

THE CARPENTERS MISSION INTERNATIONAL
MINISTRY INC
3135 W HAYWARD AVE
PHOENIX, AZ 85051



Program Narrative

The Carpenter Mission International Ministry, Inc is a 501c3 nonprofit organization that is dedicated to uniting communities by providing valuable tools and resources needed to individuals/families to become self-sufficient. All programs are designed to promote dignity, respect, and the power to make choices that will fit their lifestyle. Only when individuals are given the proper tools to make informed choices/decisions will they be able to make healthier lifestyle choices; that impact their lives in a meaningful way. Haven does not discriminate against race, color, gender, age, sexual orientation, national origin, hiring practices, or disability. No form of harassment will be tolerated.

The Carpenters Mission International, Ministry, Inc philosophy is to empower the individuals and families who serve to be active participants in their community and to build strong family values that can be passed down from generation to generation. Collectively, the management team has more than thirty-five years of experience providing programs and services that help build up the community as whole. The Board of Directors and management team are comprised of members who have survived and triumph over adversity they have gone through and are going through, but they find ways to help give a strong sense of survival and enrich their lives better.

All services are provided on a first-come-service basis. Due to the pandemic all services will be provided telephonically and zoom. Currently there is no waiting list and clients will be screened according to need. We do not provide any medical, behavioral health or detox services.

The Carpenters Mission International Ministry, Inc administrative hours are Monday thru 8a to 5 p. Saturdays by appointment only.

Individuals that apply and receive services are not charged a fee.

Mission Statement

“To respect each person’s uniqueness and individuality, to provide supportive services that are meaningful and beneficial.”

Vision

To make family unification a priority

To build stronger communities

Hire qualified trained staff to assist an individual in their journey.

Goals

- Skills and training that can be passed down to children.
- Confidence to succeed and overcome life’s obstacles.
- And to become a valuable productive member of society

Email Address skulubo@gmail.com

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Opportunities for Improvement

The organization will look at all programs through the quality management committee and revise programs that are ineffective. The quality management team will submit surveys to all individuals receiving services soliciting feedback from them.

Program Description

All programs are evaluated on overall effectiveness and outcomes. Based on outcomes we will be able to tell how effective we are in assisting individuals to become self-sufficient.

- Rapid Rehousing program assists low- income individuals and elderly with assistance to prevent evictions and utility shut-off. Participants are allowed to apply for assistance once a year. Income verification and eligibility requirements must be completed.

- Soar Works

We can assist individuals with applying for disability or appealing a decision that they were denied. We will assist with completing all forms and gathering medical records and other supporting documentation that will be required to be submitted to the Social Security Administration. There is no fee for this service and there is no guarantee a case will be approved.

- Fathers know your parental rights This program educates young men on their parental rights and responsibilities and how to find answers to their questions by accessing Resiliency Community Outreach Services resources.

- Vocational Rehabilitation Services

We will work with Vocational Rehabilitation Services to get individuals to enroll in programs and services. Vocational Rehabilitation Services will hold monthly orientations regarding their services and to enroll. The Carpenters Mission International Ministry, Inc will identify individuals through the intake process and contact a Voc. Rehab representative to let them know an individual is interested in services.

- Supported Employment Services (Job readiness training)

Supported employment services are designed to prepare and engage individuals into competitive employment. We also assist in designing your career planning. Individuals can attend workshops for resume writing, preparing for a job interview, how to keep the job once you get or how to move up the ladder to higher positions within the company. A job coach will work with each individual and will track progress or barriers for three months. Once person completes the program and feels confident they are ready, then their case will be closed as



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successful. They are free to return at any time for any refresher courses they feel they may need.

- Re- entry program for ex- felons (Services are provided by AZ Ex-Offender)

We collaborate with AZ Ex-Offender re-entry the best way to help those individuals coming out of prison is 1st via transportation. If a person has limited resources, including money, family, or help, knowing when they are released and picking them up, then taking them to a post-release or re-entry class is essential. (For those who are interested in getting their lives back.)

Once they arrive at a center, they can be briefed or talked to about the essentials. First, discuss the next 24 hours. If it falls on the weekend, immediate housing is necessary. Also, food. On the first business day a trip to the Department of Economic Security (or an affiliate office) to set up Food Stamps Benefit/Card as well as applying for Insurance is a must. This will help them with eating and health services. Once these things have begun, if the post offender is interested, a file may be opened on them and shared with them so that they may have a record of their progress.

If they wish to continue, additional resources such as Resume building, Employment and more permanent housing may be implemented. This can include classes on budgeting, parenting skills etc.

