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RECOMMENDED STEP-BY-STEP POLICIES & PROCEDURES FOR SOCIAL SERVICE EFFORTS BY PHILOPTOCHOS METROPOLES AND LOCAL CHAPTERS

GOAL OF THIS DOCUMENT: TO PROVIDE CONSISTENT, COMPASSIONATE, ACCOUNTABLE SERVICES

To ensure that the social service efforts and assistance performed by all levels of the Society are consistent, compassionate, accountable and transparent, National Philoptochos encourages you to implement the policies and procedures outlined herein. Please review and discuss this document with your boards. At any point in time, feel free to contact your Metropolis Philoptochos President, Metropolis Philanthropy Chair/ Social Services Liaison, and/or National's Department of Social Work for assistance or guidance on a specific case or specific issues. With the person's prior permission, you may refer the person seeking help to National Social Services to supplement what you can do, or to ask us to interview him / her on your behalf. We will notify you of our findings and recommendations.

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FRAMEWORK FOR ALL PHILOPTOCHOS SOCIAL SERVICE ASSISTANCE:

- The Greek Orthodox Ladies Philoptochos Society, Inc. gives hope and rebuilds the lives of Orthodox Christians in the United States, regardless of immigration status, whose lives are impacted by human service needs including but not limited to poverty/inadequate income; health, mental health, substance use disorders; hunger /homelessness; intimate partner violence; family and older adult services, and more.
- We are dedicated to improving the quality of life and developing the potential of members of the Orthodox Christian community-in-need who turn to us for assistance with the goal of helping them manage, as best as possible, on their own.
- Our work is conducted within a faith-based, culturally sensitive context.

STEP ONE: CONFIDENTIALITY

- Many people who seek our help are our neighbors, friends, families of our children's classmates, friends of our parents and grandparents, fellow parishioners and more. Most never thought they'd have to ask anyone for help, let alone us. **PLEASE RESPECT THEIR PRIVACY.**
- No personal information should be requested unless it is essential to determining the best way to help a person/ family.
- Nevertheless, it ALSO is important that those seeking our help understand that **confidentiality is not absolute.**
 - Those seeking our help should be told who will know their name and situation, such as your president and treasurer-those who sign you Chapter's financial assistance checks

STEP TWO: OUTREACH:

- Philoptochos has existed for nearly 90 years, but many people, including those in our own community, are unfamiliar with the scope of our services. Consequently, inform your local and broader community who you are and what you do . . .
 - Create an outreach flyer to periodically insert in your Church bulletin, post in prominent locations in your Church and distribute to the various organizations in your parish and local community.
 - Suggested wording: "Has a loss of employment or other misfortune put you behind with your rent?" "Are you overwhelmed with out-of-pocket medical costs?" "Do you need help finding a local food pantry or soup kitchen?"
 - Include how the person can contact the appropriated person in your chapter (name and telephone, priest, etc.)
 - Since some people may hesitate asking members of their own parish for help, include contact information for your Metropolis Philoptochos and/or National Social Services.

STEP THREE: WHO RESPONDS WHEN SOMEONE REACHES OUT TO YOUR CHAPTER FOR HELP?

- **SELECT A SOCIAL SERVICE “POINT PERSON”:**
 - Select one or two trusted Chapter members to serve as your Social Services “point person”
 - To contact those seeking help, interview them, obtain information needed to determine if/ how you will help.
 - This is the person who will fulfill – *with sensitivity and confidentially* - the mission of Philoptochos.
 - *Note: If the size of your chapter makes it difficult for you to designate your own social services person, please ask your Metropolis Philoptochos or National’s Social Worker to conduct the interview for you.*
- **“SKILLS” / CHARACTERISTICS TO LOOK FOR WHEN SELECTING THE SOCIAL SERVICES “POINT PERSON”**
Your social services point person should have the ability to:
 1. Maintain **confidentiality**.
 2. Understand that the person seeking help is **under stress** and is coping with a range of emotions related both to their situation **and** the need to reach out to you for help.
 3. Be **non-judgmental**, kind, and patient
 4. Show **compassion and empathy - not pity**. She must be able to lay sympathy feelings aside.
 5. **Listen** to and respond directly to the stated concerns of those seeking help.
 6. Offer **timely, clear, and consistent information** about what your Chapter can **and** cannot do.
 - Explain that your Chapter will do its best to help, but that there are procedures that you and they must follow.
 7. **Discreetly and with sensitivity** ask for required documentation.
 8. **Keep one’s own values in check** – it isn’t helpful (*for example*) to say to a domestic violence victim, “*Why haven’t you left by now?*” Or to someone facing eviction, “*Why didn’t you budget your income better, what did you think would happen?*”

Question for Thought: Does your reaction differ depending on WHY you believe the person is seeking help?
For example, do you respond differently to someone whose child is facing a life-threatening illness, as opposed to someone you think may be a gambler or drug addict?

