective Here) Maintain access to needed services for elderly residents by providing case management for 142 different individuals who meet the established needs criteria, with an average monthly caseload of 79 clients in Level I and 19 clients in Level II during the period 7/1/80 - 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
4-1	Maintain personnel to provide case management services. The personnel will be Social Work Supervisor 30% and two field counselors 45% each	Ongoing	Personnel assigned duties	Social Work Sup.
4-2	Provide personnel direction supervision for all assigned personnel	Ongoing	Weekly staff meetings held for all assigned personnel	Social Work Sup.
4-3	Accept referrals from agencies, individuals and other agency staff for older persons in need of case management services	Ongoing	Referrals received and recorded	Social Work Sup.
4-4	Perform a needs assessment and develop a case plan according to AAA standards for all limited access clients	Ongoing	Needs assessments completed and recorded and developed, maintained, and on file for each client.	Social Work Sup. Field Counselors
4-5	Implement case plans by making appropriate referrals to service-providing agencies, including advocacy, follow-up and inter-agency consultations to ensure service delivery	Ongoing	Case plans implemented, services and referrals recorded.	Field Counselors
4-6	Request waivers for all applications not conforming to AAA guidelines for case management	Ongoing	Waivers completed and submitted to HRB	Social Work Sup.
4-7	Social Work Supervisor will do regular follow-up consultation to ensure quality of service delivery	Ongoing	Case plan update and reviewed with follow-up consultation recorded	Social Work Sup.
4-8	Perform a needs reassessment on each client every three months or as required	Ongoing	Clients reassessment completed and submitted to HRB	Field Counselor
Objective #4 continued next page				

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

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Objective # 4 : (Restate Objective Here) (continued from previous page)

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
4-9	Compete client information, needs assessment, and client service forms on clients as required	Ongoing	Necessary forms completed and submitted to HRB	Field Counselors
4-10	Monitor case management activities to ensure contract compliance and quality of service	Monthly	Reports reviewed and submitted to HRB	Social Work Supervisor

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Objective # 5 : (Restate Objective Here)

Provide access to needed services through crisis counseling for 90 different elderly resident with short-term needs.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
5-1	Maintain personnel to provide crisis intervention and case management services. The personnel will be 2 field counselors 50% each and social work supervisor 45%.	Ongoing	Personnel assigned duties	Social Work Sup.
5-2	Provide personnel direction supervision for assigned personnel	Ongoing	Weekly staff meetings held for all assigned staff	Social Work Supervisor
5-3	Accept referrals from agencies, individuals and other agency staff for older persons in need of crisis counseling.	Ongoing Ongoing	Referrals received and recorded	Social Work Supervisor
5-4	Perform a needs assessment and develop a case plan.	Ongoing	Needs assessments completed and recorded and developed, maintained and on file for each limited access client	Social Work Sup. Field Counselors
5-5	Implement case plans by making appropriate referrals to service-providing agencies, including advocacy followup and interagency consultations to ensure service delivery.	Ongoing	Case plans implemented, intervention and follow-up referrals and services recorded	Field Counselors
5-6	Implement regular follow-up consultation to ensure quality of service delivery.	Ongoing	Case plan update and review with follow-up consultation recorded	Social Work Sup.
5-7	Complete required report forms.	Ongoing	Necessary forms completed and filed at center	Field Counselors
5-8	Monitor crisis counseling activities to ensure contract compliance and quality of service.	Monthly	Reports reviewed and filed for HRB audit	Social Work Sup.

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

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Objective # 6 : (Restate Objective Here) Reduce social isolation and provide a continuity in relationship with 30 different individuals in Level I of Case Management by providing an average of four friendly visits per month during the period 7/1/80 - 6/30/81

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
6-1	Maintain personnel to provide a friendly visiting service. The personnel will be one Community Visitor (60%) and ten Volunteers (five FTE)	Ongoing	Personnel assigned duties	See Case Management
6-2	Provide staff direction, supervision, develop job descriptions, training program, and evaluate staff as prescribed in Objective #1 for assigned friendly visiting personnel (paid and volunteer)	Ongoing	Weekly staff meetings held - job descriptions updated - training plan updated - evaluations updated	See case management
6-3	Accept referrals from staff of individuals in Level I of Case Management in need of friendly visits	Ongoing	Referrals received and recorded	Community Visitor
6-4	Develop a roster of those needing friendly visitation including special requirements and assign personnel (paid and volunteer) to implement the service	Monthly & updated as required	Roster completed, Personnel assigned, Visits completed and recorded	See case management
6-5	Monitor friendly visits to ensure contract compliance and quality of service	Monthly	Reports reviewed and submitted to HRB	See case management
6-6	Involve hotel managers & desk clerks in development of a community support system	Ongoing	Number of referrals, requests for assistance and contacts recorded	Community Visitor
6-7	Provide training to 20 volunteers in community support systems	Monthly	Number of sessions held and recorded	See case management

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

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6. Service Area, Target Population and Eligibility Criteria for Services:
(Describe the service area to be covered by this project and the target population for each service to be provided. Explain how each target population will be identified. State the eligibility criteria to be utilized for each service provided and the method for appeal or exception.)

Service Area: Northwest Pilot Project will provide services to elderly residents in Downtown Portland in the following census tracts: 46.02, 51, 52, 53, 54, 55, 56, 57. Individuals residing outside the area can be served only with the express approval of the Area Agency on Aging Contract Unit (see waiver procedures) and with the knowledge and approval of the contractor for the service area in which the individual resides.

Target Population: Elderly persons, 60 years of age or older, are the general target population for services provided for any elderly resident of the service area. Case management and limited access supporting services are provided for a restricted target population. This population includes low-income persons, age 60 and older, who have age related or age intensified physical and/or mental impairments which make premature or inappropriate institutionalization more likely. Limited access services include case management, transportation, homemaker and housekeeper.

Eligibility Criteria: Information and referral services are provided to residents of Multnomah County who are age 60 and older without eligibility limitations. Eligibility for case management and other limited access services is established through a needs assessment performed by a trained staff person which determines: 1) that the individual is in need of case management (and other provided services) to sustain independent living; 2) that the individual is not eligible for those services from another agency legally responsible for their provision; 3) that the individual does not have friends or relatives able and willing to provide the services for him/her; 4) that, if net income levels exceed 125% of poverty guidelines plus a 10% inflation factor (\$390/month for single persons and \$516/month for couples), fees will be arranged for in accordance with the established schedule. In exceptional circumstances and with express approval (see waiver request procedures) of the Area Agency on Aging Contracts Unit, limited access services may be provided to individuals who do not meet all of the aging criteria.

EXHIBIT B
BUDGETS AND ATTACHMENTS

FISCAL SECTION

NWPP
Downtown FY 80/811. Budget Summarya. Funding Recap: (List all sources of funding by amount and source.)

<u>City Support Requested</u>	<u>Amount</u>
<u>Information and Referral - Title III-B</u>	<u>\$15,176</u>
<u>Case Management - Title III-B</u>	<u>\$11,435</u>
<u>Case Management - OPI</u>	<u>\$ 4,895</u>
<u>Discretionary - General Fund</u>	<u>\$19,960</u>
<u>Administration - Title III -B</u>	<u>\$ 1,868</u>
<u>Administration - General Fund</u>	<u>\$ 470</u>
Subtotal	<u>\$53,804</u>
Required Cash Match	<u>3,910</u>
Program Income	<u></u>
Subtotal	<u>\$57,714</u>
<u>Other Project Support</u>	
<u>United Way</u>	<u>7,748</u>
<u>Adult Training and Employment</u>	<u>4,420</u>
<u>150 Volunteers - 15 (FTE)</u>	<u>73,000</u>
<u>Multnomah-Washington County CETA</u>	<u>10,404</u>
TOTAL	<u>\$153,286</u>

b. Funding Statement: (Briefly describe the duration of funding from each source listed above.)

All of the above sources of support are assured for FY80/81, and we have every reason to expect their continuance in the future. It is our intent to seek continual and increased community support through United Way, Churches, Foundations and Membership in the years to come.

2. Statement of Certification

The information provided herein is, to the best of my knowledge, certifiable and correct.

Authorized Signature _____ Date _____

Downtown Service District
Northwest Pilot Project, Inc.
Fiscal Year 1980-81

APPROPRIATION UNIT
LINE ITEM WORKSHEET

DT
80-81

Code	Object Title	Title III-B Information & Referral	Title III-B Case Management	OPI Case Management	General Fund Discretionary Services	Title III-B Administration
110	Full-Time Employees	11,223	9,475	4,061	16,545	
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	2,236	1,960	834	3,415	
190	Less-Labor Turnover					
100	Total Personal Services	13,459	11,435	4,895	19,960	-0-
210	Professional Services					
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies					
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education					
420	Local Travel					
430	Out-of-Town Travel					
440	Space Rental					1,868
450	Interest					
460	Refunds					
470	Retirement System Payments					
480	Miscellaneous					
510	Fleet Services					
520	Printing Services					
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services	1,717				
580	Intra-Fund Services					
590	Other Services-Internal					
200- 500	Total Materials & Services	1,717	-0-	-0-	-0-	1,868
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
000	Other					
	TOTAL	15,176	11,435	4,895	19,960	1,868

