

CCCS OF NORTHEASTERN WISCONSIN

P.O. Box 335
Menasha, WI 54952
920-886-1000

1381 S. Broeig St.
Green Bay, WI 54311
820-740-4124

2814 S Onaida St
Green Bay, WI 54311
920-850-0566

4335 Calumet Avenue
Manitowoc, WI 54220
920-740-4124

P.O. Box 652
Sturgeon Bay, WI 54235
920-743-1862

1800 W. 20th
Oshkosh, WI 54901
920-966-1200

805 W. Fulton St.
Waupaca, WI 54981
715-323-0337

2561 8th St. South
WI Rapids WI 54494
715-323-0337

CLIENT BILL OF RIGHTS

As a client of CCCS of Northeastern Wisconsin, you have the following rights:

- To be treated with dignity and respect;
- To be actively involved in any plan which may be developed for you;
- To withdraw from the Debt Management Program after written notification to the agency
- To have complaints addressed in a timely manner;
- To speak freely in an appropriate manner and to have your concerns addressed;
- To ask questions and be informed of your rights of CCCS of Northeastern Wisconsin.

COMPLAINT RESOLUTION PROCESS Client Grievance Policy

We are committed to providing you with high quality professional services. However, if you are not satisfied with services provided or if you want to make a complaint, we ask that you follow these guidelines.

- First, try to resolve the issue with the staff member involved, giving them specific information about your complaint.
- If this is not possible or the issue is not resolved to your satisfaction, please write or call the Coordinator of Counseling Services at our Menasha office (920-968-6374).
- We may request a meeting with you or seek more information from a staff person.
- We will respond in writing within fifteen (15) days.
- Finally, if your issue is still unresolved, you may appeal directly by letter to the Executive Director. After additional fact finding, the Executive Director will provide a concluding decision to you within fifteen (15) days.

Non-Discrimination Policy

CCCS of Northeastern Wisconsin shall not discriminate in the selection and participation of clients in its programs with respect to race, religion, color, gender, age, national origin or handicap. No criteria other than those required by funding sources or by Federal or state law(s) shall be used to determine client eligibility.

Clients who feel that they have been discriminated against in the provision of services by CCCS of Northeastern Wisconsin on grounds of race, religion, color, sex, age, national origin or handicap, have the right to appeal to the Executive Director. The Administrative Assistant will accept your written complaint and make an appointment with the Executive Director for you.

For information on consumer protection, contact the Federal Trade Commission (FTC)
at www.ftc.gov.

Or send mail to 55 E Monroe St., Suite 1300, Chicago, IL 60606

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Green Bay, WI 54304
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Marion, WI 54220
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920-743-1662

1600 W. 20th St
Oshkosh, WI 54901
920-966-1200

2561 8th St. South
WI Rapids WI 54454
715-323-0337

805 W. Fulton St
Waupaca, WI 54981
715-323-0337

PRIVACY POLICY: Financial Information & Service Center, Inc./dba Consumer Credit Counseling Service of Northeastern Wisconsin, is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "personal financial information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, contracting, auditing, licensing and accrediting personnel. We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST OR when our staff has been served by a valid subpoena.**

The following **PRIVACY PRACTICES** detail circumstances under which we will release your information to a third party:

1. We do not disclose any non-public personal information about our clients or former clients to anyone, except as permitted by law.
2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to creditors or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
4. We may disclose all of the information that we collect, as described below, to creditors and related financial institutions who need this information in order to put you on a debt management program (DMP).
5. We may disclose some or all of the information that we collect, as described below, to contracting, auditing, licensing and contracting personnel that you have authorized who need this information to audit, license and accredit CCCS and to efficiently provide services to you. Companies that perform administrative services on behalf of CCCS are required to protect the confidentiality of your information and only use the information for the purpose for which the disclosure is made.
6. We restrict access to non-public personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.
7. We collect non-public personal information about you from the following sources:
 - Information we received from you on our applications or other forms you provide;
 - Information about your transactions with us, your creditors, or others; and
 - Information we receive from a credit-reporting agency.
8. We may disclose the following kinds of non-public personal information about you:
 - Information we receive from you on applications or other forms, such as your name, address, social security number, assets and income;
 - Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
 - Information we receive from a credit-reporting agency, such as your credit history.

RELEASE: I hereby release this Consumer Credit Counseling Service to release all non-public information it obtains about me to (1) my creditors, (2) any third parties necessary to resolve the matter(s) discussed during my counseling session, and (3) auditing, contracting, licensing and accrediting personnel. I further release and authorize all of my creditors to provide non-public information about me to this Consumer Credit Counseling Service.

Consumer(s) _____ Date _____
Form 75 01/23/07

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P.O. Box 335 Menasha, WI 54952 20-888-1000	1301 S. Brosig Street Green Bay, WI 54304 920-740-4124	2814 S Onaida St Green Bay, WI 54304 920-850-0566	4335 Calumet Avenue Manitowoc, WI 54220 920-740-4124	P.O. Box 652 Sturgeon Bay, WI 54235 920-743-1862	1600 W. 20 th Street Oshkosh, WI 54901 920-968-1200	805 W Fulton St Waupaca, WI 54981 715-323-4337	2561 8 th Street South WI Rapids WI 54484 715-323-0337
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CLIENT RESPONSIBILITIES And CONDITIONS RESULTING IN TERMINATION OF SERVICE

Frequently, our clients are experiencing stress and anxiety because of financial problems and/or debt. These problems may be difficult and time consuming to resolve. You have indicated a willingness to work out these problems by coming to CCCS.