9. **Empower the person:** a person facing a serious challenge likely feels they have no control over their life, so help the person gain some control over their situation by encouraging him/her **to participate in decision-making**.
 - For example, “*Since our resources are limited, which of these bills are most important for us to consider paying?*”
10. Know how and when to say, “**I don’t know**, but I’ll try to find out.”
11. Understand that part of our role is to provide **spiritual support**.
 - Let people know their problem(s) are **NOT** because **God is punishing them or has abandoned them**.
12. Be sensitive to our **cultural characteristics**: support the individual’s cultural strengths and consider the barriers (*real or perceived*) to accepting help, e.g. language, family, gender roles, religion and spirituality, etc.
13. **Know when it is time to ask others for help**.
14. Recognize **Vicarious Trauma**: Be aware if **the effect of listening to other people’s problems** is negatively impacting your life including your own psychological, physical or spiritual well-being. Perhaps it’s time to step back or step away.

STEP FOUR: WHY PEOPLE TURN TO US FOR HELP

- *The following circumstances are some of the reasons people turn to us for help:*
 - **RECESSION/ ECONOMY:** *Loss of employment, underemployment, end of benefits such as unemployment or disability, etc.*
 - **DISASTER:** *Natural disasters – earthquakes, hurricanes, etc.*
 - **FAMILY SITUATION:** *Divorce, abandonment, domestic violence, ‘dead-beat’ parent, sudden death of primary provider, other*
 - **HEALTH/MEDICAL/SUBSTANCE USE DISORDER:** *Illness, disability of client, other family member*
 - **MENTAL HEALTH:** *Illness of client or family member; inability to follow through on issues e.g. recertifying on time for public benefits, gathering needed information, refusing medications because of side effects, or stopping them because they “feel better”.*
 - **JUDGMENT:**
 - *Sometimes, the path to good judgment is paved by a series of poor ones. Because the penalty for poor judgment should not be (e.g.) homelessness, try not to judge people unfairly or based on your own values.*
 - *Not all people have the inherent ability to change their behavior on their own, thus, part of our role can be to help them learn / practice how to make better choices. e.g. Offer to help them develop a budget to help them differentiate between ‘fixed’ costs (rent, etc.) and variable costs (movies, lunches, etc.) – costs they can control.*
 - **HABITUAL “ASKER”:** *Person who continually looks to others to ‘rescue’ him/her*
 - **SENSE OF ENTITLEMENT:** *Those who believe we must help them because we are Philoptochos.*

- *If the person seeking your help is NOT from your community, or resides outside your Metropolis:*
 - Contact your Metropolis Philoptochos to ask if they are known elsewhere and have been helped before.
- *If the person is in another country:*
 - Our Social Service policies **PROHIBIT US FROM SENDING MONEY OVERSEAS TO VENDORS OR INDIVIDUALS** as it difficult, if not impossible to verify the legitimacy of their request.
 - Contact National Social Services for a copy of the letter developed by the Archdiocese and National Philoptochos that respectfully declines their request.

STEP FIVE: THE PROCESS: APPLICATION FOR ASSISTANCE; CONSENT FOR RELEASE OF INFORMATION

The **APPLICATION FOR ASSISTANCE** helps you determine if and how you can help (*See form at end of this document*)

The **CONSENT FOR RELEASE OF INFORMATION** gives you permission to contact secondary sources to verify information or refer the client to other resources. Always let the person know who you are contacting. (*See form at end of this document*)

• **APPLICATION FOR ASSISTANCE: TELLS YOU WHY THE PERSON IS SEEKING YOUR HELP AND MORE . . .**

The Application can be completed by the person seeking help, a family member, or the interviewer. It will tell you:

- How they heard about you
- Their full name, correct spelling, and contact information (*recent photo, address, phone(s), email, date of birth*)
- Immigration status – we help regardless of immigration status, however, if they need ongoing help we need to know if we can refer them to public benefits and entitlements, or other services, since eligibility for many are limited based on citizenship or permanent residency.
- Who else is in the household: names, relationships, ages, income, etc.
- Type of housing and monthly costs (*rental, owner, boarder, roommate, homeless*)
- Other help they have received, have requested, or are receiving from other sources
- Household income – of everyone in the home
- Household expenses
- How they have managed until “now” and how they plan to manage in the future
- The specific help they identify as needing “now”.
- It asks the person to sign and date the form to certify the information is accurate and complete.

The application also asks:

- Whether there is a **HISTORY OF SUBSTANCE USE OR ABUSE**, or a **HISTORY OF MENTAL ILLNESS**.
- Whether there are **FIREARMS IN THE HOUSEHOLD** and if yes, how they are secured – especially critical if there are children in the household, if there is a history of mental illness, or if you suspect domestic violence.

NOTES: 1. *If you cannot follow the form exactly, please obtain as much of the information listed as possible.*

2. *We recommend you leave a supply of applications and consent forms in your church office to be given to ‘walk-ins’.*

