



PARTICIPATING AGENCY AGREEMENT & NUMBER REQUEST

Purpose

Community Voice Mail (CVM), a program of Community Information & Referral, Inc. (CIR)(host agency) and Community Voice Mail National (CVMN), provides voicemail technology to help people in transition and crisis receive messages from potential employers, landlords, health care providers, child care providers, case managers and providers of critical human services. **The purpose of this CVM Agreement is to outline requirements and to operate as a contract between Community Information & Referral, Inc (CIR) Community Voice Mail Program (CVM) and**

_____ **(participating agency)** in order to fulfill the ultimate mission of Community Voice Mail.

Fees

The Phoenix Arizona Community Voice Mail program is a no fee collaborative effort between (participating agency) and Community Information & Referral. This participating agency has requested and been assigned CVM voice mailboxes for a period of one year at a donated in-kind value of **\$2.50 per box per month**. The numbers are received free of charge by participating agency. **Please provide a signed copy of this agreement to your agency's financial director.** NOTE: No fee for CVM may be assessed to client as it would be a violation of CVM mission.

Roles & Responsibilities

The success of this program depends on the cooperation of the above participating agency and the host agency to work together in the following ways:

Requirements of Staff at Participating Agencies

1. Protect the integrity of the Community Voice Mail (CVM) program by determining eligible clients, assign them a CVM voice mailbox, assist them in recording a greeting, setting a security code and train them to retrieve their messages.
2. Obtain client signature on all CVM forms (see Client Agreement of Understanding on Intake/Outcome Form).
3. Maintain strict confidentiality and privacy regarding CVM clients and the messages they receive.
4. When a CVM client completes use of CVM, complete the "Exit & Outcomes" sections of the original CVM Intake/Outcome sheet, a client survey (if applicable), and reset the appropriate voice mailbox with your agency security code to protect the vacant CVM number.
5. Send the client forms within 24 business hours to the CVM System Manager at **602.263.0979 or cvm@cir.org**.
6. Upon need, request additional telephone numbers and retraining from the CVM System Manager.

AGENCY REQUESTING FIVE (5) NUMBERS Check if numbers requested.

Requirements of Host Agency - CVM Staff

1. Provide excellent customer service and technical assistance to the local CVM network of participating agencies and clients. Also provide numbers to Agency as requested above. _____ PROVIDED ON _____
2. Train and retrain participating agency staff.
3. Provide participating agencies with a CVM monthly report showing system activity to promote consistent record keeping among participating agencies.
4. Maintain strict confidentiality and privacy regarding CVM clients and the messages they receive.
5. Update materials, policies, and procedures with feedback from the CVM Participating Agencies and Clients.

Failure to comply with requirements by either party may result in termination of this agreement. Either party may cancel this agreement and, as a result, cancel the official affiliation between the Participating Agency and the Community Voice Mail program.

Participating Agency Name _____

Signed: Participating Agency Director, Date _____

H.F. "Patt" Patterson _____

Host Agency, CVM System Manager, Date
Community Information & Referral

Signed: Participating Agency Contact, Date _____