



**Tribal Higher
Education Scholarship
(T.H.E.)**

**Deadlines:
Spring funding- December 1st
Fall funding- June 30th**

Native CIRI Shareholders and Descendants of CIRI Original Enrollees may apply for the Tribal Higher Education (THE) Scholarship program. This program offers funding to eligible students pursuing postsecondary education through an accredited college, university or training facility.

Scholarship awards are based on the availability of funding for each deadline on a first-come, first-completed basis. These funds are supplemental and are not intended to cover the full cost of training. **Funds are to be applied to tuition, fees, course-required books and supplies, and campus housing/meal plans only.** Funding will not exceed \$15,000 in a lifetime educational career.

Important! If the Certificate Degree of Indian Blood (CDIB) or supporting documentation reflects that the village of ancestry is *Chickaloon, Kenai, Knik, Ninilchik, Salamatof or Tyonek*, the student must apply directly through their village before applying to CITC.

Students must reapply for funding at each deadline. As recipients, students agree to maintain at least a 2.0 GPA and full-time status, and keep their file with CITC/THE current; please see Policies and Responsibilities, page 6. *If you choose to fax your application, please mail the original copy to the office address below.*

Incomplete applications will not be considered for funding- no exceptions.

DOCUMENTS NEEDED:

- Certificate Degree of Indian Blood (*issued by the BIA, noting CIRI as the corporation*)
- Selective Service Registration for Male students aged 18-25 (www.sss.gov)
- Complete Tribal Higher Education application (*this packet, no blanks*)
- Statement of purpose (*200 words*)
- Letter of reference from a non-family member (*kept on file for 3 years*)
- Class schedule (*registration confirmation from the school*)
- *Transcripts (*most current*)
- Acceptance Letter from the school, noting field of study
- Budget Forecast from the Financial Aid Office (*page 9 of this packet*)
- Student Aid Report-SAR PDF Version (*from FAFSA, see page 2*)

***Transcripts must come directly from the school or be printed in our office.**

If you have any questions or would like more information:

**CITC Tribal Scholarships and Grants Program
3600 San Jeronimo Drive, Suite 286
Anchorage, AK 99508
907.793.3578 direct, 877.985.5900 toll free
907.793.3589 fax, scholarships@citci.com**

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What is the **FAFSA**?

The FAFSA is the **Free Application for Federal Student Aid**. The following programs are administered by the U.S. Department of Education and provide over \$33 billion a year to students attending post-secondary schools.

- Federal Stafford and PLUS Loans
- Campus-Based Programs
- Federal Supplemental Educational Opportunity and Pell Grants
- Federal Work Study
- Perkins Loans

The FAFSA will take 4-6 weeks to get processed and then you will receive a **Student Aid Report (SAR)**. Your SAR is an electronic printout of the information that you provided on your FAFSA. You will need to look over the information to ensure that you provided correct information and that it was entered in to the database correctly. You will either need to make your corrections or simply sign off that the information is correct. Once you return your SAR, it will take a couple more weeks to hear whether or not you are eligible for federal aid.

Filling out the FAFSA is often the first step to receiving other financial aid. Even if you are not sure that you are eligible- apply. Students are often pleasantly surprised to find that they are eligible for funding. You can obtain applications from most colleges or vocational training facilities in your area. If you do not have these in your area, check with your school counselor.

Students who are eligible for federal aid and are between the ages of 17 and 21, can apply for the **Gear Up Alaska Scholarship**. This scholarship offers up to \$7,000 per school year in additional funding to eligible students. You can obtain applications through any of the Trio college preparation programs. Again, talk to your school counselor to find out more about this scholarship.

What are the benefits of using **FAFSA on the Web**? www.fafsa.ed.gov

- FAFSA on the Web is faster than applying for aid by paper.
- FAFSA on the Web uses skip logic based on your particular information, so you will need to answer fewer questions than on the paper application.
- FAFSA on the Web checks your answers before you submit your application, so there is less chance your application will be rejected because of missing or conflicting information. You can save application information so that it can be completed and transmitted at a later time. FAFSA on the Web can be used on Windows or Macintosh computers, using the most popular Netscape and Microsoft browser versions.
- FAFSA on the Web doesn't require software to be installed, so it takes less time before you can actually use the application.
- You can access FAFSA on the Web from anywhere, including school or home, making it more convenient to complete the application.
- FAFSA on the Web can support an unlimited number of users, allowing thousands of students to apply at once.