STEP SIX: THE INTERVIEW

- We, at National, frequently conduct interviews over the phone as our cases are nationwide. However, for local Chapters, we recommend **face-to-face interviews**.
 - Much can be revealed by a person’s demeanor, physical and emotional state, neatness, condition of clothing and whether they are seasonal appropriate, body language, eye contact, items they are carrying with them, etc.
- The interview helps us find out the client’s primary “ask” and its underlying reasons.
 - It gives people the opportunity to describe **in their own words** how they reached their current situation, whether there was an event that led up to it, why they think it happened, and how they think/ hope the problem can be resolved.
 - **It also will reveal whether they have been in this or a similar situation before.**
- When possible, **conduct the interview with a second person** – one to ask questions, one to take notes.
- Location of the interview:
 - If there is no private space in your Church, go to a local coffee shop, restaurant, or park.
 - **DO NOT** invite the person into your own home.
 - **DO NOT** go by yourself to the home of someone you do not know.
- **DIAL *67** - if you telephone the person from your own phone **block your number** from their Caller ID by dialing *67
- **STARTING THE INTERVIEW: ACKNOWLEDGE THE PERSONAL NATURE OF THE INTERVIEW QUESTIONS . . .**
 - *“I don’t mean to be intrusive, but I am going to ask you personal questions to help us determine the best way to help you, so please answer them as completely as you can”.*
- **AND**
 - *“Please know that everything you tell me will remain confidential and will only be shared with others with your permission.”*
 - If at any time the person becomes uncomfortable, **STOP** the interview and **ASK** if you can continue another time.
- **SAMPLE OPEN ENDED QUESTIONS:**
 - ‘What has brought you to us today?’
 - *Be sensitive - For many members of our community they never thought they’d need to ask anyone for help, let alone us.*
 - ‘How long have you faced this situation?’ (*or setback or challenge*)
 - ‘Has something like this ever happened to you before?’
 - **‘How have you managed up until now?’**
 - ‘Do you have family or friends who can help, or who have helped you in the past?’ If yes, ‘Who, how and when?’
 - *Since some people may have “used up” the good will of others, don’t expect others to be willing to help.*
 - ‘Have you been helped by Philoptochos before?’ (*Chapter, Metropolis or National*)
 - ‘Have you reached out to other organizations (*public or private*) for help either now or in the past?’
 - *If yes, ask names / contact information / help provided and date(s)*
 - ‘Do you plan to seek help from these organizations or other sources again?’

- **'How do you plan to manage in the future?'**
 - Asked since we don't have the ability to provide ongoing help.
 - *Developing a "plan for the future" with the client can be one of your tasks.*
- **'What is the best way you think we can help you?'**
- **DO YOU NEED TO DIG A LITTLE DEEPER?**
 - Are there **underlying reasons** for their need for help? Most of the time, underlying issues must be dealt with first.
 - **Examples:**
 - *Is the woman asking for help to pay her childcare costs because she only is working part-time since she is the sole caregiver for her grandmother (or parent or other) who suffers from dementia?*
 - *Is the individual seeking help finding another place to live doing so because s/he is a victim of domestic violence and needs to relocate to a safe environment, but is embarrassed to tell you?*
 - *Is the substance user / abuser self-medicating because s/he is depressed or suffers from another mental illness?*
- **REFERRALS TO OTHER COMMUNITY SERVICED, PUBLIC BENEFITS, ENTITLEMENTS OR RESOURCES**
 - Philoptochos cannot be the answer to all problems nor can we provide ongoing or unlimited help. Our role can be to assist people to understand the need to apply for and accept help from other resources.
 - *For example: public or private benefits or entitlements; rent subsidies; SNAP /Food Stamps; senior centers and other senior services; food pantries; soup kitchens; transportation services; other social services, etc.*
 - If the person refuses such referrals, try to find out why:
 - **Are they embarrassed** to apply for what they see as "welfare"?
 - If yes, suggest they look at such help as temporary, and let them know they can terminate their case as soon as they are back on their feet.
 - Is it because their **English** isn't good enough to apply on their own?
 - If yes, offer to go with them to negotiate the system, help them fill out forms, wait with them, act as their interpreter - or ensure the government benefits office provides them with an interpreter.
 - Is it because they are a **single parent** and cannot miss picking up their children from school because such an appointment could take several hours/ or all day?
 - If yes, ask her if she would like you to arrange to have someone she knows and trusts from your Chapter pick up her child from school, or, offer to pay for that day's after school activity.
 - Is it because they had benefits in the past . . .
 - But failed to recertify in time, or submit required documentation?
 - Or is it because they were not truthful before about their income, family composition or other, resulting in their benefits being terminated or held up until they paid back what they owed?

STEP SEVEN: WHEN THE NEED IS FINANCIAL:

- **WHO CAN PHILOPTOCHOS SOCIAL SERVICES FUNDS HELP?**
 - **OUR FINANCIAL ASSISTANCE IS LIMITED TO ORTHODOX CHRISTIAN INDIVIDUALS AND FAMILIES**
 - Regardless of their immigration status
 - Provided that Philoptochos policies and procedures are followed including our documentation requirements
 - Provided that services are delivered in the United States
 - Provided that the Philoptochos payment can be made **DIRECTLY** to the vendor, also in the United States, e.g. landlord, mortgage holder, utility company, medical provider, funeral home, etc.
 - NOTE: Those we help **DO NOT** have to be a paid steward of a parish, **NOR** a (regular) churchgoer.
- **WHY WE LIMIT OUR SOCIAL SERVICES HELP TO ORTHODOX CHRISTIANS:**
 - The source of our social services funding is almost completely private from Philoptochos Chapters via their annual commitment, individual members and Chapter fundraisers
 - **NOTE RE: FINANCIAL HELP TO NON-ORTHODOX CHRISTIANS: WE DO NOT TURN PEOPLE AWAY**
 - Refer the person to a local organization - (Refer to our "*Brief Guide to Finding Local Programs and Services*").
 - At your Chapter's discretion, you can give non-Orthodox Christians a gift card for a limited amount.
- **DONATIONS TO OTHER ORGANIZATIONS:**
 - Many Chapters donate funds to local nonprofits e.g. homeless shelters, domestic violence programs, food pantries, veterans' program, etc. **that have been vetted and approved by the Chapter membership.**