Downtown Service District
Northwest Pilot Project, Inc.
Fiscal Year 1980-1981

**APPROPRIATION UNIT
LINE ITEM WORKSHEET**

Code	Object Title	General Fund Administration	Total City Support	Required Cash Match	Total City Contract Amount	Other Resources
110	Full-Time Employees		41,304		41,304	83,404
120	Part-Time Employees			3,910	3,910	12,168
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits		8,445		8,445	
190	Less-Labor Turnover					
100	Total Personal Services	-0-	49,749	3,910	53,659	95,572
210	Professional Services					
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies					
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education					
420	Local Travel					
430	Out-of-Town Travel					
440	Space Rental	470	2,338		2,338	
450	Interest					
460	Refunds					
470	Retirement System Payments					
490	Miscellaneous					
510	Fleet Services					
520	Printing Services					
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services		1,717		1,717	
580	Intra-Fund Services					
590	Other Services-Internal					
200-500	Total Materials & Services	470	4,055	-0-	4,055	-0-
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
000	Other					
	TOTAL	470	53,804	3,910	57,714	95,572

Downtown Service District
Northwest Pilot Project
Fiscal Year 1980-81

APPROPRIATION UNIT
LINE ITEM WORKSHEET

Code	Object Title	Total Project			
110	Full-Time Employees	124,708			
120	Part-Time Employees	16,078			
130	Federal Program Enrollees				
140	Overtime				
150	Premium Pay				
170	Benefits	8,445			
190	Less-Labor Turnover				
100	Total Personal Services	149,231			
210	Professional Services				
220	Utilities				
230	Equipment Rental				
240	Repair & Maintenance				
260	Miscellaneous Services				
310	Office Supplies				
320	Operating Supplies				
330	Repair & Maint. Supplies				
340	Minor Equipment & Tools				
360	Clothing & Uniforms				
380	Other Commodities--External				
410	Education				
420	Local Travel				
430	Out-of-Town Travel				
440	Space Rental	2,338			
450	Interest				
460	Refunds				
470	Retirement System Payments				
490	Miscellaneous				
510	Fleet Services				
520	Printing Services				
530	Distribution Services				
540	Electronic Services				
550	Data Processing Services				
560	Insurance				
570	Telephone Services	1,717			
580	Intra-Fund Services				
590	Other Services--Internal				
200-500	Total Materials & Services	4,055			
610	Land				
620	Buildings				
630	Improvements				
640	Furniture & Equipment				
600	Total Capital Outlay				
700	Other				
	TOTAL	153,286			

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE May 12, 1980

PROJECT NO. _____

PROJECT TITLE NORTHWEST PILOT PROJECT, INC. DOWNTOWN AGING SERVICES DISTRICT
INFORMATION AND REFERRAL

To extent possible, use format indicated below.

Title III-B

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
570	Telephone Services 143.08 x 12	1,717	1,717

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE 6/12/80

PROJECT NO. _____

PROJECT TITLE Northwest Pilot Project, Inc. - Downtown Service District

Administration

Title III-B

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
440	Space Rental \$194.83 x 9.59 mos.	1,868	1,868

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE 6/12/80

PROJECT NO. _____

PROJECT TITLE Northwest Pilot Project, Inc. - Downtown Service District

Administration

General Fund

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
440	Space Rental \$194.83 x 2.41 mos.	470	470

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE 6/12/80

PROJECT NO. _____

PROJECT TITLE Northwest Pilot Project, Inc. - Downtown Service District

Total City Support/Contract Amount

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
440	Space Rental \$194.83 x 12 mos.	2,338	2,338
570	Telephone Services \$143.08 x 12 mos.	1,717	1,717

EXHIBIT C
REQUIRED REPORTING FORMS
AND
PROCEDURES

OPEN ACCESS SERVICES for the MONTH of _____
(Downtown District Center)A. Information and Referral

	<u>this month</u>	<u>YTD</u>
1. Number of simple information requests	_____	_____
2. Number of complex information requests	_____	_____
3. Number of simple referrals	_____	_____
4. Number of complex referrals	_____	_____

B. Crisis Counseling

1. Number of individuals counseled	_____	_____
2. Number of new individuals counseled	_____	_____

Completed or Reviewed By _____

CODES: Client ServicesHousing

- 11 - Housing location
- 12 - Moving assistance
- 13 - Subsidized housing
- 14 - Major home repair
- 15 - Minor home repair (construction)
- 16 - Minor home repair (maintenance)
- 17 - Yard work
- 18 - Winterization
- 19 - Home security

Social Contact

- 21 - Friendly visiting
- 22 - Telephone reassurance
- 23 - Volunteer opportunities
- 24 - Education
- 25 - Recreation
- 26 - Escorted Group Activity

Information/Service Utilization

- 31 - Information
- 32 - Outreach
- 33 -
- 34 - Pre-retirement counseling
- 35 - Discretionary Service Units
- 36 - Escort
- 37 - Advocacy
- 38 - Scheduling
- 39 - Personal business

Income

- 41 - Emergency assistance
- 42 - Assistance in applying for government financial programs
- 43 - Adjustment of government benefits
- 44 - Financial assistance (other)
- 45 - Employment
- 46 - Subsidized employment
- 47 - Discounts/rebates

Transportation

- 51 - Transpo for housing
- 52 - Transpo for social contact
- 53 - Transpo for information/service utilization
- 54 - Transpo for income
- 55 - Transpo for congregate dining
- 56 - Transpo for shopping
- 57 - Transpo for protective/legal
- 58 - Transpo for work/school
- 59 - Transpo for health

In-home Assistance

- 61 - Housekeeper
- 62 - Housekeeper (MFS Only)
- 63 - Homemaker
- 64 - Homemaker Level I (MFS only)
- 65 - Homemaker Level II (MFS only)
- 66 - Home health care
- 67 - Personal care assistance

Protective/Legal

- 71 - Legal assistance
- 72 - Legal education
- 73 - Arrangement of guardianship/conservatorship
- 74 - Arrangement for protective living
- 75 - Money management
- 76 - Supportive counseling
- 77 - Nursing home placement
- 78 - Crisis Counseling
- 79 - Hours (PS only)

Nutrition

- 81 - Home delivered meals
- 82 - Congregate meals
- 83 - Nutrition counseling/education
- 84 - Food buying
- 85 - Shopping assistance (food)
- 86 - Food growing
- 87 - Meal preparation

Health

- 91 - Health screening
- 92 - Health education (diabetic clinic, etc.)
- 93 - Medical equipment
- 94 - Physical/occupational therapy
- 95 - Mental health services
- 96 - Detoxification
- 97 - Dental care
- 98 - Physician/out-patient care
- 99 - In-patient care, (hospital, etc.)
- 01 - Podiatry care
- 02 - Eye care
- 03 - Adult day care
- 04 - Hearing and speech

AREA AGENCY ON AGING
CLIENT REPRESENTATIVE
RECEIPT

PART A

Describe task to be performed/items to be purchased/bill to be paid:

Store or place of business:

Amount of funds:

Check \$ _____

Cash \$ _____

Agreed, the above is correct information

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

(Agency's Copy)

AREA AGENCY ON AGING
CLIENT REPRESENTATIVE
RECEIPT

PART A

Describe task to be performed/items to be purchased/bill to be paid:

Store or place of business:

Amount of funds:

Check \$ _____

Cash \$ _____

Agreed, the above is correct information

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

(Client's Copy)

PART B

Describe items purchased, or bill paid:

Store or place of business:

Amount of funds returned to client:

\$ _____

Agreed the above is correct information.

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

PART B

Describe items purchased, or bill paid:

Store or place of business:

Amount of funds returned to client:

\$ _____

Agreed the above is correct information.

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

INFORMATION TALLY SHEET

AAA 211 (Revised 6/79)

Completed by: _____

Month _____

TYPE OF CONTACT

Phone:	Walk-in:	Other:	Total:
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TYPE OF SERVICE PROVIDED

Info/simple:	Info/complex:	Other:
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SOURCE OF CONTACT

Self:	Spouse:	Friend/Relative:	Agency:	Other:
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Disposition of Request

Subject of Request	Information Only	Center Service	Other Agency	Unable to Help	TOTAL
Using Location					
Repair/Maint					
Card Work					
Social Friendly V./TR					
Ed/Rec					
Vol Act.					
Info/SU Emergency					
Income Maint					
Case Mngt					
Tran. Special Trans					
Escort					
In-Home Live-in					
Housekeeper					
Homemaker					
Prot/L Protective Serv					
Legal Assist.					
Nut. Meal Prep/mow					
Shopping Asst.					
Health Medical Care					
Dental					
Other					
TOTAL					

REQUEST FOR WAIVER

1. _____
Name of Agency requesting waiver

2. Type of request 3. Criteria to be waived

New
 Review

4. _____
Name of Client

5. _____
CTS Case Number

6. Briefly describe the situation.
(Attach a copy of the latest 101 & 102)

Income OPI Guidelines
 AAA Guidelines

Age Living Arrangement

Other Agency Other _____
Specify

7. Resources Investigated

Services Requested

Outcome

_____	_____
_____	_____
_____	_____

8. _____ Date _____ 9. _____ Date _____
Signature of Counselor Signature of Signature

----- DO NOT WRITE BELOW THIS LINE -----

10. Request is: Approved AAA OPI
Temporarily Approved AAA OPI _____ Date _____
Denied AAA OPI

11. Comments:

Signature of Reviewer Date

Contract Agency _____

Social Services Division
 Accounting Unit
 522 SW Fifth Ave., 8th Fl. Yeon Bldg.
 Portland, Oregon 97204
 Phone: 248-4752

Address _____

City _____ State _____

Contract # _____ Contract Period: From _____ To _____

Funding Source _____ Service Category _____

Advance Received _____ Reimbursement Request for _____ month & year

CODE	OBJECT TITLE	CURRENT PERIOD REQUEST	YEAR TO DATE REQUEST	CURRENT BUDGET	BALANCE
110	Full-Time Employees				
120	Part-Time Employees				
170	Benefits				
100	Total Personnel Services				
210	Professional Services				
220	Utilities				
230	Equipment Rental				
240	Repair and Maintenance				
260	Miscellaneous Services				
310	Office Supplies				
320	Operating Supplies				
330	Repair and Maint. Supplies				
340	Minor Equipment and Tools				
380	Other Commodities-External				
410	Education				
420	Local Travel				
430	Out-of-Town Travel				
440	Space Rental				
490	Miscellaneous				
520	Printing Services				
550	Data Processing Services				
560	Insurance				
570	Telephone Services				
590	Other Services-Internal				
	Others, Specify Below				
200	Total Materials & Services				
500					
620	Buildings				
630	Improvements				
640	Furniture & Equipment				
600					
	TOTAL				

ATTACH TO THIS INVOICE:
 1. Supporting documentation for all costs or expenditures grouped by expenditure object category. (Attach adding machine tape to each group of supporting documents.)
 INVOICE & SUPPORTING DOCUMENTS ARE TO BE SUBMITTED TO THE CITY NO LATER THAN THE FIFTEENTH WORKING DAY FOLLOWING MONTH END.

