

Moose Jaw & District Food Bank

Syngage Services

Client Agreement

Welcome to the Moose Jaw & District Food Bank Syngage Program (Syngage). Syngage provides services and supports to individuals needing to access other services within the community and are encountering barriers that prevent the individual from accessing these services on their own. The Client Resource Representative works in collaboration with the client and other community organizations to ensure that all client needs are met.

Terms of Service

Syngage offers one-on-one sessions for filling out applications, filing taxes, writing resumes, applying for jobs, and generalized life skills. Appointments are scheduled Monday through Friday, 9 am to 2 pm. The office is closed on weekends and all statutory holidays. The duration of sessions is dependent on the needs of the client, where some may need 20, others may need 2. The duration of sessions is discussed during the intake session between the client and the Client Resource Representative.

Syngage asks that you please review and approve of the following information:

- Sessions missed or cancelled with less than 48 hours notice will be counted as a full session and rebooked at the Client Resource Representative's earliest convenience. If 3 sessions are missed the client will be removed from the Client Resource Representative's active client list and will be required to attend a new intake appointment, should they choose to continue to work with the program.
- I understand that verbal and physical abuse will not be tolerated, and the Client Resource Representative may terminate our sessions together should they feel that this has been breached. The severity of the event may determine if the program is available to the client in the future.
- I understand that the client/representative relationship will be terminated if I use this service to fraudulently apply for services which I do not qualify for. The severity of the event may determine if the program is available to the client in future.
- I understand that if my needs fall outside of the Syngage scope of practice I will be referred to other appropriate resources.
- I agree to be mindful of my own wellbeing during the process and to seek other services including but not limited to medical treatment, the services of a family physician, psychiatrist, or other relevant health care professional if needed.

Confidentiality

Syngage will keep all information confidential. The term "Confidential Information" shall mean information which is not generally known to the public relating to your business or personal affairs. Syngage will not disclose, reveal, or make use of any confidential information learned through discussions or sessions with you, without your written consent, except for staff consultation or where compelled by law to do so. We shall keep your information in strictest confidence and take reasonable precautions to protect it against inappropriate disclosure, misuse, loss, and theft.

Syngage asks that you please review and approve the following information:

- I understand that, if I disclose information in my sessions that leads the Client Resource Representative to conclude that there are reasonable grounds that a child is in need of protection, the Client Service Representative is obligated by law to report this information to a child protection worker.
- I understand that the Client Resource Representative will keep a record of their contacts with me. This record will include the date(s) of contact, duration, form, and content of contact. It may also involve keeping copies of personal documents for your future use.
- I understand that the Client Resource Representative does not provide written reports or summaries of my sessions, and that I am free to request any information the Client Resource Representative has collected about/for at any time.

Consent to Emergency Release of Information

In case of emergency or potential imminent harm to myself or another person, Syngage will attempt to reach the contacts below. By signing below, I am giving my consent to Syngage to contact one or more of these people, should an emergency arise.

Family Doctor: _____ Phone: _____
Friend: _____ Phone: _____
Relative: _____ Phone: _____
Social Worker: _____ Phone: _____

Client Name (please print): _____

Client Signature: _____

Date: _____ (dd/mm/yyyy)

Evaluation:

Syngage invites your feedback at any stage of your sessions. If at any time you have concerns or complaints, please contact our Operations Manager at 250-692-2911 ext. 3 or terri.smith@foodbank.org