TWO SERVICES TO GUIDE YOUR CHAPTER WHEN DONATING TO OTHER CHARITIES:

1. **CHARITY NAVIGATOR:** *Charity Navigator evaluates an organization's financial health, their accountability and transparency; its ratings show how efficiently a charity will use their support, how well it has sustained its programs and services over time, and their level of commitment to good governance, best practices and openness. Provides information about organizations, worldwide*
 - CHARITY NAVIGATOR: <https://www.charitynavigator.org/>
2. **GUIDESTAR:** *GuideStar gathers and provides reports about nonprofits in the United States, including financial information, IRS and 990 Forms and more to help people make informed decisions about their donations.*
 - GUIDESTAR: <https://www.guidestar.org/NonprofitDirectory.aspx>

- **POLICIES FOR FINANCIAL ASSISTANCE REQUESTS:**

- We pay bills **directly to the vendor all of whom must be located in the United States**
- We **do not** “give money” to clients so they can pay bills themselves.
- We **do not** provide open-ended or unconditional help, or ongoing help like a regular, monthly stipend.
- We **do not pay bills for services rendered in another country**, either directly or indirectly
- **We do not contribute directly to an account of any kind.** This includes:
 - NO account established at a bank in the person’s name
 - NO personal account in the name of the client
 - NO account established at a hospital or other institution in the client’s name
 - NO online /crowdfunding platform such as GoFundMe, youCaring, etc.
 - **REASON:** It is difficult to verify who is managing the account or how, and what bills will be paid; or, if the person passes away, how remaining funds will be disbursed and by whom.

- **CLIENTS MUST VERIFY THEIR SITUATION:**

- Of medical condition, if relevant,
 - *e.g. diagnosis/ treatment plan* from a medical provider on his/her letterhead
- Documentation of rent / mortgage / utility amounts or arrears from landlord, mortgage holder,
 - *e.g. copy of lease, rent receipt, mortgage statement, court-ordered eviction papers, utility arrears/ shut-off notice*
- Death certificate; **itemized** invoice from funeral home
- Other verification relevant to the client’s situation

- **DOCUMENTATION REQUIRED TO DETERMINE A FINANCIAL ASSISTANCE GRANT:**

(If you have any doubts what to ask for or how to ask respectfully and discreetly, please consult your Metropolis Philoptochos Social Services Liaison or President, or National Philoptochos Social Services).

- **HOUSEHOLD INCOME** – of all in the household (*e.g. recent pay stubs, tax return, public benefit award or denial letter(s), bank statement showing direct deposit, income from other sources – child support or alimony, help from family or friends, insurance settlement, etc.*)
- **HOUSEHOLD EXPENSES** – current lease or rent receipts, mortgage statement, recent utility bills, arrears notices, medical / hospital bills, funeral home invoice, credit card bills, insurance premiums, unpaid bills, other.

- **WHAT PHILOPTOCHOS GRANTS CAN CONTRIBUTE TO:**

- **UNCOVERED MEDICAL EXPENSES**
 - *e.g. insurance premiums, co-payments, deductibles, denied costs, etc.*
- **HOUSING COSTS**
 - *e.g. rent / mortgage arrears, utility bills, other housing costs*
- **RELOCATE VICTIMS OF DOMESTIC VIOLENCE** to safe environment
 - *e.g. security deposit, rent, moving costs, assistance with obtaining some furniture, etc.*
- **FUNERALS/ BURIAL ARRANGEMENTS** to ensure the indigent person receives a proper Orthodox Christian burial.
 - **We do not** contribute to the cost of transporting a person’s remains to another country, but we can help pay for preparation costs required by law and airline regulations (*e.g. embalming, casket, etc.*).
 - **We do not** contribute to or pay for cremations.
- **TEMPORARY STOP-GAP HELP to give people breathing space and hope**
 - Help while the person awaits start of public benefits
 - *Note: Be careful that your financial assistance is given in a way that isn’t counted as income that could disqualify or delay a person’s ability to receive benefits. Consider giving a gift card*
 - Help for a limited amount of time for those NOT eligible for public benefits
 - *e.g. non-citizen, over income, person who doesn’t meet eligibility requirements.*
 - Help to ensure the person knows that God has not abandoned them:
 - Sometimes, even if a case appears ‘hopeless’, it may be appropriate to ‘do something’
- **GIFT CARDS** – supermarket, department store, gas, etc.