I certify that the information pertaining to this request is true and complete to the best of my knowledge

Signed _____ Date Signed _____
 Title _____ Phone _____

CITY OF PORTLAND/HUMAN RESOURCES BUREAU
SOCIAL SERVICES DIVISION
CONTRACT REIMBURSEMENT PROCEDURES

1. Reports are due monthly on the fifteenth (15th) working day following the end of the month. Reimbursement request shall be mailed directly to the Accounting Unit:

Human Resources Bureau
 Social Services Division
 Accounting Unit
 522 S.W. Fifth Ave., 8th Floor
 Yeon Building
 Portland, Oregon 97204

2. Reports not received by the deadline shall not be processed until the next month. This will result in a delay in payment.
3. City forms must be used. If additional forms are needed, please contact the Accounting Unit (248-4752).
4. Materials to be submitted each month are as follows:
- a) A separate Reimbursement Request Form for each funding source and each service category requiring City reimbursement as included in the approved contract budget.
 - e.g. -- I & R -- III-B
 - Admin. -- OPI
 - Admin. -- General Fund
 - Meals -- III-C-1
 - General Fund
 - Other
 - b) A Reimbursement Request Form for Required Match, as included in the approved budget.
 - c) A Reimbursement Form showing Project Income/Contributions collected.
 - d) A Reimbursement Form showing total City reimbursement.
 - e) Supporting documentation showing proof of payment (attached to respective Reimbursement Request Forms). This may include:
 - copies of checks
 - copies of bills
 - payroll register
 - etc.
5. Supporting documentation is to be attached to each request form, including the Required Match (copies of documentation are not necessary for the Total City Reimbursement).

For each request form, documentation is to be grouped by line item. (Attach adding machine tape to each group of supporting documents.)

Please Note: For purposes of fiscal reporting, Match included in the contract requires the same documentation as City Support requested.

6. If a piece of documentation is applicable to more than one funding source (or match), write on the supporting documentation how much is to be applied to each funding source/service category.
7. The "indirect cost" line item may be used to cover any costs incurred in support of the services included in the contract. Documentation/proof of payment must be submitted for each reimbursement requested.
8. Grant or Agency policy requires that expenditures be reported in dollars and cents. *DO NOT ROUND TO THE NEAREST DOLLAR!*
9. Reimbursement requests must be typed or written in ink.
10. Reimbursement Request Forms must be signed in ink by an authorized person designated by the Agency. Each agency must submit to the City the names of all persons authorized to sign these reports. The Agency is responsible for notifying the City in writing of any changes in authorized signatures.
11. The reimbursement request must be made against the current authorized contract. Each agency is responsible for notifying appropriate personnel of budget changes.
12. Incomplete or incorrect Reimbursement Request Forms will be returned to the Contractor for completion or correction.
13. Match expenditures will be analyzed quarterly as part of the monitoring procedures. Corrective action plans will be developed if necessary to assure contract compliance.

Corrective action may include: withholding of funds, suspension, or termination of the contract.

If match is not produced in accordance with the approved contract by the third (3rd) quarter of the budget year, the City will reduce its contribution to maintain the established ratio of shared costs. (For AAA District Centers, this ratio is a minimum of 90/10 City/Agency share for Discretionary Services. For other contracts, the level of required match has been negotiated.)

14. Upon receipt of completed reimbursement forms, the Accounting Unit staff reviews the request for accuracy and compliance with the approved budget, prepares payment authorization, and submits the reimbursement package to the Program staff.
15. Program Staff reviews the package and signs off, if request complies with regard to appropriate service delivery. Reimbursement request will be held until Program reports are received.
16. Principal Accountant reviews the package, approves payment, and forwards the package to Accounts Payable at City Hall.

17. Accounts Payable reviews the package, approves payment, and processes the package for the computer to fill out the warrant (check). Computer runs are made every Tuesday and Thursday evenings.
18. Checks are returned to Accounts Payable for verification of computer run.
19. The computer run is forwarded to the Auditor's Office for auditing and release (mailing) of the warrant.
20. Total estimated turnaround time is two weeks from the time a completed package leaves the Human Resources Bureau. HRB staff can usually complete its work within two days, if the requests are complete and correct, and program reports have been received.
21. In the event of an emergency or other unusual circumstances, as approved by the Principal Accountant, a manual warrant may be issued within 72 hours. A manual warrant process will not be utilized on a regular basis.

We hope that these procedures will clarify what is expected of Agency staff in the filling out and processing of these documents. If you have any questions or need further information, please feel free to call the Accounting Unit or Social Services Contract Management staff at 248-4752.

PORTLAND HUMAN RESOURCES BUREAU
SOCIAL SERVICES DIVISION

PROCEDURES FOR CONTRACT MODIFICATIONS

WHY?

Contract modifications are required in the following situations:

- change in total contract amount (increase or decrease)
- changes in staff salaries
- changes in staff positions to be supported through the contract
- changes in line item budget
- changes in number or type of services to be provided
- other substantial changes

HOW?

Contracts may be modified in 3 ways:

- ordinance-authorized by City Council
- contract change order-approval by Social Services Manager , Human Resources Bureau Executive Director, and Commissioner-in-Charge
- initial-by both parties

<u>Type of Change</u>	<u>Modification Procedure</u>
Total funds increase/decrease	Ordinance
Total same line item changes	Change Order
Staff salary	Change Order
Staff position	Change Order
Service Objectives	Change Order
General/special conditions	Ordinance/change order
Other substantial changes	Ordinance/change order
Clerical errors	Initial by both parties

PROCEDURE:

A. Initiated by City:

1. The City shall inform the Contractor in writing what and why changes are required, what information (if any) is needed from the Contractor to make such changes and what modification procedures will be utilized.

2. City staff shall be responsible for obtaining necessary materials from the Contractor or shall prepare revised materials (to include revised contract or project applications pages) and amendment form, as necessary.
3. Contractor shall review material and indicate approval formally or informally.
4. If an Ordinance is required:
 - City staff shall prepare and file Ordinance
 - City shall notify Contractor of action on Ordinance
 - If authorized by City Council, Contractor shall sign three (3) copies of amendment (if not already signed) and return to designated City office
 - City staff shall obtain necessary City signatures
 - Amendment goes into effect when both parties have signed and the changes are documented in the City Auditor's Office
 - Fully signed copy shall be returned to the Contractor
5. If change order procedure is utilized:
 - City staff shall prepare change order
 - Program Staff, Accountant, Division Manager , HRB Executive Director, and Commissioner-in-Charge shall review and indicate approval
 - Contractor shall sign Amendment and return to City
 - Amendment goes into effect when City and Contractor signatures are obtained

B. Initiated by Contractor:

1. Contractor shall submit a letter to the Unit Director requesting modification. This letter should contain the following information:
 - a. Specific changes desired (e.g. increase printing by \$500, decrease local travel by \$200 and decrease office supplies by \$300).
 - b. Reason or need for changes (e.g. the newsletter mailing list has doubled so more copies are printed; counselors are carpooling in an effort to save gasoline).
 - c. Statement regarding how these changes will affect the provision of services (e.g. line item changes are more consistent with actual spending patterns and services will continue to be delivered as specified in the contract).

2. The Contractor shall prepare revised project application pages as follows:

a. BUDGET CHANGES

(1) Budget Worksheet

The budget worksheet must include the following columns for each funding source to be modified:

current
+ or -
revised

If the contract includes a funding source which is not to be modified, a column must be included for this current breakdown.

If the contract includes more than one funding source, the budget worksheet must also include columns for the following:

current total
total + or - (omit if only 1 funding
revised total source changes)

The budget worksheet must include the name of the contract agency and the contract number in the upper left hand corner.

The budget worksheet must include the date of the revision in the lower right hand corner (this date should correspond with the date of the letter requesting the modification).

(SEE SAMPLE)

(2) Budget Justification Sheets

A full set of original budget justification sheets must be submitted, showing the total justification as revised. It is not necessary to show + or - on the justification sheets.

The budget justification forms should be consistent with the budget worksheet columns for the revised funding for each source and for the revised total.

Even if a budget justification sheet does not change, a new original must be prepared (e.g. pink sheet, typed original) to meet the contract requirements of the City Auditor's office.

Each budget justification sheet must be completed in full:

DATE - date of revision request (put this new date even if no changes were made on a particular page.

PROJECT NUMBER - contract number assigned by the City.

PROJECT TITLE - name of agency and service (if there are multiple contracts with the Human Resources Bureau e.g. PACT Senior Service Center).

(3) Miscellaneous Comments on Budget Changes

All changes shown on the budget worksheet or the budget justification pages should be addressed in the letter requesting the modification.

A modification is not required for any line item changes in materials and services in which that line will not be over-expended by 5% of the line item or \$1,000, whichever is less. Formal modification is not required for lines which will be underexpended.

e.g., if line 420 in the contract is \$1,000 and if there is an expected overspending of \$48, a contract modification is not required because \$48 is less than 5% of \$1,000.