- Peer support mentoring

A licensed peer support specialist can work as part of a support program approved by the agency and can handle matters ranging from mental health to drug/alcohol/substance abuse.

Most individuals in prison or coming out are there because of one of these two, and sometimes both. Being there to share a common them alongside them, to help if asked for advice or direction regarding clarity of the processes that work (re-entry, sobriety, life management, and coping skills, and independent living matters) a properly trained peer support professional can give that very needed hand to a person who needs help but cannot connect with a doctor or other professional. A peer support specialist was in the trenches, is more actively involved because it is their job to be available, and as a result many times connects on a more personal level, which allows us to better help the person who needs help.





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- **Assisting homeless population**
Carpenters International Ministry will work with coordinate with other agencies that can emergency shelter services for individuals experiencing homeless. We will enter them in the Homeless Data (HMIS) base system to identify resources that can assist them with temporary or securing stable housing.
HIPPA Guidelines.
- **Save Our Seniors**
Is a program designed to benefit elderly who cannot afford decent safe housing? The program offers a community setting where residents can share a home, make new friends and be a part of their community.
Pending funding seniors will be able to qualify for a single one -bedroom apartment based on their income.

Carpenters International Ministry will adhere to guidelines set by HIPPA, Federal and State regulations. All staff will receive training and ongoing training throughout their employment with the company.
- **Criteria for enrollment in services**

Carpenters International Mission Ministry does not provide any medical or detox services, individuals requiring these services will be referred to appropriate agency. We are not equipped to handle someone who is actively suicidal or a danger to others, the local crisis center and or agency will be contacted. Crisi line **1-866-495-6735**

Each person enrolling for services must complete an intake/screening process to determine appropriate for services. All services are free of charge.

The end goal is assisting the individuals we serve is to transition from their homeless situation to successful independent living and self-sufficiency.

Sometimes it is just a matter of finding employment and saving money to move back into housing. Most often though, there are factors that have contributed to their condition that need to be addressed while in the program. There may be barriers and challenges, such as a lack of education, mental health issues, chemical addiction, poor interpersonal communication skills, unhealthy relationships, lack of life skills, traumatic life experiences such as domestic violence, or physical, emotional, and sexual abuse. These are often the factors that have contributed to their struggles in

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life that have led them to become homeless.

Since the individuals' needs and challenges are different, the guest (along with their case manager) selects from the following services to best address their individual needs.

We work with the individual to develop an action plan that changes as the individuals' needs change. The plan is monitored to record achievements and barriers.

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Referral for Services

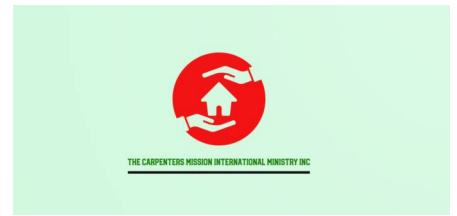
Individual Name:	DOB:	Email Address	Phone # ()
Address	City	State	Zip Code
Date of Referral		Actual Contact Date	
Referral Source		<input type="checkbox"/> Self Referred	
Completed By:			

Type of Service Requested (Please check all that apply)

- Housing
 Utility Assistance
 Apply for Social Security Benefits
 AHCCCS Benefits
 Homeless
 Supported Employment Services
 Reentry Services
 Domestic Violence
 Advocate Referral
 Voc. Rehab Referral
 Parenting Classes
 GED Classes online

Detailed description of requested service
Recommendations
Outcome of meeting
Follow up Plan.

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Case Study Progress Note

Individual Name	DOB	Gender
Date of Service	Start Time	End Time
Detailed description of service provided and where service was provided, Include the address of the location.		
Follow up action plan.		

Completed By:



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Income Verification

Sliding Fee Scale Based on Federal Poverty Guidelines

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Reason for eligibility: Housing Assistance Counseling Services DUI Substance Dependence
 individual Group

Persons in family/household Poverty guideline

- 1 \$14,580
- 2 \$19,720
- 3 \$24,860
- 4 \$30,000
- 5 \$35,140
- 6 \$40,280
- 7 \$45,420
- 8 \$50,560

For families/households with more than 8 persons, add \$5,140 for each additional person.

2023 POVERTY GUIDELINES FOR ARIZONA

Persons in family/household Poverty guideline

List all family members living in the home.