- **OTHER WAYS WE CAN HELP:**

- **NEGOTIATE A BILL**
 - Sometimes, simply by asking, a vendor will reduce or discount a bill.
 - If the person cannot do this themselves, ask their permission to do so on their behalf.
 - Hospital Charity Care:
 - Contact the hospital social work or billing department to help the person start the process for charity care.
 - Funerals/ Burials:
 - If there is a funeral home that many people in your parish utilize, speak with the funeral director to determine the best way to negotiate reasonable costs. Also, make it clear to family members that Philoptochos cannot pay excessive costs – for example, for a ‘top of the line’ casket.
 - **DIRECT CASH ASSISTANCE:** At times, giving a person cash may be the only way to help, *e.g. if the person hasn’t eaten, give them (e.g.) \$10.00 so they can go get something to eat before you interview them.* **At a board meeting, discuss and establish the criteria** to determine when / if your Chapter will give limited cash assistance to an individual.

- **EMERGENCY GRANTS**

- From time to time, it may be necessary to give an emergency grant without going through your social services point person/ committee or executive board.
 - At a board meeting, discuss and establish the criteria for giving emergency grants, e.g. under what circumstances, who can make such decisions (*e.g. President and Treasurer*), and the maximum amount they are authorized to award without prior executive board approval.
- **Since problems don't come to a halt in the summer or holidays**, establish a plan to determine how your Chapter will respond to social service needs during such times. Confer with your Metropolis President/ Social Services liaison for suggestions.

- **PROCEDURES TO OBTAIN CHAPTER APPROVAL FOR YOUR SOCIAL SERVICES GRANTS:**

- **CREATE & APPROVE AN ITEMIZED CHAPTER BUDGET:**

NOTE: If you are not familiar with developing a budget, contact your Metropolis President and ask for guidance.

To ensure accountability and transparency, develop and approve an **ANNUAL BUDGET** that itemizes . . .

- **PROJECTED INCOME**
 - *e.g. stewardship / membership dues, fundraisers, sale of baked and other goods, special appeals, door / raffle revenue from events, Sunday tray donations, individual contributions, etc.* and
- **PROJECTED EXPENDITURES**
 - *Metropolis/National commitments; event costs (postage, printing, supplies, food, rental of venue, music, etc.)*
 - Chapter operating costs (*postage, printing, etc.*)
 - Charitable contributions to local/ broader charities *e.g. a domestic violence and/or homeless shelter, food pantry, soup kitchen, etc.*); costs related to National/Metropolis events (*conventions, etc.*); and
 - **"SOCIAL SERVICES ASSISTANCE"** (see below).
- **INCLUDE A SOCIAL SERVICES LINE ITEM FOR FINANCIAL GRANTS TO INDIVIDUALS & FAMILIES:**
 - **Allocate an amount for SOCIAL SERVICES ASSISTANCE to individuals and families.**
 - For guidance determining a realistic amount based on your Chapter size and number of members, contact your Metropolis President.
 - **Decide your Chapter's maximum amount per grant:**
 - At a board meeting, discuss and vote on the maximum amount (cap) your Chapter will award per case regardless the reason, e.g. \$250.00 / \$500.00 / \$750.00 / \$1,000.00
 - **If there is a compelling reason to do so, decide whether and how you will exceed this cap:**
 - At a board meeting, discuss and vote on the process your Chapter will use to do so.
- **CHECKLIST FOR SOCIAL SERVICES GRANT**
 - Do you have a completed and signed **Application for Assistance and Consent Form**?
 - Has the Social Services point person interviewed the client?
 - Has the Social Services point person obtained the required documentation from the client?
 - If needed, has she verified this information?
 - If more than one bill has been submitted by the client and your Chapter cannot cover all of them, has she asked which bill is the most important to be paid?
 - Has the Social Services point person discussed the merits of the case with the President?
 - Is the Social Services point person ready **to make a recommendation** to the Chapter's executive board?
 - If the client's needs exceed your Chapter's capabilities/ resources, **will you ask the Metropolis Philoptochos and/or National Philoptochos to supplement your Chapter's financial assistance?**
- **PRESENT THE CASE TO THE EXECUTIVE BOARD** (*NOT the entire board nor to entire membership*)
 - **DO NOT** provide any information that may reveal the identity of the person / family
 - **Example:** *On behalf of an 83-year-old indigent man who passed away and has no family/ friends to help with the final arrangements, we recommend contributing (\$ x) directly to the funeral home.*
 - If the case was referred to your Chapter by the Metropolis or National Philoptochos, state so.
- **PUT THE RECOMMENDATION TO A VOTE**
 - When approved, pay bill(s) directly.
 - **Two signatures** should be required on each check – President and Treasurer.
 - At your next board and general membership meetings, give an overview of activities and grants awarded.
 - **Do not provide any information that would identify the recipients.**

STEP EIGHT: CASE-BY-CASE RECORD KEEPING:

- Maintain a record for each person who has reached out to you, when and what you did:
 - Create a file folder (*case record*) for each and assign a number coordinated with the year the case first became known to you that can be used to identify the case to your board and members
 - Cross-reference cases that carry over from one year to another or another administration

- Track return “askers” so that you have a complete picture of help you and others have provided
- Safely secure these case records in a locked file cabinet, closet or office at your Church.
 - **Don’t** keep case files in someone’s home. Confidentiality is risked, files can be misplaced or inadvertently destroyed, thus making the transition from one administration to the next difficult and incomplete.

NOTE ABOUT CHAPTER AUDITS:

National Philoptochos policies require all Chapters to conduct an audit at the end of each Administration of ALL Chapter financial transactions, including Social Services grants and awards. Please note that the auditor can ask for backup documents from your case records.