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18 **Employment Status:**

Main Occupation _____

If you are currently working:

Hourly Wage \$ _____ Hrs/Wk _____ Active Union Member Pending layoff

If you are currently unemployed: Last date of employment _____

19 **SECTION II - FAMILY INCOME**

Check all sources of income that currently apply to you.			
** Cash Assistance **		Child Support	<input type="checkbox"/>
** ATAP/TANF Benefit **	<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>
** General Relief (GR) **	<input type="checkbox"/>	Foster Care Payments	<input type="checkbox"/>
** Social Security Income (SSI) **	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>
** General Assistance (GA) **	<input type="checkbox"/>	Retirement Pension	<input type="checkbox"/>
Employed <input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/>	Native Corp. Dividends	<input type="checkbox"/>
Unemployment Benefits	<input type="checkbox"/>	Permanent Fund Dividend	<input type="checkbox"/>
Scholarship/Grants	<input type="checkbox"/>	Worker's Compensation	<input type="checkbox"/>
Housing Assistance: <input type="checkbox"/> AHFC <input type="checkbox"/> CIHA	<input type="checkbox"/>		
Child Care: <input type="checkbox"/> CITC <input type="checkbox"/> DPA <input type="checkbox"/> DCAP	<input type="checkbox"/>	Other:	<input type="checkbox"/>

I certify the information given is true to the best of my knowledge. I understand this information may be confirmed; deliberate false statements are subject to fines and/or imprisonment for a maximum of 2 yrs.

20 _____
Applicant Signature Date

21 _____
Parent or Legal Guardian Signature (if applicant is under 18) Date

SECTION III - REQUEST FOR SERVICES

Check all that apply to your immediate needs: (Subject to funding and eligibility)

Emergency Assistance:

Family Crisis Burial Assistance Tribal TANF Case Mgmt

Basic Needs Assistance:

General Assistance Other _____

Employment:

Job Referral
 Resume Development
 Employment Counseling
 Evaluation/Skills Testing
 Basic Computer Skills
 Youth Employment Services
 Adult Employment Services

Education/Training:

Basic Ed/ESL/GED
 Test/Referral
 Skill Training
 Career Counseling
 Education Scholarship
 Academic Assistance

Misc./Supportive Services:

Child Care
 Transportation
 Social Services
 Clothing/Uniforms
 Training/School Supplies

Other Assistance (specify): _____

Goals / Action Plan

Goal Category

22 My educational goal is: _____

In order to achieve this goal I will:

23 _____

SECTION IV - CHALLENGES- Please check all that apply

- | | |
|--|---|
| <input type="checkbox"/> 1. Currently employed/low income | <input type="checkbox"/> 14. Public Assistance (Food stamps, GA etc.) |
| <input type="checkbox"/> 2. Not in Labor Force | <input type="checkbox"/> 15. Long-term TANF(30 mos.)/ATAP recipient |
| <input type="checkbox"/> 3. Unemployed 15+ weeks | <input type="checkbox"/> 16. TANF Recipient |
| <input type="checkbox"/> 4. Last date of employment-_____ | <input type="checkbox"/> 17. BIA General Assistance Recipient |
| <input type="checkbox"/> 5. Lacks significant work history | <input type="checkbox"/> 18. Pregnant/Parenting Teen |
| <input type="checkbox"/> 6. Limited English proficiency | <input type="checkbox"/> 19. Substance Abuse issue |
| <input type="checkbox"/> 7. Reading Skills below 7 th grade level | <input type="checkbox"/> 20. Criminal History |
| <input type="checkbox"/> 8. Math skills below 7 th grade level | <input type="checkbox"/> 21. Lack of Child Care |
| <input type="checkbox"/> 9. Not at age appropriate H.S. grade level | <input type="checkbox"/> 22. Lack of Transportation |
| <input type="checkbox"/> 10. High School Dropout/no GED | <input type="checkbox"/> 23. Domestic Violence |
| <input type="checkbox"/> 11. Single Parent | <input type="checkbox"/> 24. No Driver's License |
| <input type="checkbox"/> 12. Disabled Individual | <input type="checkbox"/> 25. Foster Care |
| <input type="checkbox"/> 13. Homelessness | <input type="checkbox"/> 26. Other: _____ |

IMPORTANT- PLEASE READ AND KEEP THE ATTACHED CLIENT GRIEVANCE POLICY (PAGES 10-13)

I have read and been briefed on the CITC Client Grievance Policy and Procedures. I fully understand my rights and responsibilities as a CITC Program Recipient.