Individual Name	DOB:	Age	Employed	School

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APPLICATION

Applicant Information:

Date of Verification: _____

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Income Information:

Current Employer: _____

Job Title: _____

Date of Hire: _____

Average Monthly Income (before taxes): \$ _____

Other Sources of Income:

Social Security Income: \$ _____

Pension/Retirement Income: \$ _____

Rental Income: \$ _____

Other (Specify): \$ _____

Household Information:

Number of Dependents: _____

Dependents' Ages: _____

Verification Documents (To be attached):

Recent Pay Stub(s)

Tax Return (if self-employed)

Social Security Statement

I hereby authorize The Carpenters Mission Internal Ministry, INC to verify my income for the purpose of [Specify Purpose - e.g., eligibility for assistance, application for housing, etc. I understand that the information provided will be kept confidential and used only for the stated purpose.

Email Address skulubo@gmail.com



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Applicant's Signature: _____ Date: _____

Instructions for Applicant:

Complete all sections of this form.

Attach the required verification documents listed above.

Submit the completed form and attachments to THE CARPARENTERS MISSION INTERNATIONAL
MINISTRY, INC

Privacy Notice:

All information provided on this form will be treated as confidential and will only be used for the
intended purpose. Unauthorized disclosure of this information is prohibited.

Please note that this is a basic template, and you may need to modify it based on the specific
requirements of THE CARPENTERS MISSION INTERNATIONA MINISTRY, INC, local laws, and the purpose
of income verification. It's advisable to consult with legal professionals to ensure compliance with
applicable regulations.

Benefits Specialist Signature

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

- A separate Release of Information must be completed for each agency for which you are requesting records.

I, _____ DOB: _____ SS# _____

hereby authorize my records to be released to: (Please initial below)

____ The Carpenters Mission International Ministry, INC to release the following information.

____ THE CARPENTERS MISSION INTERNATIONAL to receive the following information from

____ I have given my permission for verbal communication between _____

Name of Agency/Individual:		
Address:		
City:	State	Zip Code

The following records checked below may be released to the above-named agency/individual listed above. These records are for the purpose of continuity of care.

- | | | |
|---|--|---|
| <input type="checkbox"/> Oral Communication | <input type="checkbox"/> List of Medications | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Diagnosis/Prognosis | <input type="checkbox"/> CFT Notes | <input type="checkbox"/> ART Notes |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> BH Assessment | <input type="checkbox"/> Psychiatric Progress Notes |
| <input type="checkbox"/> Treatment/Service Plan | <input type="checkbox"/> PCP Contact | <input type="checkbox"/> 3 months of daily progress notes |
| <input type="checkbox"/> Test/Lab Results | <input type="checkbox"/> School Records | <input type="checkbox"/> Other _____ |

Effective date of this request ____/____/____ until ____/____/____

____ I understand this consent may be revoked any time I choose by communicating my wishes in writing or verbal communication.

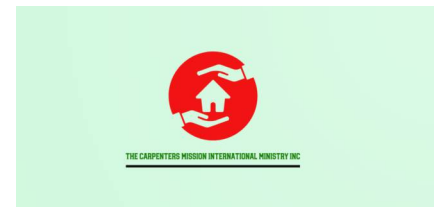
Check the following boxes if you DO NOT WANT the following information released. This information will not be released without your expressed written consent.

- | | | |
|--|--|--|
| <input type="checkbox"/> Substance abuse records | <input type="checkbox"/> Alcohol records | <input type="checkbox"/> Genetic testing |
| <input type="checkbox"/> Immune Deficiency (HIV) | <input type="checkbox"/> Acquired immune-deficiency syndrome | |

____ I understand I may revoke this consent at any time.

____ I hereby revoke this Release of Information to _____

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Individual Signature

Date

NTL Staff Witness Signature

Date



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CONSENT FOR SERVICES

Authorization for Release of Information

I, _____ hereby grant permission to The Carpenters International Ministry, Inc. on requesting, and I understand that the consent shall remain valid so long as I am enrolled in treatment.

_____ I understand all information during services and treatment with The Carpenters International Ministry, INC is confidential. However, the information may be released in a medical or psychiatric emergency, released in the event of abuse, neglect or exploitation to the proper authority, court order, or billing claims requirements without my consent.

_____ I understand CPS or APS maybe contacted where is a risk of imminent harm to a vulnerable adult have disclosed certain information. My confidential information shall be maintained by THE CARPENTERS MISSION INTERNATIONAL.

_____ I agree to participate in the programs/treatment planning process to the best of my ability.

_____ I understand I have the right to be treated with dignity and respect throughout my treatment at THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC be allowed to make informed decisions about the services and treatment I am receiving.

_____ I have been provided information about how the treatment and services will be beneficial and the consequences of refusing treatment and services.