STEP NINE: COLLABORATE WITH YOUR METROPOLIS PHILOPTOCHOS AND/OR NATIONAL PHILOPTOCHOS:

- **CASE/CLIENT ASSISTANCE:**
 - When the need is greater than your Chapter’s financial capabilities, obtain the person’s permission to request supplemental help from your Metropolis Philoptochos President and/ or National Philoptochos.
 - If you’re not sure how to handle a case or client, ask your Metropolis President or National Philoptochos for guidance.
- **GENERAL CHAPTER ASSISTANCE/OPERATIONS:**
 - For help regarding Chapter functions e.g. developing a budget, conducting a meeting, ideas for events/ fundraisers, arranging for/responding to an audit, etc., contact your Metropolis Philoptochos President

STEP TEN: COLLABORATE WITH YOUR PRIEST:

- Parish priests are the **Spiritual Advisors** to local Philoptochos Chapters. While you do not have to inform your priest of the help your Chapter is providing, nor do you need your priest’s approval to provide services or financial assistance, nor should the priest determine how your Social Services funds are distributed, the priest can be an excellent resource to help you identify persons-in-need in your community.
- When a case is referred to your Chapter by your priest, please maintain **TRANSPARENCY and ACCOUNTABILITY** by following the procedures recommended in this document.
 - **Regardless who refers the case to our Chapter, conduct a full evaluation so that you can respond accordingly.**
- **DISCRETIONARY MONIES TO PRIESTS:**
No Chapter is required to provide a priest with discretionary funds.
 - However, if your Chapter wishes to do so, **put it to a vote of your board and general membership.**
 - Decide the amount to give him (e.g. \$250) and whether the fund will be in cash, gift cards or both.
 - To ensure financial transparency, accountability, ask your priest for a regular accounting of how, to whom and the date he distributes funds or gift cards,
 - e.g. \$10 to a homeless man for a meal; two supermarket gift cards totaling \$50 to a family of four
 - Ask for this accounting **before** you replenish the priest’s discretionary fund.

OTHER: USE OF CHAPTER FUNDS FOR NON-CHARITABLE OR NON-PHILANTHROPIC PURPOSES

- **Funds raised for charitable or philanthropic purposes CANNOT be used to pay for “bricks and mortar” expenditures.**
- Some Parish Councils or Priests ask their Philoptochos Chapter to contribute to “bricks and mortar” needs of the church, e.g. *repair the roof, pave a driveway, purchase equipment, etc.* Other Chapters choose to pay for such items on their own.
 - If your Chapter is asked or wishes to contribute to some non-charitable or non-philanthropic needs of your church:
 - **Put it to a vote** first of your board and then general membership
 - Sponsor a specific event / appeal/ fundraiser that **clearly publicizes how funds will be used:**
 - e.g. “We are holding a (type of event) to raise money to help the Church repair its roof.”

WHEN SPONSORING EVENTS SUCH AS TRICKY TRAYS, 50/50 RAFFLES, GAMES OF CHANCE:

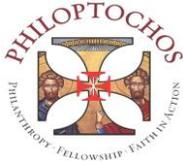
- Many nonprofits use games of chance or silent/live auctions to fundraise – without realizing that “legalized games of chance” are regulated activities, and illegal in many states.
- If the event serves /sells alcoholic beverages, a separate alcohol license may be needed.

For more information about requirements, licenses, permits, “donor” contributions (e.g. winning bid on an auction item) go to the website of the National Council on Nonprofits at:

- **<https://www.councilofnonprofits.org/tools-resources/games-of-chance-raffles-and-charity-auctions>**
 - *the website provides a link to help you find your State Association of Nonprofits*
- Contact the National Council on Nonprofits at:
 1001 G Street NW, Suite 700 East, Washington, DC 20001. Phone: 202.962.0322

08.2019

If you have any questions about our “Recommended Step-by-Step Policies and Procedures for Social Services Efforts by Chapters/Metropolises”, please contact Paulette Geanacopoulos, LMSW at National’s Department of Social Services by phone at 212.977.7782 or by email at PauletteG@philoptochos.org.



GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIAL SERVICES

METROPOLIS / CHAPTER APPLICATION FOR ASSISTANCE

Please email, mail or fax this application to:

Three horizontal lines for contact information.

PLEASE ATTACH CURRENT PHOTO OF APPLICANT

IF YOU ARE SEEKING FINANCIAL ASSISTANCE, PLEASE SEE POLICIES ON PAGE 4

DATE ___/___/___ HOW DID YOU HEAR ABOUT US? _____

NAME OF APPLICANT _____

ADDRESS _____ Apt _____

CITY _____ STATE _____ ZIP CODE _____ METROPOLIS _____

TEL: HOME (____) _____ WORK: (____) _____ CELL: (____) _____

DATE OF BIRTH (DOB): _____ SSN XXX-XXX-____ EMAIL ADDRESS _____

MARITAL STATUS: _____ NAME SPOUSE/PARTNER _____ LIVES IN _____ SPOUSE/PARTNER'S HOUSEHOLD ___Y___N DOB: _____

TYPE OF HOUSING (Rent/Own/Roommate/Other) _____ AMT. MORTGAGE OR RENT _____ /PER MONTH

NAME / ADDRESS LL: _____

IF CLIENT IS UNDER 21, NAME OF CUSTODIAL PARENT OR GUARDIAN: _____

OTHERS IN HOUSEHOLD: NAME RELATIONSHIP DATE OF BIRTH

Table with 4 columns: NAME, RELATIONSHIP, DATE OF BIRTH. Includes three rows of blank lines for data entry.