You have taken the first step by seeking advice and counsel. This process will move beyond just understanding "how" this situation occurred to seeking solutions and learning preventive strategies for the future.

We are committed to assist you, provided you are ready and willing to work hard and cooperate fully. You have the opportunity to resolve your financial situations, but must realize that it *won't be a "quick fix"*. *Change is a process that takes time, patience and perseverance!*

SUCCESS involves a willingness to recognize and accept the following:

1. **ONLY YOU CAN IMPLEMENT OUR RECOMMENDATIONS** and free yourself from the situation you are in. We will help you develop strategies and solutions which are appropriate for your circumstances, but we can't do the work for you.
2. **ANTICIPATE SOME CHANGES!!** You must change old habits and not create new debts or obligations. It may be necessary to reduce your spending or attempt to increase your total family income. You may be faced with difficult decisions such as what would be "nice or convenient to have" and "what is really necessary".
3. **YOU MUST KEEP YOUR WORD.** We expect honesty. If we can establish an agreement between you and your creditors, you must keep the faith with them and with us. You have an obligation to yourself, your creditors and the community.

Failure to acknowledge any of these guidelines could result in termination of client status.

If you are ready to proceed with this understanding, we invite your signature below to acknowledge your part of the responsibility.

We (I) have read the above statement, accept the challenge and responsibility it represents, and ask CCCS to proceed on our (my) behalf, pledging our (my) complete and earnest intent to follow whatever plan is developed.

We (I) further understand that not complying with these guidelines can result in discontinuation of service.

CLIENT _____ DATE _____

CLIENT _____ DATE _____

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STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully to understand CCCS procedures. Initial next to each statement to indicate understanding of that provision.

1. I understand the program will provide confidential, comprehensive personal money management interviews should I choose to pursue a one-on-one financial counseling arrangement.
2. I understand that a certified consumer credit counselor or qualified consumer credit counselor will conduct the interview. All action plans not conducted by a certified consumer credit counselor will be reviewed by a certified credit counselor. Our counselors are trained and certified in accordance with the National Foundation for Credit Counseling ("NFCC"). A qualified consumer credit counselor has been trained but has not, as yet passed all of the required tests.
3. I understand if I am dissatisfied, I can utilize the Complaint Resolution Process, included on the next page.
4. I understand that client fees for the counseling program include \$25 which is submitted with the infopac. Another \$25 will be collected at the 1st appointment. If you believe you are unable to pay a counselor will help you determine if the fee can be waived. If it is determined that a DMP would be beneficial, \$25 of the original fee will be refunded. This counseling is available without regard to a client's ability to pay. I understand that funding for the agency comes from various sources, which include, but are not limited to: United Way support, voluntary creditor contributions, client fees and voluntary contributions, general community support (corporate, professional, church, and individual), and grants from private foundations.
5. I understand that most funding for the DMP program comes from voluntary contributions from creditors who participate in Debt Management Programs (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund the agency. These contributions are usually calculated as a percentage of payments made through the DMP, which can be up to fifteen percent (15%) of each payment received. However, all accounts with creditors will always be credited with one hundred percent (100%) of the amount paid through CCCS. CCCS will work with all creditors regardless of whether they contribute to the agency.
6. I understand that the decisions I make regarding my financial concerns are ultimately the result of my own choices. Therefore, I agree to hold the agency, its employees and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice or counseling. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C 101 et seq.
7. Should I choose to seek one-on-one counseling, I understand that, in that process, I will be given a written assessment outlining a suggested client action plan which will be based on the following options:
- A) I may choose to handle financial concerns on my own.
 - B) I may choose to enroll in the agency's Debt Management Program (DMP). A DMP serves a dual role of helping me repay my debts and helping creditors to receive the money owed to them.
 - My participation in a debt repayment program may change information which is already on my credit report. If my credit report reflects that I have paid creditors as agreed in the past, a Debt Repayment Plan could have a negative impact on a creditworthiness decision by a potential creditor, landlord, or employer in the future.
 - In addition, creditors may report that I am on a Debt Management Program and am not paying as originally agreed although they have accepted the reduced payment.
 - I understand the agency has no responsibility or obligation for any past, present, or future credit rating I receive.
 - C) I should also be aware that debts to creditors I repay through the plan may be able to be discharged through bankruptcy. Counselors may answer questions about bankruptcy, but cannot provide legal advice.
 - D) I may be referred to other services of the organization or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified.
8. I understand that receipt of financial counseling services does not automatically guarantee participation in the Debt Management Program.
9. I understand that at some time in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the program's services.

Applicant _____

Counselor _____

Applicant _____

Date _____

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