24 _____
Applicant Signature Date

SECTION V - ELIGIBILITY CERTIFICATION

To be completed by STAFF

This application has been completed and reviewed by the following CITC staff member.

Intake Specialist Date Reviewer Date

OUTCOME

- | | |
|--|---|
| <input type="checkbox"/> Entered Unsubsidized Employment | <input type="checkbox"/> Other Education Outcome |
| <input type="checkbox"/> Other Employment Outcome | <input type="checkbox"/> Miscellaneous Objective Achieved |
| <input type="checkbox"/> Degree/Certificate Attained | |

Employee Date

SECTION VI - SUPPLEMENTAL INFORMATION

Current Education Status

Current Postsecondary Class Standing (check one)

25 Vocational Freshman Sophomore Junior Senior Graduate

Current Program (check one)

26 Certificate Associate Bachelors Masters Doctorate Other _____

27 Field of Study: _____ Estimated Graduation Date: _____

28 My school calendar is based on: Semesters Quarters Other (specify) _____

29 Date semester/term begins: _____ Date semester/term ends: _____

30 My current *cumulative* grade point average (GPA) is: _____ I plan to take ___ credits this term

31 While attending do you plan to live on or off-campus? On-Campus Off-Campus

School Information: Please fill out COMPLETELY

32 Name of School: _____

33 Financial Aid Office Address _____

34 City _____ State _____ Zip _____ Counselor: _____

35 Telephone: _____ Fax: _____

36 **Have you received funding through this program before? Y / N When?** _____

Policies and Responsibilities

1. CITC's scholarship programs mandate full-time attendance at a *minimum* performance level of a 2.0 GPA on a 4.0 grading scale. Full-time attendance is defined as at least 12 undergraduate credit hours and 9 graduate credit hours, respectively. Students awarded prorated scholarships for part-time studies must complete the number of hours they were awarded the scholarship for, while maintaining a minimum 2.0 GPA. Failure to achieve these standards will result in being placed on ACADEMIC PROBATION the following term. Failure to achieve these standards during academic probation will result in ACADEMIC SUSPENSION from the program.

STUDENTS SUSPENDED FROM THE PROGRAM WILL BE REQUIRED TO SUCCESSFULLY RAISE THEIR GPA AND/OR EARNED CREDIT HOURS AT THEIR OWN EXPENSE TO REGAIN ELIGIBILITY FOR THE PROGRAM.

2. You are required to submit your grades to the Tribal Scholarships Counselor upon availability.
3. Your scholarship award will be mailed directly to the Financial Aid Office at the school. **Funding will be used for tuition, fees, books, supplies, on-campus housing and on-campus meal plans only. At this time, we are not able to fund living expenses.**
4. You must reapply for CITC scholarships *at each deadline*.
5. If you withdraw from school you must advise CITC of the withdrawal reasons in writing.

37 _____
Applicant Signature Date

Please Note:

You must turn in all documents noted on the first page of this application for your application to be considered for funding. Incomplete applications will not be considered for funding until they are complete- No Exceptions.

Release of Information Consent Form

Cook Inlet Tribal Council (CITC) scholarship applicant information is kept confidential in accordance with the Family Education Rights and Privacy Act of 1974. As a courtesy to the student, CITC will share documents with specific written consent.

Information will not be released to another party, including parents or family members, without a specific written request from the applicant with each application on file at CITC.

IMPORTANT

It is the student's explicit responsibility with every application to notify and follow up with CITC of documents to be shared. Documents needed to complete the CITC application may differ significantly from documents needed to complete The CIRI Foundation or other scholarship applications-- CITC will not assume responsibility for ensuring the completion of other applications.

Ultimately- it is the student's responsibility to verify that the requested documents to share are the most current and are available in their CITC file, and that they are shared with the specified parties.

38 I, _____, authorize Cook Inlet Tribal Council's Tribal Scholarships and Grants Program to release and receive any and all information or records pertaining to my educational progress, including but not limited to: grades, transcripts and/or scholastic achievements.