If this \$48 will come from line 310 office supplies, no change is required because you will simply underspend line 310 by \$48.

Any changes in staff positions (increase in salary, change in % of time or number of months on project) requires a modification. A modification is not necessary if an individual is being paid at a lower rate of pay for a given position.

If an authorized position is to be filled by a different person, please notify the City accountant to assist in speedy processing of your invoices. A contract modification is not required.

b. SERVICE CHANGES

- (1) OBJECTIVES - (Project Narratives, Section 3)
A revised objective section should be submitted showing the revised number or type of services to be provided or the revised period in which services will be provided.

(The need for these changes and the impact should be discussed in the letter requesting the modification).

- (2) ACTIVITIES - (Project Narrative, Section 4)

Revised activities pages must be submitted only if changes are made. These activity pages will be used as a basis for monitoring the provision of services, so they should reflect current practices and procedures.

c. OTHER PROGRAM OR MANAGEMENT CHANGES

Other program or management changes will be handled on a case by case basis. Consult the City Staff responsible for contract development for specific requirements.

3. Contractor shall submit letter and revised pages as described above to Human Resources Bureau Unit Director.
4. Social Service Unit staff shall review the request for completeness and impact and shall make a determination about which modification procedure shall be utilized.
 - a. If Unit Staff supports the requested change and if an Ordinance is required, City Staff shall prepare the contract amendment prepare the ordinance and complete the regular Human Resources Bureau ordinance review process. If authorized by City Council, the Contractor shall sign 3 official copies and return to the City for City signatures and processing. A signed copy will be returned to the Contractor.
 - b. If unit staff supports the request and if a change order is to be used, City staff shall prepare the change order.

The contract change order along with the letter of request and modified pages shall be submitted for review and approval to our Accountant, Manager of Social Services, Human Resources Bureau Executive Director and the Commissioner-in-Charge.

If approved, the original change order shall be filed in the City Auditor's Office. Copies shall be provided to the Contractor, the Fiscal Unit and the responsible Program Unit.

The Contract change order becomes effective when all City signatures have been obtained.

- c. If Unit Staff does not support the request, the Contractor shall be notified. The request may be denied or additional information or documentation may be requested.

SCHEDULE OF MODIFICATIONS

Contract modifications will be accepted within 30 days of receipt of completed quarterly progress reports or at other times as directed or approved by the responsible Program Unit.

AGREEMENT AMENDING CONTRACT #18196

This agreement is entered into between the City of Portland, Oregon, and Friendly House, Inc., Contractor.

The parties have previously executed a contract providing for district senior center services of information, referral, case management and support services for the elderly in Portland/Multnomah County for the period September 1, 1979 through June 30, 1983, which contract is known as Contract #18196. The contract shall now be amended by the addition of a budget in the amount not to exceed \$53,947 and the addition of new objectives, to continue district senior center services, during the period July 1, 1980 through June 30, 1981.

The parties, therefore, agree that Contract #18196 is amended as follows:

- (1) The budget is amended by the addition of funds as follows, to be expended during the period July 1, 1980 through June 30, 1981, similar in form to Appendix I.

<u>Service Components</u>	<u>Funding Source</u>	<u>Amount</u>
Information & Referral	Title III-B	\$15,197
Case Management	Title III-B	\$11,642
Case Management	OPI	\$ 4,911
Discretionary Services	General Fund	\$16,803
Administration	General Fund	\$ 5,394
<u>Match</u> \$2,466	TOTAL CITY SUPPORT	\$53,947

- (2) Objectives are amended under this agreement for the period July 1, 1980 through June 30, 1981, similar in form to Appendix I.
- (3) Terms and conditions are deleted, added, and modified as shown in Appendix I.
- (4) The total compensation for the period July 1, 1980 through June 30, 1981 shall not exceed \$53,947; an advance shall be made to cover the cost of the Contractor's initial expenses for operation, not to exceed the sum of \$8,991, upon receipt of a written request from the Contractor.
- (5) Required reporting forms as shown in Appendix I shall be utilized for reporting services provided under this contract.

(6) These changes are incorporated in Contract #18196, similar in form to Appendix I.

Dated this _____ day of _____, 1980

Approved as to Content

CONTRACTOR

Erma E. H. Plush
Executive Director
Human Resources Bureau

Title _____

Date _____

Approved as to Form

CITY OF PORTLAND

City Attorney

By _____
Commissioner-in-Charge

Date _____

By _____
Auditor

Date _____

MODIFIED TERMS AND CONDITIONS

AS OF

JULY 1, 1980

TERMS AND CONDITIONS

The following terms and conditions are omitted:

III. AGREED/CONTRACTOR:

1. Contractor shall have met all objectives stated in the project application (Refer to Exhibit "A") by June 30, 1980.
10. The Contractor shall develop and implement plans to comply with additional requirements relating to the operations of the Portland/Multnomah Area Agency on Aging Service System which may be established as part of approved federal regulations under Title III of the Older Americans Act of 1965, as amended, in accordance with a transition schedule which shall be established by the City within 30 days of receipt by the City of such additional requirements.
24. The Contractor agrees to work with the Area Agency on Aging in the development and implementation of a suggested contribution schedule for services provided under this contract by November 1, 1979.
25. The Contractor shall, beginning November 1, 1979, provide to each older person who receives a service provided through this contract (a) information about the cost of the service, and (b) an opportunity to contribute toward part or all of the cost of the service, in accordance with a suggested contribution schedule to be developed by the Area Agency on Aging by October 1, 1979. The Contractor shall further assure:
 - (a) that each older person is informed of his or her right to determine freely whatever or not to contribute and how much;
 - (b) that there shall be no pressure or appearance of pressure upon an older person to contribute;
 - (c) that the privacy of each older person with regard to contributions for services shall be protected.
26. The Contractor shall employ appropriate safeguards and procedures to account for all contributions from consumers for services provided and shall use all such contributions which are received to expand services for older persons, in accordance with policies and procedures to be established by the City by October 1, 1979.
30. The Contractor shall participate in an interagency coordinating committee established by the Area Agency on Aging for the purpose of assisting the Area Agency on Aging in fostering the development of a comprehensive and coordinated service delivery system as may be established as part of approved federal regulations under Title III of the Older Americans Act of 1965, as amended.

Terms and conditions to be omitted continued:

IV. AGREED/CITY:

6. The City shall establish, in consultation with the Contractor, a transition schedule regarding compliance with the additional requirements which may be established as part of approved federal regulations under Title III of the Older Americans Act of 1965, as amended, within 30 days of receipt by the City of such additional requirements.
7. The City shall develop in consultation with the Contractor, a suggested contribution schedule for services provided through this contract by September 1, 1979.

GENERAL CONDITIONS

18. Upon termination of any employee performing services under the contract, only vacation time accrued during the period covered by the contract shall be an allowable reimbursement.

COMPENSATION - METHOD OF PAYMENT:

2. An advance shall be made to cover the cost of the Contractors initial expenses for operation, not to exceed the sum of \$8,333 upon receipt of a written request from the Contractor.

The following terms and conditions are modified to read as follows:

III. AGREED/CONTRACTOR:

14. The Contractor shall complete the client tracking system forms for all clients accepted for case management services, which includes the client information form, the needs assessment form and the client service form, to be submitted to the City by 3:00 PM on the 5th working day of each month.
17. The Contractor shall serve all eligible clients within their boundaries and shall not solicit clients outside those boundaries. If the client wishes to be served by a contractor from another district, the situation will be documented and a letter of agreement signed on the transfer of the client between the two contractors. A request for waiver shall be submitted prior to transfer.
19. The Contractor shall give preference in the delivery of services to older persons with the greatest economic or social need in accordance with priorities and definitions provided by the City. The methods for giving preference may not include use of a means test.
22. The Contractor shall, in the event resources are not available to provide a service, document the situation, inform the person of the problem and place the person on a waiting list, prioritizing clients relative to those in greatest need of said services. Documentation shall be submitted quarterly to the City.
32. Contractor shall submit to the City copies of all requests for Federal, state or local grants that affect the services provided under this contract prior to submitting the request to the funding source.

Terms and conditions to be modified continued:

33. The Contractor assures that Federal funds under this contract are not used to replace funds from non-Federal sources and agrees to continue or to initiate efforts to obtain support from private sources and other public organizations for services funded through this contract.

IV. AGREED/CITY

10. City shall process monthly reimbursement requests and contract amendments in a timely manner.

GENERAL CONDITIONS:

8. All items with a purchase price of one hundred dollars (\$100) or more hereunder shall be purchased in the name of the City. Such purchases shall be for cash and not include any credit terms, and shall be reported to the City within ten (10) days (refer to Exhibit C), tagged by the City, included in the City's Property Control, and shall be the property of the City. Contractor shall maintain an acceptable and current log of this property and property acquired under previous contracts with the City. All non-expendable items shall be returned to the City within ten (10) days after the contract has terminated.
9. Contractor shall also maintain a current and acceptable log of all non-consumable supplies purchased under this contract. Non-consumable means items with a minimum value of \$25.00 per item and a maximum value of \$99.99 per item purchased under this contract. All such items shall also be returned to the City within ten (10) days after the contract has terminated.
13. Contractor shall maintain for a minimum of three (3) years all fiscal and program reports, including statistical records, and shall provide these reports at times and in the form prescribed by the City. In the event of dissolution of the corporation within the specified time, said records shall be turned over to the City Auditor.
17. Compensatory time accrued by any employee performing services under this contract shall be taken within the budget period to be charged as a contract cost. Time not taken within this period shall become the sole risk and expense of the Contractor. This condition only applies if compensatory time is indicated in the Contractor's approved Personnel Policies and Procedures.