SOLELY SO WE CAN DETERMINE IF YOU MAY BE ELIGIBLE FOR PUBLIC BENEFITS OR OTHER ENTITLEMENTS, PLEASE PROVIDE:

CITIZENSHIP PERMANENT RESIDENT STATUS: ___US CITIZEN ___/GREEN CARD ___ UNDOCUMENTED ___ GREEK NAT'L. _____ OTHER

IS THERE A PERSONAL OR FAMILY HISTORY OF ALCOHOL OR DRUG ABUSE/ADDICTION? ___YES ___NO

IS THERE A PERSONAL OR FAMILY HISTORY OF MENTAL ILLNESS? ___YES ___NO

ARE THERE FIREARMS IN HOUSEHOLD? ___Yes ___No IF YES, HOW ARE THEY SECURED? _____

SPECIFIC ASSISTANCE BEING REQUESTED: _____

PLEASE LIST HELP YOU HAVE RECEIVED OR CURRENTLY ARE RECEIVING FROM ANY OF THE FOLLOWING

Table with 3 columns: Organization/Source, Type / Amt. of Help Received, Date(s). Rows include National Philoptochos, Metropolis Philoptochos, Philoptochos Chapter, Other Church, Social Service Agency, Gov't. / Public Benefit(s), and Other.

CONSENT FOR RELEASE OF INFORMATION: ___SIGNED ___MAILED ___VERBAL PERMISSION ___REFUSED

NAME OF APPLICANT _____

PAGE TWO/ APPLICATION

TO BE COMPLETED BY ALL APPLICANTS:
HOUSEHOLD INCOME / EMPLOYMENT INFORMATION:

IS APPLICANT CURRENTLY EMPLOYED? Y N If YES, EMPLOYED BY: _____

DATES EMPLOYED: (FROM) _____ (TO) _____ IF NO LONGER EMPLOYED STATE REASON: _____

APPLICANT'S INCOME: _____ IS THIS AMOUNT: ANNUAL MONTHLY WEEKLY

WAS INCOME TAX RETURN FILED LAST YEAR? Y N CAN YOU SEND US A COPY? Y N

SAVINGS / OTHER ASSETS: _____

OTHERS IN HOUSEHOLD WITH INCOME FROM ANY SOURCE:

NAME	MONTHLY INCOME	AMOUNT CONTRIBUTED TO HOUSEHOLD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MONTHLY HOUSEHOLD INCOME: (ALL IN HOUSEHOLD) _____

IF APPLICANT IS SEEKING FINANCIAL ASSISTANCE FOR HEALTH / HEALTH CARE RELATED COSTS
PLEASE COMPLETE THIS SECTION:

NOTE: THE CONSENT FOR RELEASE OF INFORMATION MUST BE SIGNED

NAME OF PATIENT _____ DATE OF BIRTH _____

PRIMARY DIAGNOSIS / DISABILITY, ETC: _____

PRIMARY MEDICAL PROVIDER(S):

HOSPITAL _____

DOCTOR _____

CLINIC / OTHER _____

IS THE PATIENT COVERED BY HEALTH INSURANCE: YES NO

NAME OF INSURANCE COMPANY: _____

AMOUNT of CURRENT UNPAID BILLS _____

OTHER RELEVANT HEALTH INFORMATION _____

FOR GREEK NATIONALS:

IF APPLICANT IS A GREEK NATIONAL, IS S/HE COVERED BY GREEK HEALTH INSURANCE? YES NO

IF YES,
NAME OF GREEK INSURANCE _____

WHAT WILL THE GREEK HEALTH INSURANCE COVER IN THE UNITED STATES? _____

**TO BE COMPLETED BY ALL APPLICANTS:
PUBLIC BENEFITS / GOVERNMENT ENTITLEMENTS / OTHER INCOME:**

	NAME/RECIPIENT	AMOUNT/PERIOD
PUBLIC ASSISTANCE / TANF		
SNAP (FOOD STAMPS) / WIC		
SUPPLEMENTAL SECURITY INCOME (SSI)		
<u>SOCIAL SECURITY:</u> PENSION/ RETIREMENT / SURVIVOR BENEFITS		
<u>SOCIAL SECURITY:</u> DEPENDENT BENEFITS (FOR MINOR CHILDREN)		
<u>SOCIAL SECURITY:</u> DISABILITY BENEFITS (SSD)		
<u>OTHER DISABILITY BENEFITS:</u> STATE DISABILITY/EMP. BENEFIT/PRIVATE INS.		
WORKERS COMPENSATION (WCB)		
UNEMPLOYMENT INSURANCE (UIB)		
VETERAN BENEFITS		
UNION BENEFITS _____		
HOUSING SUBSIDY: SECTION 8; OTHER _____		
HEAP / UTILITY DISCOUNT PROGRAM		
MEDICAID/ACA MARKETPLACE / HOSPITAL CHARITY CARE		
MEDICARE (PART __A, __B; __D)		
PRIVATE HEALTH INSURANCE COVERAGE		
CHILD SUPPORT / ALIMONY		
CONTRIBUTIONS FROM FAMILY / FRIENDS		
OTHER _____		
OTHER _____		