I authorize the release of my CITC application information to:

39 The CIRI Foundation AND/OR _____ AND/OR _____
Name / Relationship Name / Relationship

I understand that this release of information will be in effect and honored during the application period for which it is being considered. To revoke this privilege, I must provide a written statement indicating that the release of information is no longer given to the party(ies) previously granted permission.

I understand that it is ultimately my responsibility to complete my scholarship application(s).

40 _____ Date _____
Applicant Signature

41 _____
Printed Name

**Cook Inlet Tribal Council, Incorporated (CITC)
AUTHORIZATION FOR RELEASE OF INFORMATION TO CITC**

I, _____, authorize the release of information requested by Cook Inlet Tribal Council, Inc. (CITC). The requested information shall be used solely in the administration of CITC programs, including meeting federal reporting requirements or for the purpose of criminal prosecution for violation of CITC program requirements. Information requested includes, but is not limited to: grades, transcripts, and/or scholastic achievements and financial information.

Persons or organizations that may be contacted include, but are not limited to: the Alaska Department of Law, the Alaska Department of Fish and Game, the Alaska Department of Labor, the Alaska Department of Revenue, the Alaska Department of Military Affairs, Alaska State Housing Authority, local governments, tax assessors, financial institutions, private corporations, landlords, employers, school authorities, and private individuals.

This authorization expires 12 months from the date of signature.

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

42		
	Applicant signature	Witness signature if "X" signed
43		
	Printed name	Printed name of witness
44		
	Social Security Number	
45		
	Date	

BUDGET FORECAST

Student: Complete the Grey Section, then submit to your *Financial Aid Office* to complete the Bottom Section--the entire form must be completed to be considered.

Student Name: _____ Social Security #: _____
 Mailing Address: _____ City _____ State _____ Zip _____
 I give permission for (school name) _____ to
 release any financial and/or academic information to Cook Inlet Tribal Council's Tribal
 Scholarships and Grants Program at any time I am enrolled with this school.
 Signature _____ Date _____

(Bottom portion to be completed by the Financial Aid Office and returned to CITC)

46 **Academic term from** ____/____/____ - ____/____/____ **(Quarter/Semester/Other)**
 (circle one)

47 Student has completed _____ credits to date and plans to take _____ credits this term.

48 Student's estimated graduation date is _____ and current major is _____.

Budget:

Comments:

Tuition _____	_____
Fees _____	_____
Room/Board _____	_____
Books _____	_____
Meal Plan _____	_____
Other (Specify) _____	_____
Total Cost _____	_____

<i>Student Resources</i>	<i>Fall</i>	<i>Winter</i>	<i>Spring</i>	<i>Summer</i>	<i>Total</i>
In-School Scholarship					
Parent/Family Contribution					
Pell Grant					
School Work Study					
SEOG					
Student Contribution					
Student Loan(s)					
Tribal Assistance (specify)					
Tuition Waiver					
Veteran's Benefits					
Other (specify)					

50 **Please note that this budget forecast form** Total Cost: \$ _____
 51 **must be *complete* for CITC to consider this** --Total Resources: \$ _____
 52 **student's scholarship application- No Exceptions.** = **Unmet Need: \$** _____

Financial Aid Officer Signature / Printed Name		Date	
Address	City	State	Zip
Telephone	Fax	Email	

Please return to: CITC Tribal Scholarships and Grants Program; 3600 San Jeronimo Drive, Suite 286; Anchorage, AK 99508; or fax 907.793.3589 Attn. THE Program <Please call the Tribal Scholarships Counselor at 907.793.3578 with any questions.>

Cook Inlet Tribal Council, Inc.
CLIENT GRIEVANCE POLICY AND CLIENT ACKNOWLEDGEMENT STATEMENT

I. PURPOSE

Cook Inlet Tribal Council, Inc. (CITC) respects the rights of clients and will assist clients in resolving any complaints arising from a real or perceived violation of client rights through a fair, impartial and orderly process.

II. SCOPE

This policy applies to all CITC clients and supercedes all other client grievance policies and procedures that CITC had at the time this policy was adopted.