COMPENSATION - METHOD OF PAYMENT:

3. The additional amounts due after the initial advance shall be reimbursed upon receipt of the required ACCOUNTING REPORT FORMS (refer to Exhibit C), the original with appropriate documentation attached. All reimbursement documents shall be received by the fifteenth (15th) working day of each month. Reimbursements not received by the specified time shall be delayed and processed for payment the following month, or may result in termination of the contract. Payments shall also be held if the required program reports are not received by the specified time.

Terms and conditions to be modified continued:

- 4. All payments made pursuant to this contract are subject to post audit. The City shall perform spot audits at their discretion any time during the contract period. Contract costs disallowed by the City shall be the sole responsibility of the Contractor. If a contract cost is disallowed after reimbursement has occurred, the Contractor shall promptly repay the City.
- 7. Budget amendments shall not be accepted during the last quarter of the budget period (April 1 through June 30).
- 8. All final reimbursement documents shall be received within forty-five (45) days following the end of the budget period. Final reimbursement documents not received within the specified time period shall not be processed, and the expense shall be the sole responsibility of the Contractor.

TERMINATION:

- 1. This contract may be terminated by either party at any time by giving a thirty (30) day advance notice by certified mail for failure or refusal of the other to perform faithfully the contract according to its terms.

The following terms and conditions are added:

III. AGREED/CONTRACTOR

- 34. Contractor shall, by June 30, 1981, meet all goals and objectives stated in the "Project Narrative" (Exhibit A, hereby incorporated by reference).
- 35. Contractor shall ensure that no portion of this contract shall in any way discriminate against, deny benefits to, deny employment to, or exclude from participation any persons on the grounds of race, color, national origin, religion, age, sex, handicap, marital status, sexual preference, political affiliation or belief; and that it shall target these services to those most in need.
- 36. Contractor shall provide a minimum 10% cash match to discretionary services (\$2,466) as approved in the budget (refer to Exhibit B). Failure to meet this requirement shall result in a reduction of budget or termination of contract.
- 37. Contractor shall retain client records for a minimum of five years and shall make said documents available at all reasonable times to the City, or its duly authorized representative, for evaluation through inspection of the quality, appropriateness, and timeliness of services.
- 38. Contractor shall use the standardized forms provided by the City for reporting purposes (Exhibit C, hereby incorporated by reference). If additional forms are deemed necessary, said forms shall be developed through negotiation.

Terms and conditions to be added continued:

39. Required program reports shall be submitted by 3:00 PM of the 5th working day of each month. Reports shall be completed accurately in conformance with the guidelines and monitoring directions provided by the City. Program reports which are not received by the time specified shall result in delayed reimbursement.

40. Contractor shall submit to the City a final "Director's Narrative Report" within forty-five (45) days of the conclusion of the Project covered by this contract. The report should identify problems, corrective action taken, requests for technical assistance, any plans for seeking/securing other resources, and any concerns relative to the City's performance.

41. The Contractor must:

- (1) provide each older person with a free and voluntary opportunity to contribute to the cost of the service;
- (2) Protect the privacy of each older person with respect to his/her contribution;
- (3) establish appropriate procedures to safeguard and account for all contributions; and
- (4) use all contributions to expand the services of the Contractor under this section.

The Contractor further:

- (5) may develop a suggested contribution schedule for services provided under this section. In developing a contribution schedule, the Contractor must consider the income ranges of older persons in the community, and the Contractor's other sources of income;
- (6) must assure that no older person is denied a service because the older person will not or cannot contribute to the cost of the service; and
- (7) must assure that contributions made by older persons are considered program income.

42. Contractor agrees to comply with Oregon Project Independence Administrative Rules for services funded under Oregon Project Independence and to utilize the established fee schedule and other policies and procedures established by the City for the implementation of Oregon Project Independence requirements.

Terms and conditions to be added continued:

GENERAL CONDITIONS:

19. Contractor shall provide proof of its timely payment of withholding taxes, unemployment taxes, and SAIF.
20. Upon termination (cash out) of any employee performing services under this contract, a maximum of two weeks accrued vacation time shall be an allowable reimbursement cost. Time in excess of the two weeks maximum shall be the sole responsibility of the Contractor.
21. It is expressly understood and agreed by both parties hereto that the City is contracting with the Contractor as an Independent Contractor and that the Contractor, as such, agrees to hold the City harmless and to indemnify it from and against any and all claims, demands, and causes of action of every kind and character which may be asserted by any third party arising out of, or in connection with, the services to be performed by the Contractor under this contract.

COMPENSATION - METHOD OF PAYMENT:

9. Advances shall be recovered against expenditures in accordance with an established schedule developed and distributed by the City.
10. The Contractor agrees that a request for modification which results in a reduction in the number or type of services may result in a reduction of funds available from the City under this contract.

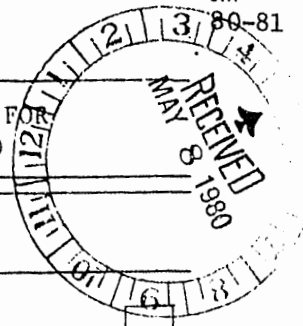
TERMINATION:

3. Nothing in this contract shall be construed to limit the City's legal contract remedies including, but not limited to, the right to sue for damages or specific performance should the Contractor materially violate any of the terms of this contract.

MODIFIED PROJECT NARRATIVE
AS OF
JULY 1, 1980

PROJECT APPLICATION SHEET

NW 80-81



CITY OF PORTLAND HUMAN RESOURCES BUREAU	APPLICATION FOR PROJECT FUND
1. Short Title of Project: (Do not exceed one typed line) <u>Northwest District Services</u>	
2. Type of Application (Check One) New Project <input type="checkbox"/> Continuing Project <input checked="" type="checkbox"/> Revision of Cont. Proj. <input type="checkbox"/>	
3. Responsible HRB Division <u>Social Services Division</u>	4. Contract Period From <u>9-1-79</u> to <u>6-30-83</u>
5. Budget Period From <u>7-1-80</u> to <u>6-30-81</u>	6. City Support Requested \$ <u>53,947</u>
7. Applicant Agency (Name, address & telephone) <u>Friendly House, Inc. 2617 N.W. Savier St. Portland, Oregon 97210 (503) 228-4391</u>	8. Project Director (Name, address & telephone) <u>Nancy Wood Center Coordinator 1819 N.W. Everett Portland, Oregon 97209 224-2640</u>
9. Financial Officer (Name, address & telephone) <u>Hazel Sherwood, Assistant Director 2617 N.W. Savier St. Portland, Oregon 97210 228-4391</u>	10. Official Authorized to Bind Agency (Name, address & telephone) <u>Robert J. Denton, Executive Director Friendly House, Inc. 2617 N.W. Savier St. Portland, Oregon 97210 228-4391</u>

11. Project Summary: Summarize, in approximately 200 words, the project plan presented in application, briefly covering project goals, objectives, strategy, target population and administration.

Friendly House Senior Center is a neighborhood-based program for older adults who are at risk of being inappropriately institutionalized. It is a program of Friendly House, Inc., supported by the City, United Way, churches and private donations. The service area (NW) includes the northwest part of Portland, generally west of 16th and north of Burnside, where the concentration of low-income elderly is very high.

Case management services arrange for emergency transportation, financial assistance, information and referral, friendly visitation, telephone reassurance, escort, shopping and volunteer opportunities directed toward the overall goal of maintaining independent living situations for elderly persons in the Northwest Aging Services District.

Our Information and Referral Specialist is a trained Community Service Advocate. She helps with housing location, Tri-Met Honored Citizen registration, coordinates transportation; gives assistance with tax forms; makes referrals for housekeeper, moving and dental work.

The above services are provided by two full-time case management counselors, one full-time information and referral specialist, one part-time center coordinator and numerous volunteers.

3. Statement of Objectives and Productivity Indicators: (Set forth, in measurable, timebound statements the desired results of program operations. For each objective listed, state the productivity indicator, or unit of measurement, by which the objective can be evaluated.)

Objectives:	Productivity Indicators:
1. maintain effective management of services provided for the elderly in the Northwest Aging Service District through the accomplishment of activities listed in section 4 during the period 7/1/80-6/30/81.	# and dates of activities listed in section 4 accomplished.
2. Increase knowledge of services and resources for elderly residents by providing information (simple)* and information (complex)* services in response to 1,764 requests for information and assistance during the period 7/1/80-6/30/81.	# of information (simple) services provided. # of information (complex) services provided.
3. Increase access to needed services among elderly residents through the provision of referral (simple)* and referral (complex)* services in response to 384 requests for assistance during the period 7/1/80-6/30/81.	# of referral (simple) services provided. # of referral (complex) services provided.
4. Maintain access to needed services for elderly residents by providing case management for 147 different individuals who meet the established needs criteria, with an average monthly caseload of 83 clients in Level I and 28 clients in Level II during the period 7/1/80-6/30/81.	# of different persons with a case plan # of different persons with overdue reassessments. # of persons served in Level I. # of persons served in Level II.
<p>*Provision of information and referral services is to be in accordance with definitions and standards published May, 1978 by the National Alliance of Information and Referral Services (AIRS).</p>	

- 4
3. Statement of Objectives and Productivity Indicators: (Set forth, in measurable, timebounded statements the desired results of program operations. For each objective listed, state the productivity indicator, or unit of measurement, by which the objective can be evaluated.)