HOUSEHOLD EXPENSES (ALL):

ITEM	MONTHLY AMOUNT	PAID TO
HOUSING (RENT/MORTGAGE)		
REAL ESTATE / OTHER TAXES		
UTILITIES (GAS/ELECTRIC/WATER/ETC..)		
HEAT / HOT WATER / OIL		
TELEPHONE/INTERNET/CELL		
FOOD / OTHER (E.G. DIAPERS)		
TRANSPORTATION / AUTO INS.		
HEALTH INSURANCE PREMIUMS / COBRA		
LIFE INSURANCE		
CHILD SUPPORT/ALIMONY		
LOANS (STUDENT / OTHER)		
CREDIT CARD(S) BALANCES		
OTHER _____		

PLEASE NOTE OUR POLICIES and PROCEDURES REGARDING FINANCIAL ASSISTANCE:

- *Our financial assistance is limited to Orthodox Christian individuals and families, regardless of immigration status provided the bills / expenses you are asking us to consider are from vendors within the United States of America.*
- *Each case is evaluated individually based on its merits, documented need and abilities of those involved.*
- *Cases seeking financial assistance are reviewed for approval or denial by designated members of the National Board of Philoptochos.*
- *All information provided is confidential and will not be shared with sources outside those named above without your permission.*
- *As a nonprofit organization, we are accountable to our donors. As a result, you will be required to submit current documentation of household income and expenses to verify your request, e.g. employment pay stubs; tax filing(s); government benefit award or denial letter(s); income from others in household; confirmation of contributions received from family / friends; copy of your lease, mortgage statement; copy of eviction / foreclosure notice, utility bills / shut-off notice; documentation of medical diagnosis; copies of uncovered medical expenses and other medical bills, etc.*
- *As our resources are limited in amount and scope, we are unable to provide ongoing financial assistance. When necessary, information about and/or referrals and/or assistance to apply for continuing help may be made to government agencies, local nonprofits, other levels of Philoptochos.*
- *Should your request be approved, please note that we do not provide direct cash assistance to applicant(s). Our policy is to pay the provider of service directly, such as the landlord, mortgage holder, utility company, medical provider, hospital, funeral home, etc.*

• Please describe specific help being requested from Philoptochos:

• Was there an event or events that caused you to seek our help and contact us at this time?

• How have you managed until now?

• As Philoptochos cannot provide ongoing assistance, how do you plan to manage in the future?

• Additional information that may help us determine how best to help you:

CERTIFICATION:

I certify that the information included on this form is true and complete to the best of my knowledge.

Signature of Applicant (or parent or legal guardian if applicant is a minor)

Date



GREEK ORTHODOX ARCHDIOCESE ^{OF} AMERICA
GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY, Inc.

CONSENT FOR RELEASE OF INFORMATION

DATE: _____

To be completed by Philoptochos Social Service Department:

TO: _____

FROM: Paulette Geanacopoulos, LMSW
Director, National Philoptochos Department of Social Services
126 East 37th Street, New York, NY 10016
Confidential Social Work Telephone: 212.977.7782 • Email: PauletteG@philoptochos.org
Name / Signature of person requesting information: _____

TO BE COMPLETED BY CLIENT:

RE: Name of Client: _____

Date of Birth: _____

Social Security #: XXX - XX - ____

I, _____ am a client of the Social Work Department of National Philoptochos, the philanthropic arm of the Greek Orthodox Archdiocese of America. I hereby authorize your release to National Philoptochos of all assistance and services provided to me by you/your organization, and/or other information as described below that is in my case record. I understand that the information to be released is confidential and protected from disclosure. I understand that I have the right to cancel my permission to release information either orally or in writing at any time before it is released. I understand that the information provided may not be re-disclosed without my consent or under other authorization. I further understand that my consent to release information will expire when acted upon, or 180 days from the date signed, whichever occurs first. (A photostatic, scanned or facsimile of this authorization shall be considered as valid as the original).

DATE SIGNED: _____

Signature of Client: _____

Printed Name of Client: _____

WITNESSED BY:

Signature of Witness: _____

Printed Name of Witness: _____

If client is a minor or incapacitated:

Signature of Guardian or Legal Representative: _____ Relationship _____

EXTENT OR NATURE OF INFORMATION BEING REQUESTED:

Medical, mental health information, history of substance use disorder or addiction, history of violence, including evaluation, diagnosis, treatment and dates of treatment, admission and discharge; outpatient services; medication(s) prescribed and length of time on such drugs; psychosocial history; psychological testing and course of treatment; legal history; family and social service information and history; entitlement/benefit information and history from government and/or other resources; financial assistance requested/provided.

PURPOSE OF REQUEST: To assist in the assessment of the client; to verify information provided by client; to assist in developing an effective and appropriate service plan that may assist the client to manage in the future.