III. DEFINITIONS

- A. **Client.** A person of any age who is either currently receiving services or has received services from CITC. "Client" also includes a client's designated representative such as family members, care-givers and support persons.
- B. **Client Rights and Privacy Officer ("CRP Officer").** A CITC employee, appointed by the CITC President/CEO and is the key compliance officer for all federal and state human rights laws including those that apply to the privacy (confidentiality) of patient/client information pursuant to HIPAA, 42 U.S.C. Par. 290dd-3 implementing regulations and 42 C.F.R. Part 2 and client rights.
- C. **Complaint.** Formal charge or accusation made by a client arising from unjust treatment as a result of policies or actions such as but not limited to confidentiality, non-discrimination, staff conduct, client conduct of the department, a department service offered, or lack of access to an offered service.
- D. **Grievance.** A circumstance thought to be unjust or injurious and grounds for a complaint.
- E. **HIPAA. Health Insurance Portability and Accountability Act of 1996** (federal law) Contains provisions for safeguarding the privacy and confidentiality of patient/clients' protected health information. It applies to CITC's covered programs: Tribal Vocational Rehabilitation; Substance Abuse Services' Residential Treatment Center; First Step Assessment Center; Family Treatment Center; Mobile Treatment Unit; Clare Swan; Recovery Journey; Wisdom Place; Re-entry/Pathways to Sobriety; Family Service Department's Clinical Services; Program Evaluation; Shared Services Accounting Department Billing Unit; and Shared Services Information Technology Services.

IV. POLICY

- A. **Policy Statement.** It is the policy of Cook Inlet Tribal Council, Inc. (CITC) that a current or past client who has a real or perceived grievance arising from unjust treatment at CITC as a result of policies or actions such as but not limited to (a) non-discrimination, (b) conduct of staff, (c) conduct of clients of the department, (d) a department service offered or determination, (e) lack of access to a service offered; or (f) confidentiality is entitled to protest the policies or actions and participate in a process to resolve the dissatisfaction through an orderly CITC internal grievance procedure. **All** CITC services and programs are dependent upon grant agency and donor funds, and eligibility for such services and program participation is dependent upon the terms and conditions of the respective funding sources.

B. Client Rights and Responsibilities

- 1. Rights. A client has a right to:
 - a. be treated with respect;
 - b. be treated without regard to race, age, color, sex, religion, national origin, disability, marital status, parental status, changes in marital status pregnancy, socioeconomic status, language or status as a Viet Nam Era or special disabled veteran, or other protected classification under local, state or federal law;
 - c. be treated without regard to disability unless treatment being provided by CITC makes treatment hazardous to the individual;
 - d. have all personal information treated in a confidential manner; provided, however that only protected health information maintained by covered programs shall be subject to CITC's HIPAA Policies or HIPAA use and Disclosure Procedures;
 - e. review his/her file with an appropriate staff present;
 - f. be fully informed regarding any and all fees associated with his/her services received from CITC;
 - g. be given clear information regarding participation in all program activities, i.e., attendance, completion requirements;
 - h. be treated without fear of reprisals;
 - i. fair and impartial resolution of issues that may arise in the delivery of CITC programs or services to the client; and
 - j. if denied direct assistance or services be provided with a written explanation regarding the reasons for denial and indication as to what issues need to be resolved for re-application or reinstatement.
- 2. Responsibilities. A client has the responsibility to:
 - a. treat CITC employees with respect;
 - b. be accurate and complete as possible when providing information to a CITC employee;

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- c. submit complaints that are not frivolous (trivial);
- d. abide by CITC program/service rules and regulations in which the client is applying to enter;
- e. actively participate in decisions and perform those activities made in the decision-making process regarding any services received from CITC;
- f. inform the appropriate CITC employee of any changes in client information such as name, address, or income changes, etc.
- g. abide by CITC's Client Grievance Policy and Procedure; and
- h. ask for clarification regarding any CITC services received but not understood by the client.

C. **Client Complaint Resolution.** All client complaints will be reviewed fairly and impartially. No specific form is necessary to file a grievance; however a complaint must be in writing.

Confidentiality. If the grievance involves breaches of patient/client confidentiality regarding HIPAA requests to amend, for an accounting, for access, for a restriction, and for alternative communications, it shall be processed in accordance with the CITC HIPAA Use and Disclosure Policy and Procedure (Pol. No. 3.100) by the CITC CRP Officer. If any of CITC's grants require CITC to have a client grievance procedure, HIPAA does not preempt their application to complaints arising under HIPAA.

D. **Client Notification.** The CITC Client Grievance Policy and Procedures shall be discussed and distributed to all clients at the time of entry into a CITC program or service. Each client will enter into an agreement with CITC using the "*CITC Client Rights and Responsibilities Agreement*" form. The original document will be kept by CITC and a copy issued to the client. The CITC Client Grievance Policy and Procedures will be posted in every building where CITC provides programs and services.