Objectives:	Productivity Indicators:
5. To reduce social isolation among elderly residents by providing telephone reassurance to 20 different socially isolated individuals, 2 per week to 10 people monthly, during the period 7/1/80-6/30/81.	a) # of unduplicated elderly persons receiving telephone reassurance calls b) # of telephone reassurance calls
6. To reduce social isolation among elderly residents by providing a total of 1,248 friendly visits to 32 individuals during the period 7/1/80-6/30/81.	a) # of unduplicated elderly persons receiving friendly visits b) # of friendly visits provided
7. To maintain access to needed services for 147 residents by providing 588 hours of consumer assistance services, to include income assistance, emergency transportation personal business, buying, shopping, and escort during the period 7/1/80-6/30/81.	a) # of unduplicated elderly persons receiving consumer assistance b) # of counselor hours used in providing consumer assistance
8. Maintain staff support to a District Advisory Committee in the planning of at least six District Advisory Committee general meetings a year during the period 7/1/80-6/30/81.	a) # of general meetings planned and held.

Objective # 1 : (Restate Objective Here)

To maintain effective management of services provided for the elderly in the Northwest Service District through the accomplishment of the activities listed in section 4, during the period 7/1/80 - 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
1-1	Provide personnel direction/supervision and training through individual and/or group staff meetings. The personnel will be Friendly House Executive Director-10% Assistant Director 10%, Center Coordinator 8%, Secretary 50%.	Ongoing	Staff hired	
1-2	Maintain individual job description and work programs for all assigned personnel (paid and volunteer).	Ongoing	Job descriptions developed	Executive Director Center Coordinator
1-3	Develop and implement upon approval by Aging Services a training plan to be provided by Friendly House Senior Center for assigned personnel (paid and volunteer)	Ongoing	Training plan submitted	Executive Director Center Coordinator
1-4	Attend such Area Agency on Aging Contractor meetings and training sessions as required.	Ongoing	Attendance recorded by AAA	Executive Director Center Coordinator
1-5	Process all Agency accounts paid out and accounts receivable, and maintain records of all budgetary transactions in accordance with General Condition VII, nos 1 thru 9	Ongoing	Agency accounts processed	Assistant Director Secretary
1-6	Property records shall be maintained on all city inventory in accordance with General Condition V, l.c., 7., 8	Ongoing	Records maintained	Secretary

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-4

Objective # 1: (Restate Objective Here)

To maintain effective management of services provided for the elderly in Northwest Service District through the accomplishment of the activities listed in section 4, during the period 7/1/80 - 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
1-7	Submit required program reports and invoices in the proper form and manner in accordance with all related special and general conditions as required.	Ongoing	Reports and invoices submitted	Center Coordinator Assistant Director Secretary

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

Objective # 2 : (Restate Objective Here)

Increase knowledge of services and resources available for elderly residents by providing information (simple)* and information (complex)* services in response to 1764 requests for information and assistance during the period 7/1/80 - 6/30/81

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
2-1	Maintain personnel to provide an information service. Personnel will be, I & R Specialist 40%, Center Coordinator 10%	Ongoing	Personnel hired, assigned duties	I & R Specialist Center Coordinator
2-2	Provide staff direction/supervision update job descriptions and work programs, develop a training program and evaluate staff as prescribed in Objective #1 for information personnel (paid and volunteer)	Ongoing	Weekly staff meetings held, job descriptions and work programs completed--training plan completed--evaluations completed.	Center Coordinator
2-3	Maintain, in conjunction with the Tri-County Community Council Resource File, an up-to-date file of services and resources available to older adults.	Ongoing	Files updated	I & R Specialist
2-4	Provide a communication center whereby individuals may inquire about and receive information on services and resources available to older adults.	Ongoing	Requests received and responses given	I & R Specialist Center Coordinator
2-5	Provide written material(s) to community agencies and individuals informing them of services and resources available to older adults	Ongoing	Community agencies and individuals	I & R Specialist Center Coordinator
2-6	Provide reports and maintain records on information services to Center Coordinator.	Monthly/ Weekly	Reports filed with Center Coordinator	I & R Specialist
2-7	Monitor information service to insure contract compliance and quality of service.	Monthly	Reports reviewed and submitted to HRB	Center Coordinator

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

Objective # 3 : (Restate Objective Here)

Increase access to needed services among elderly residents through the provision of referral (simple)* and referral (complex)* services in response to 384 requests for assistance during period 7/1/80 - 6/30/81

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
3-1	Provide personnel to provide a referral service. Personnel will be I & R Specialist 60%, Center Coordinator 10%.	Ongoing	Personnel hired and assigned to duties	I & R Specialist Center Coordinator
3-2	Provide staff direction/supervision, update job descriptions and work programs, continue a training program, evaluate staff as prescribed in Objective #1 for assigned personnel.	Ongoing	Weekly staff meetings held - job descriptions and work programs completed - training plan completed evaluations completed.	Center Coordinator
3-3	Accept referrals from agencies, individuals and other agency staff for older adults in need of referral service.	Ongoing	Referrals accepted and recorded	I & R Specialist Coordinator
3-4	Implement the referral service by making appropriate referrals to service providing agencies, including advocacy and follow-up to insure delivery.	Ongoing	Referrals made and recorded	I & R Specialist
3-5	Provide reports and maintain records on referral services to Center Coordinator	Weekly/Monthly	Reports filed with Center Coordinator	I & R Specialist
3-6	Monitor referral service to insure contract compliance and quality of service.	Monthly	Reports reviewed and submitted to HRB	Center Coordinator

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-7

Objective # 4 : (Restate Objective Here)

Maintain access to needed services for elderly residents by providing case management for 147 different individuals who meet the established criteria, with an average monthly caseload of 83 clients in Level 1 and 28 clients in Level II during period 7/1/80 - 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
4-1	Maintain personnel to provide case planning and case management services. Personnel will be, two counselors 60% each, Center Coordinator 20%.	Ongoing	Personnel assigned duties	Two Counselors Center Coordinator
4-2	Provide personnel direction/supervision, and work programs for all assigned personnel.	Ongoing	Weekly staff meetings held for all assigned personnel, work programs developed, reviewed and updated.	Center Coordinator
4-3	Accept referrals from agencies, individuals, and other agency staff for older persons in need of case planning and case management services.	Ongoing	Referrals received and recorded.	Counselors Coordinator
4-4	Perform a needs assessment and develop a case plan according to AAA standards for all limited access clients.	Ongoing	Needs assessment completed and recorded and case plans developed maintained, and on file for each limited access client.	Counselors
4-5	Provide personnel to deal with initial emergencies, coordinate services which can't be referred, and furnish occasional temporary increase in services needed due to some crisis.	Ongoing	Emergency and ongoing services arranged.	Counselors
4-6	Implement case plans by making appropriate referrals to service providing agencies, including advocacy, follow-up and inter-agency consultations to ensure delivery of services.	Ongoing	Case plans implemented, services and referrals recorded.	Counselors

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-8

Objective # 4 : (Restate Objective Here)

Maintain access to needed services for elderly residents by providing case management for 147 different individuals who meet the established needs criteria, with an average monthly caseload of 83 clients in Level I and 28 clients in Level II during period 7/1/80 - 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
4-7	Request waivers for all applications not conforming to AAA guidelines for case planning and case management.	Ongoing	Waivers completed and submitted to HRB	Counselors Center Coordinator
4-8	Conduct weekly case planning and case management staffing sessions to ensure service quality with review of case planners and/or case managers' progress on case plans for clients assigned.	Weekly	Staffing and review sessions held	Counselors Center Coordinator
4-9	Maintain case file on each client	Ongoing	File designed and updated.	Counselors/Coord.
4-10	Responsible case manager will do regular follow-up consultation to ensure quality of service delivery.	Ongoing	Case plan updated and reviewed, with follow-up consultation recorded.	Counselors
4-11	Perform a needs re-assessment on each client every 3 months or as required.	Ongoing	Client's reassessment completed and submitted to HRB	Counselors Center Coordinator
4-12	Complete client information needs assessment and client service forms on clients as required.	Ongoing	Necessary forms completed and submitted to HRB	Counselors Center Coordinator
4-13	Monitor case planning and case management activities to ensure contract compliance and quality of service.	Monthly	Reports reviewed and submitted	Center Coordinator

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-9

Objective # 5 : (Restate Objective Here)

To reduce social isolation among elderly residents by providing telephone reassurance to 20 different socially isolated individuals during FY 80/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
5-1	Maintain personnel to provide a telephone reassurance service. Personnel will be; Center Coord 5% , 2 Counselors 5% ea, 5 Volunteers 10%	Ongoing	Personnel hired and assigned	Counselors Center Coordinator Volunteers
5-2	Provide staff direction/supervision, develop job descriptions and work programs, develop a training program and evaluate staff as prescribed in Objective #1 for assigned telephone reassurance personnel (paid and volunteer)	Ongoing	Weekly staff meetings held - job descriptions and work programs completed, training plan completed, evaluations	Center Coordinator Counselors
5-3	Accept referrals from agencies, individuals and other agency staff for older adults in need of telephone reassurance service.	Ongoing	Referrals accepted and recorded	Counselors Center Coordinator
5-4	Develop a roster of those needing telephone reassurance services to include date, time, telephone number and special requirements, and assign personnel (paid and volunteer) to implement the service.	Monthly & updated as required	Roster completed, personnel assigned - calls completed and recorded	Counselors Volunteers Center Coordinator
5-5	Provide reports and maintain records on telephone reassurance services to Center Coordinator.	Weekly/ Monthly	Reports filed with Center Coord	Counselors Volunteers
5-6	Monitor telephone reassurance service to insure contract compliance and quality of service	Monthly	Reports reviewed and submitted to HRB	Center Coordinator

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-10

Objective # 6 : (Restate Objective Here)

