

Family Development and Self-Sufficiency Program (FaDSS)
Family Participation Agreement

My family agrees to join the FaDSS program. We understand that FaDSS helps our family to achieve our goals for well-being and self-sufficiency. We agree to work with our FaDSS specialist throughout our time in the program. As a family participating in FaDSS, we understand and agree to the following:

1. We will work toward self-sufficiency and well-being for our entire family.
2. Our family can expect to be treated ethically, honestly, fairly, and respectfully without regard to age, race/ethnicity or gender identity. Our beliefs, culture, and values are respected and valued.
3. We may ask questions at any time, in ways that best meet our needs. We may request information in writing or verbally, in a language of our preference, or in a manner that considers hearing, vision, or other challenges.
4. We agree to meet with our FaDSS specialist two times a month for our first three months in the program. We agree to meet at least monthly after that.
5. We will work with our FaDSS specialist to explore and set goals for our family’s success.
6. We may request referrals to other resources or programs that may be useful to our family.
7. Our FaDSS specialist may advocate for or with our family as we work toward our goals.
8. What we share with our FaDSS specialist will be kept confidential unless we give written permission. There may be limited situations when our FaDSS specialist may share confidential information without written permission. These include the following:
 - a. If our family faces imminent danger or harm
 - b. In the case of suspected child abuse or neglect
 - c. Our FaDSS specialist may share relevant information with our PROMISE JOBS or Income Maintenance workers (if applicable and appropriate)
9. We may continue to participate in FaDSS for up to seven months after leaving FIP (if applicable).
10. We may voluntarily withdraw from FaDSS at any time.

If we have concerns about participation in FaDSS or any of the items agreed upon above, we may contact the FaDSS Coordinator within ten (10) days of the concern or incident.

FaDSS Coordinator	Address	Phone	Email	Hours
Doug Stodgel	2309 Euclid Ave. Des Moines, Iowa 50310	(515) 286-3407	doug.stodgel@polkcountyiowa.gov	8:00 – 4:30 (M-F)

If we are not satisfied that our concerns have been addressed by the FaDSS Coordinator, we may follow the local FaDSS agency’s procedures to address our concerns. If we still do not agree that our concerns have been addressed, we may contact the Iowa Department of Human Rights at:

Address	Phone
FaDSS Program Manager Iowa Department of Human Rights Lucas State Office Building, 2 nd Floor Des Moines, Iowa 50319	515-281-3861

_____	_____	_____	_____
Family Signature	Date	Specialist Signature	Date
_____	_____		
Family Signature	Date		