_____ I have been given a copy of the following documents.

- Copy of Client Rights
- A copy of how to file a complaint or a grievance
- A means of egress from the home in an emergency situation
- I have been introduced to staff working in THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC
- Information regarding my confidential information (HIPPA)

Individual Signature

Date

Staff Signature

Date

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Notice Of Privacy Practice

10/23/2023

This Notice Describes How Personal Information About You May Be Used and Disclosed and How You Can Get Access to This Information. **Please Review It Carefully.**

Purpose of This Notice

THE CARPENTERS MISSION INTERNATIONAL is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI). This Notice describes your legal rights, advises you of our privacy practices, and lets you know how The Carpenters Mission International Ministry, INC is permitted to use and disclose PHI about you.

This Notice is covered under HIPAA (health Insurance Portability & Accountability Act). Any state law that is more stringent than the HIPAA rules and regulations has priority.

We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time. If we do so, we will post a new Notice in all waiting areas at The Carpenters Mission International Ministry, INC. You may request a copy of the new notice from **Daeah Gwee phone () _____**.

How We May Use or Disclose Health Information About You

THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC uses and discloses PHI for a variety of reasons. For most uses/disclosures, we must obtain your consent. However, the law provides that we are permitted to make some uses/disclosures without your consent. The following offers more description and examples of our potential uses/disclosures of your PHI.

Uses and Disclosures Requiring Your Consent:

- **For Treatment:** THE CARPENTERS MISSION INTERNATIONAL will use your health information to provide you with behavioral health treatment or services. We may disclose your health information to psychiatrists, your primary care physician, nurses, therapists, case managers or other behavioral health professionals who are involved in your care. For example, a psychiatrist treating you may need to know if you have allergies to certain psychotropic medications. The psychiatrist may need to contact your primary care physician to obtain that information. THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC staff may also share your health information to arrange services you may need. Health information is shared to coordinate the services you need, such as medications, therapy, or case management. If you are in jail, THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC may share your health information with necessary health personnel to coordinate your ongoing care.

If you are receiving services for the evaluation or treatment of substance abuse or Human Immunodeficiency Virus (HIV) conditions, specific rules apply to the use and disclosure of information related to those services.

1

- **Substance Abuse Health Information**
All health information regarding substance abuse is kept strictly confidential and released only in conformance with the requirements of federal law (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3) and regulation (42 C.F.R. part 2). Disclosure of any health information referencing alcohol or substance abuse may only be made with your written authorization. A general authorization for the release of health or other information is not sufficient for this purpose.
- **HIV Information:** All health information regarding HIV is kept strictly confidential and released only in conformance with the requirements of state law (A.R.S. 36-664). Disclosure of any health information referencing HIV status may only be made with your written authorization. A general authorization for the release of health or other information is not sufficient for this purpose.

Email Address skulubo@gmail.com

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- **For Health Care Operations:** THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC may use and disclose your health information for the business activities of THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC. These uses and disclosures are necessary for administrative functions such as payment for services and to ensure our clients receive quality care. An example would be to use your health information to evaluate the performance of the behavioral health professional who cares for you.

Exceptions: Although your consent is usually required for the use/disclosure of your PHI for the activities described above, the law allows us to use/disclose your PHI without your consent in certain situations. *For example, we may disclose your PHI if needed for emergency treatment if it is not reasonably possible to obtain your consent prior to the disclosure and we think that you would give consent if able. Also, if we are required by law to provide your treatment, we may use/disclose your PHI for treatment and operations without obtaining your prior consent.*

Uses and Disclosures Requiring Authorization: For uses and disclosures beyond treatment and operations purposes we are required to have your written authorization (signed permission), unless the use or disclosure falls within one of the exceptions described below. Like consents, authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures Not Requiring Consent or Authorization: Federal and state laws allow or require THE CARPENTERS MISSION INTERNATIONAL and its contracted behavioral health providers to disclose your health information without consent or authorization in the following circumstances:

- **For health oversight activities:** THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the behavioral health care system, government programs, and compliance with civil rights laws.
- **When required by law:** THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC may disclose PHI when a law requires that we report information about:
 - o suspected abuse
 - o neglect or domestic violence
 - o suspected criminal activity.
 - o in response to a court order

Continue Backside

THE CARPENTERS MISSION INTERNATIONAL must also disclose PHI to authorities who monitor compliance with these privacy requirements.

- **To avert threat to health or safety:** THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC may to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm. For example, a plan to commit suicide or a homicidal act.
- **For specific government functions:** THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC L may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the president.