To reduce social isolation among elderly residents by providing a total of 1,248 friendly visitation services to 26 different individuals during FY 80/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
6-1	Maintain personnel to provide a friendly visitation service. Personnel will be; Center Coord 5%, 2 counselors 5%, 10 volunteers 20%	Ongoing	Personnel hired and recruited and assigned duties	Center Coordinator Two Counselors Volunteers
6-2	Provide staff direction/supervision, update job descriptions and work programs, continue a training program and evaluate staff as prescribed in Objective #1 for assigned friendly visiting personnel (paid and volunteer)	Ongoing	Weekly staff meetings held, job descriptions and work programs completed, training plan completed, evaluations completed	Center Coordinator Counselors Volunteers
6-3	Accept referrals from agencies, individuals and other agency staff for older adults in need of friendly visitation services.	Ongoing	Referrals received and recorded	Counselors Center Coordinator
6-4	Develop a roster of those needing friendly visitation services to include date, time, address and special requirements and assign personnel (paid and volunteer) to implement service	Monthly and updated as required	Roster completed, personnel assigned, visits completed and recorded	Center Coordinator Counselors Volunteers
6-5	Provide reports and maintain records of friendly visitation services to Center Coordinator.	Weekly	Reports filed with Center Coordinator	Counselors
6-6	Monitor friendly visitation service to insure contract compliance and quality of service.	Monthly	Reports reviewed and submitted to HRB	Center Coordinator

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-11

Objective # 7: (Restate Objective Here)

To maintain access to needed services for 147 elderly residents by providing the following consumer assistance services: income assistance, emergency transportation, personal business, buying, shopping and escort during FY 80/81

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
7-1	Maintain personnel to provide consumer assistance service Personnel will be: 2 counselors 35%, Center Coordinator 10% 30 volunteers 20%	Ongoing	Personnel hired and recruited and assigned duties	Center Coordinator Counselors Volunteers
7-2	Provide staff direction/supervision update job descriptions and work programs, continue a training program and evaluate staff as prescribed in Objective #1 for assigned consumer assistance personnel (paid/volunteer)	Ongoing	Weekly staff meetings held, job descriptions and work programs completed - training plan completed evaluations completed.	Center Coordinator Counselors Volunteers
7-3	Accept referrals from agencies, individuals and other agency staff for older adults in need of consumer assistance services.	Ongoing	Referrals received and recorded	Counselors Center Coordinator
7-4	Develop a roster of those needing consumer assistance services to include date, time, address and special requirements and assign personnel (paid/volunteer) to implement the services.	Monthly and update as required	Roster completed - personnel assigned - visits completed and recorded	Center Coordinator Counselors Volunteers
7-5	Provide reports and maintain records of consumer assistance services to Center Coordinator.	Weekly/ Monthly	Reports filed with Center Coordinator	Counselors
7-6	Monitor consumer assistance services to insure contract compliance and quality of service.	Monthly	Reports reviewed and submitted to HRB	Center Coordinator

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

Objective # 8 : (Restate Objective Here)

Maintain Staff support to a District Advisory Committee in the planning of at least six District Advisory Committee general meetings a year during the period 7/1/80-6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
8-1	Maintain personnel to provide support to a District Advisory Committee. The personnel will be Program Coordinator - 5%, Volunteers - 10%	Ongoing	Personnel assigned	Program Coordinator
8-2	Provide staff direction/supervision, update job descriptions and work programs, develop a training program and evaluate staff as prescribed in Objective #1 for information personnel (paid and volunteer)	Ongoing	Meetings held with all assigned staff as appropriate; work programs developed and updated	Program Coordinator
8-3	Attend and assist in planning of meetings pertaining to District Advisory Committee business	Ongoing	Meetings held	Program Coordinator
8-4	Maintain Advisory Committee membership records	Ongoing	Membership list compiled and maintained	Program Coordinator
8-5	Assist District Advisory Committee Executive Committee with preparation and distribution of meeting notices and minutes	Ongoing	Meeting notices and minutes distributed	Program Coordinator
8-6	Monitor District Advisory Committee activities to ensure contract compliance	Monthly	Reports reviewed and submitted to HRB	Program Coordinator

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-13

6. Service Area, Target Population and Eligibility Criteria for Services:
(Describe the service area to be covered by this project and the target population for each service to be provided. Explain how each target population will be identified. State the eligibility criteria to be utilized for each service provided and the method for appeal or exception.)

Service Area: The Friendly House Center, Inc., will provide services to elderly residents in Northwest Portland in the following census tracts: 43, 45, 46.01, 47, 48, 49, 50, 69, 70, 71. Individuals residing outside the area can be served only with the express approval of the Area Agency on Aging Contract Unit (see waiver procedures) and with the knowledge and approval of the contractor for the service area in which the individual resides.

Target Population: Elderly persons, 60 years of age or older, are the general target population for services provided for any elderly resident of the service area. Case management and limited access supporting services are provided for a restricted target population. This population includes low-income persons, age 60 and older, who have age related or age intensified physical and/or mental impairments which make premature or inappropriate institutionalization more likely. Limited access services include case management, transportation, home-maker and housekeeper.

Eligibility Criteria: Information and referral services are provided to residents of Multnomah County who are age 60 and older without eligibility limitations. Eligibility for case management and other limited access services is established through a needs assessment performed by a trained staff person which determines: 1) that the individual is in need of case management (and other provided services) to sustain independent living; 2) that the individual is not eligible for those services from another agency legally responsible for their provision; 3) that the individual does not have friends or relatives able and willing to provide the services for him/her; 4) that if net income levels exceed 125% of poverty guidelines plus a 10% inflation factor (\$390/month for single persons and \$516/month for couples), fees will be arranged for in accordance with the established schedule. In exceptional circumstances and with express approval (see waiver request procedures) of the Area Agency on Aging Contracts Unit, limited access services may be provided to individuals who do not meet all of the aging criteria.

EXHIBIT B
BUDGET AND ATTACHMENTS

12
FISCAL SECTION1. Budget Summarya. Funding Recap: (List all sources of funding by amount and source.)

<u>City Support Requested</u>	<u>Amount</u>
<u>Information and Referral Title III-B</u>	<u>15,197</u>
<u>Case Management Title III-B</u>	<u>11,642</u>
<u>Case Management OPI</u>	<u>4,911</u>
<u>Discretionary - General Fund</u>	<u>16,803</u>
<u>Admission - General Fund</u>	<u>5,394</u>
Subtotal	<u>53,947</u>
Required Cash Match	<u>2,466</u>
Program Income	<u>--</u>
Subtotal	<u>56,413</u>
<u>Other Project Support</u>	
<u>United Way</u>	<u>10,000</u>
TOTAL	<u>66,413</u>

b. Funding Statement: (Briefly describe the duration of funding from each source listed above.)

Friendly House is committed to delivering quality service to seniors in northwest Portland. We will continue to designate funding to this project from our United Way income. (The agency has been a member of United Way since 1954).

2. Statement of Certification

The information provided herein is, to the best of my knowledge, certifiable and correct.

Authorized Signature _____ Date _____

Northwest District Services
Friendly House, Inc.APPROPRIATION UNIT
LINE ITEM WORKSHEET

Code	Object Title	Title III-B I & R	Title III-B Case Management	OPI Case Management	Gen. Fund Discretion- ary	Gen. Fund Adminis- tration
110	Full-Time Employees	10,800	9,441	1,607	9,040	5,394
120	Part-Time Employees	1,296		2,592	3,240	
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	2,782	2,016	897	3,184	
190	Less-Labor Turnover					
100	Total Personal Services	14,878	11,457	5,096	15,464	5,394
210	Professional Services					
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies	139			240	
320	Operating Supplies				187	
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education					
420	Local Travel				102	
430	Out-of-Town Travel					
440	Space Rental					
450	Interest					
460	Refunds					
470	Retirement System Payments					
490	Miscellaneous				360	
510	Fleet Services					
520	Printing Services					
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services	180			450	
580	Intra-Fund Services					
590	Other Services-Internal					
200- 500	Total Materials & Services	319	-0-	-0-	1,339	
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	15,197	11,457	5,096	16,803	5,394

Northwest District Services
 Friendly House, Inc.

NW
 80-81

**APPROPRIATION UNIT
 LINE ITEM WORKSHEET**

Code	Object Title	Total City Support	Required Cash Match	Total Contract Amount	Other Resources
110	Full-Time Employees	30,888		30,888	
120	Part-Time Employees	12,522		12,522	
130	Federal Program Enrollees				
140	Overtime				
150	Premium Pay				
170	Benefits	8,879		8,879	
190	Less-Labor Turnover				
100	Total Personal Services	52,289		52,289	
210	Professional Services				
220	Utilities				
230	Equipment Rental				
240	Repair & Maintenance				
260	Miscellaneous Services				
310	Office Supplies	379		379	
320	Operating Supplies	187		187	
330	Repair & Maint. Supplies				
340	Minor Equipment & Tools				
350	Clothing & Uniforms				
380	Other Commodities--External				
410	Education				
420	Local Travel	102		102	
430	Out-of-Town Travel				
440	Space Rental		2,466	2,466	
450	Interest				
460	Refunds				
470	Retirement System Payments				
490	Miscellaneous	360		360	
510	Fleet Services				
520	Printing Services				
530	Distribution Services				
540	Electronic Services				
550	Data Processing Services				
560	Insurance				
570	Telephone Services	630		630	
580	Intra-Fund Services				
590	Other Services--Internal				
200	Total Materials & Services	1,658	2,466	4,124	
610	Land				
620	Buildings				
630	Improvements				
640	Furniture & Equipment				
600	Total Capital Outlay				
700	Other				
	TOTAL	53,947	2,466	56,413	10,000

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE 5-7-80

PROJECT NO. _____

PROJECT TITLE Northwest District Services Friendly House, Inc.