Uses and Disclosures Requiring You to Have An Opportunity To Object: In the following situations, we may disclose your PHI if we inform you about the disclosure in advance and you do not object. However, if there is an emergency and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interest. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

- **To Families, Friends, or Others Involved in Your Care** THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC may share with these people information directly related to your family's, friend's or other person's involvement in your care. We may also share PHI with these people to notify them about your location or general condition. For example, parents of



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a minor have certain rights to PHI. Also, we may have to locate family members to inform them of the location of a client who was hospitalized after being diagnosed as severely depressed.

Your Rights Regarding Your Protected Health Information

- **To Inspect and Copy Your PHI.** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information if you put your request in writing. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI a charge for copying may be imposed, but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.
- **To Request Amendment of Your PHI.** If you feel that your health information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment if your health information is kept by THE CARPENTERS MISSION INTERNATIONAL. MINISTRY, INC To request an amendment, your request must be made in writing and submitted to THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC Privacy Officer. We will respond within 60 days of receiving your request. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that:
 - o Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
 - o Is not part of the health information kept by or for THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC
 - o Is not part of the health information which you would be permitted to inspect or copy; or
 - o Is accurate and complete.

Privacy Rights

- **To Find Out What Disclosures Have Been Made.** You have the right to request an accounting (which means a detailed listing) of disclosures we have made of your health information. This is a list of disclosures we made of your health information to others outside of THE CARPENTERS MISSION INTERNATIONAL. The accounting does not include information disclosed as a part of treatment, payment, or health care operations. The accounting does not include disclosures that were authorized by you in writing. To request this accounting, you must submit your request in writing to THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC Privacy Officer. We will respond to your written request for such a list within 60 days of receiving it. Your request must state a period for the accounting that may not be longer than six years and may not include dates before October 23, 2023.
- **To Request Restrictions on Uses/Disclosures.** You have the right to request a restriction on the health information we use or disclose about you. We will consider your request but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure are not required to agree to your request. If we do agree, we will comply with your request, unless the information is needed to provide you with emergency treatment. To request a restriction, you make your request in writing to THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC Privacy Officer. In your request, you must tell us what information you want to restrict, and to whom you want the restriction to apply.
- **To Choose How We Contact You.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location if you believe that you will be otherwise endangered. For example, you can ask that we only contact you at a certain telephone number or address. To request confidential communications, you must make your request in writing to THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC Privacy Officer. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Receive a Paper Copy of this Notice.** You have the right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting it from THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC Privacy Officer.

How To Complain About Our Privacy Practices

If you believe your privacy rights have been violated or if you are dissatisfied with our policies or procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint. You may file a written to THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC
Address _____ City, State and Zip.

Contact Person for Information or to Submit a Complaint

Email Address skulubo@gmail.com



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If you have questions about this Notice or any complaints about our privacy practices, please contact: Renee Ekanem, Privacy Officer at THE CARPENTERS MISSION INTERNATIONAL MINISTRY, INC Email Address _____

Participate Signature

Date

NTL CSA Signature

Date

Services Plan

Individual Name:	DOB:	Gender	Religious
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Email Address skulubo@gmail.com

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			Preference
Native Language	Secondary Language	Marital Status	Email Address
Assessment and Needs Identified			
Target Date [] Achieved [] Ongoing [] Discontinued	Target Date [] Achieved [] Ongoing [] Discontinued	Target Date [] Achieved [] Ongoing [] Discontinued	
Short Term Goals 1. 2. 3.	Intermedia Goals 1. 2. 3.	Long Term Goals 1. 2. 3.	
Objectives	Objectives	Objectives	
Strengths	Strengths	Strengths	
Weaknesses	Weaknesses	Weaknesses	
Barriers to achieving goals.	Barriers to achieving goals	Barriers to achieving goals	
Prioritize identified needs.			
Family Support			
Community or Social Support			
Evaluate urgency and importance for At Risk Examples: Secure stable housing, achieve mental health stability.			
Emergency Contact			

 Individual Signature Print Name Date

 Staff Signature Print Name Date

HOUSE RULES

1. Always show respect for others.
2. No physical or verbal aggression is grounds for immediate termination from the program.
No stealing or borrowing from others.

Email Address skulubo@gmail.com



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3. No drugs, alcohol allowed on the premise EVER that also includes drug paraphilia.
4. Smoking is allowed only in designated smoking areas only.
5. Cigarette, chewing tobacco and matches/lighters must be turned in after each use, no exceptions.
6. You must participate in treatment/service goals.
7. This program is temporary, so it is important to follow through on your goals.
8. Respect others' rights to their privacy.
9. You must be willing to find employment.
10. Must be tolerant of other cultures and ethnicities.

Participant Signature

Date

Staff Signature

Date