To extent possible, use format indicated below.
INFORMATION & REFERRAL Title III-B

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
310	Office Supplies \$11.58 month x 12 months	139	139
570	Telephone 1 telephone @ \$15 month	180	180

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE Northwest District Services Friendly House, Inc.

Discretionary

General Fund

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
310	Office Supplies \$20 mo. x 12 mos.	240	240
320	Miscellaneous Program Supplies \$15.60 x 12 mos.	187	187
420	Transportation 50 mi. mo. @ .17 miles x 12 mos.	102	102
490	Miscellaneous Postage \$30/mo. x 12 mos.	360	360
570	Telephone 2.5 x \$15/mo. x 12 mos.	450	450

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE Northwest District Services Friendly House, Inc.

Total City Support

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
310	Office Supplies \$31.60 mo x 12 mos	379	379
320	Miscellaneous program supplies \$15.60 mo x 12 mos	187	187
420	Transportation 50 mi. mox @ .17 mi x 12 mos.	102	102
490	Miscellaneous Postage \$30/mo x 12 mos	360	360
570	Telephone 1 telephone @ \$15 mo x 12 mos 2.5 x 15 mo. x 12 mos	180 450	630

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE Northwest District Services Friendly House, Inc.

Required Cash Match

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
440	Space Rental	2,466	2,466

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE Northwest District Services Friendly House, Inc.

Total Project Amount

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
310	Office Supplies \$31.50 mo x 12 mos	379	379
320	Miscellaneous/Program Supplies \$15.50 mo x 12 mos	187	187
420	Transportation 50 mi/mo. @ .17 per mile	102	102
440	Space Rental	2,466	2,466
490	Miscellaneous Postage @ \$30/mo x 12 mos	360	360
570	Telephone 1 telephone @ \$15/mo 2.5 x \$15/mo x 12 mos.	180 450	630

EXHIBIT C
REQUIRED REPORTING FORMS
AND
PROCEDURES

OPEN ACCESS SERVICES for the MONTH of _____
(Northwest District Center)

I. Information and Referral

	<u>this month</u>	<u>YTD</u>
A. Number of simple information requests	_____	_____
B. Number of complex information requests	_____	_____
C. Number of simple referrals	_____	_____
D. Number of complex referrals	_____	_____

II. Discretionary Services

A. Telephone Reassurance (5)

1. Number of calls completed	_____	_____
2. Number of people called	_____	_____
3. Number of new people called	_____	_____

B. Friendly Visits (6)

1. Number of visits made	_____	_____
2. Number of people visited	_____	_____
3. Number of new people visited	_____	_____

C. Consumer Assistance Services (7)

1. Number of persons served	_____	_____
2. Number of ½ hours of service	_____	_____
3. Number of new people	_____	_____

D. Support to Advisory Committee (8)

1. Number of general meetings held	_____	_____
------------------------------------	-------	-------

Signature _____

CITY OF PORTLAND - HUMAN RESOURCES BUREAU
AGING SERVICES DIVISION/CLIENT TRACKING SYSTEM

AAA 102.05

Needs Assessment Form

Completed by: _____

Instructions: 1. Complete each starred (*) item 2. Complete other items as Appropriate

(*) <u>Action Code</u>	(*) <u>Case Number</u>	(*) <u>Assessment Date</u>
<input type="checkbox"/> 1. New <input checked="" type="checkbox"/> 2. Reassessment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(*) <u>Client Name - Last</u>	<u>First</u>	<u>M.I.</u>	(*) <u>Primary Responsibility</u>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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27 28	29 30
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31 32	33 34
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
35 36	37 38
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
39 40	41 42
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
43 44	45 46
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
47 48	49 50

00 - No Need

- | | | | |
|---|--|---|--|
| <u>Housing</u>
11 - Housing
12 - Home Repair
13 - Yard Maintenance
14 - Belongings Moved
15 - Weather Proofing
16 - Home Security | <u>Income</u>
41 - Employment
42 - Financial Assistance
43 - Money Management
44 - Clothing
45 - Food | <u>In-Home Assistance</u>
61 - Light Chore Services
62 - Home Health Care
63 - Meal Prep./Delivery
64 - Personal Care
65 - Heavy Housework | <u>Nutrition</u>
81 - Adequate Food Intake
82 - Food Purchase |
| <u>Social Contact</u>
21 - Regular Personal Contact
22 - Meaningful Activity
23 - Regular Reassurance
24 - Opportunities for Social Involvement | <u>Transportation</u>
51 - for Housing
52 - for Social Contact
53 - for Information
54 - for Income
55 - for Congregate Dining
56 - for Shopping
57 - for Protective/Legal
58 - for Nutrition
59 - for Health | <u>Protective/Legal</u>
71 - Protective Living Situation
72 - Legal Assistance
73 - Crisis Counseling
74 - Personal Security
75 - Counseling | <u>Health</u>
91 - Medical Screening
92 - Medical Care
93 - Medical Equipment
94 - Drug/Alcohol Treatment
95 - Mental/Emotional Treatment
97 - Dental Care |
| <u>Information/Service Utilization</u>
31 - Information
32 - Assist in Solving Individual Problems
33 - Assistance in Shopping | | | |

CODES: Client ServicesHousing

- 11 - Housing location
- 12 - Moving assistance
- 13 - Subsidized housing
- 14 - Major home repair
- 15 - Minor home repair (construction)
- 16 - Minor home repair (maintenance)
- 17 - Yard work
- 18 - Winterization
- 19 - Home security

Social Contact

- 21 - Friendly visiting
- 22 - Telephone reassurance
- 23 - Volunteer opportunities
- 24 - Education
- 25 - Recreation
- 26 - Escorted Group Activity

Information/Service Utilization

- 31 - Information
- 32 - Outreach
- 33 -
- 34 - Pre-retirement counseling
- 35 - Discretionary Service Units
- 36 - Escort
- 37 - Advocacy
- 38 - Scheduling
- 39 - Personal business

Income

- 41 - Emergency assistance
- 42 - Assistance in applying for government financial programs
- 43 - Adjustment of government benefits
- 44 - Financial assistance (other)
- 45 - Employment
- 46 - Subsidized employment
- 47 - Discounts/rebates

Transportation

- 51 - Transpo for housing
- 52 - Transpo for social contact
- 53 - Transpo for information/service utilization
- 54 - Transpo for income
- 55 - Transpo for congregate dining
- 56 - Transpo for shopping
- 57 - Transpo for protective/legal
- 58 - Transpo for work/school
- 59 - Transpo for health

In-home Assistance

- 61 - Housekeeper
- 62 - Housekeeper (MFS Only)
- 63 - Homemaker
- 64 - Homemaker Level I (MFS only)
- 65 - Homemaker Level II (MFS only)
- 66 - Home health care
- 67 - Personal care assistance

Protective/Legal

- 71 - Legal assistance
- 72 - Legal education
- 73 - Arrangement of guardianship/conservatorship
- 74 - Arrangement for protective living
- 75 - Money management
- 76 - Supportive counseling
- 77 - Nursing home placement
- 78 - Crisis Counseling
- 79 - Hours (PS only)

Nutrition

- 81 - Home delivered meals
- 82 - Congregate meals
- 83 - Nutrition counseling/education
- 84 - Food buying
- 85 - Shopping assistance (food)
- 86 - Food growing
- 87 - Meal preparation

Health

- 91 - Health screening
- 92 - Health education (diabetic clinic, etc.)
- 93 - Medical equipment
- 94 - Physical/occupational therapy
- 95 - Mental health services
- 96 - Detoxification
- 97 - Dental care
- 98 - Physician/out-patient care
- 99 - In-patient care, (hospital, etc.)
- 01 - Podiatry care
- 02 - Eye care
- 03 - Adult day care
- 04 - Hearing and speech

AREA AGENCY ON AGING
CLIENT REPRESENTATIVE
RECEIPT

PART A

Describe task to be performed/items to be purchased/bill to be paid:

Store or place of business:

Amount of funds:

Check \$ _____

Cash \$ _____

Agreed, the above is correct information

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

(Agency's Copy)

AREA AGENCY ON AGING
CLIENT REPRESENTATIVE
RECEIPT

PART A

Describe task to be performed/items to be purchased/bill to be paid:

Store or place of business:

Amount of funds:

Check \$ _____

Cash \$ _____

Agreed, the above is correct information

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

(Client's Copy)

PART B

Describe items purchased, or bill paid:

Store or place of business:

Amount of funds returned to client:

\$ _____

Agreed the above is correct information.

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

PART B

Describe items purchased, or bill paid:

Store or place of business:

Amount of funds returned to client:

\$ _____

Agreed the above is correct information.

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

PART B

Describe items purchased, or bill paid:

Store or place of business:

Amount of funds returned to client:

\$ _____

Agreed the above is correct information.

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

INFORMATION TALLY SHEET

AAA 211 (Revised 6/79)

Completed by: _____

Month _____

TYPE OF CONTACT

Phone:	Walk-in:	Other:	Total:
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TYPE OF SERVICE PROVIDED

Info/simple:	Info/complex:	Other:
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SOURCE OF CONTACT

Self:	Spouse:	Friend/Relative:	Agency:	Other:
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Disposition of Request

Subject of Request	Information Only	Center Service	Other Agency	Unable to Help	TOTAL
Housing Location					
Housing Repair/Maint					
Housing Yard Work					
Social Friendly V./TR					
Social Ed/Rec					
Social Vol Act.					
Info/SU Emergency					
Info/SU Income Maint					
Info/SU Case Mngt					
Tran. Special Trans					
Tran. Escort					
In-Home Live-in					
In-Home Housekeeper					
In-Home Homemaker					
Prot/L Protective Serv					
Prot/L Legal Assist.					
Nut. Meal Prep/mow					
Nut. Shopping Asst.					
Health Medical Care					
Health Dental					
Other					
TOTAL					