E. **Costs.** CITC will not pay legal fees that may be incurred by a client involved in an informal or formal grievance with CITC. CITC will pay for its mediation expenses but not the costs for client representation.

F. **Disability Accommodation.** The applicable CITC program shall make disability-related accommodation to the extent required under applicable law to assist an individual in the conduct of a client grievance.

G. **Client Services During Complaint Resolution.** Pending a final resolution of a complaint, no service may be reduced or terminated unless the services were obtained through misrepresentation, fraud or collusion or the individual or authorized representative requests suspension, reduction, or termination of services.

H. **Employee Disciplinary Action.** If a CITC employee is determined to be in violation of the CITC's policies, including CITC's HIPAA Use and Disclosure Policy and Procedures (CITC Policy No. 2.100), the employee will be subject to discipline, up to and including termination of employment.

V. TIME LIMITS

The time limits stated in the CITC Client Grievance Policy and Procedures are mandatory.

VI. CONTACT

CITC Client Rights and Privacy Officer (CRP Officer): Cook Inlet Tribal Council, Inc., 3600 San Jeronimo Drive, Anchorage, AK 99508, telephone: (907) 793-3600 or toll free (877) 985-5900.

VII. PROCEDURES

There are several options to assist a client in resolving a complaint arising from a real or perceived violation of client rights during any and all stages of client participation in the delivery of CITC programs and services. Every effort should be made to resolve the client grievance at the earliest possible time. If the complaint is not resolved through Informal Discussion, a client may follow the Formal Complaint Procedures.

Step 1. Informal Discussion

The client, before submitting a Formal Complaint, should attempt to resolve the complaint through Informal Discussion so that no further action is required. The client is to request a meeting with the CITC employee against whom the complaint is aimed or with the person who is most involved in the conditions resulting in the complaint; or, the client may request a meeting with the employee's supervisor or program director or department director.

If a client contacts an employee other than the one against whom the complaint is aimed, the client is to be referred to the CRP Officer. It is the responsibility of the CRP Officer to direct the client to the appropriate employee against whom the complaint is aimed.

Confidentiality Complaints. If the complaint involves a matter of HIPAA confidentiality, it must be directed to the CRP Officer. The CRP Officer will investigate the alleged privacy violations and render a written decision to the client within thirty (30) days. A copy of the decision shall be kept on file by the CRP Officer. The CRP Officer's decision is final.

Step 2. Formal Written Complaint

If the complaint is not resolved satisfactorily in Step 1, the client may prepare and submit a written Formal Complaint to the CRP Officer no later than thirty (30) calendar days from the time of the occurrence of the event that resulted in the grievance. The written statement must include: (1) description of the complaint,

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(2) name of the CITC employee or condition about which the complaint is issued, (3) date when the grievance arose, (4) proposed solution to the complaint, (5) signature of the client submitting the complaint, and (6) date in which the complaint was written and submitted. No form is necessary but it must be submitted in written form. [CRP Officer, 3600 San Jeronimo Dr., Anchorage, AK 99508, tel (907) 793-3600.]

Step 3. Administrative Review

Upon receipt of a Formal Complaint submitted in writing by the client, the CRP Officer will conduct an Administrative Review or select another internal investigator (CITC employee) or an external independent investigator to conduct the Administrative Review in the CRP Officer's sole discretion.

Administrative Review Procedure: The CRP Officer will:

1. Inform the aggrieved client of (a) the Administrative Review procedure and (b) his/her right to have a representative present during the Administrative Review;
2. Review documents pertinent to the issue and identify and conduct interviews of key individuals to the issue;
3. Conduct the Administrative Review within twelve (12) calendar days from receipt of the client's written complaint or at a time mutually agreed to by the parties involved so that the entire review can be completed within forty-five (45) calendar days, unless the parties agree to a specific time extension. If the Administrative Review is not conducted within thirty (30) calendar days from the submission of the written complaint due to undue delays by the client, the client's request for an Administrative Review will be declared invalid.
4. Hold the Administrative Review at a time and place convenient to the client and any other individuals to be interviewed.
5. Attempt to resolve the matter to the satisfaction of the client and develop a written agreement with the client. Submit a copy of the written agreement to the department director, the involved employee(s) and program manager.
6. If there is no resolution to the complaint to the satisfaction of the client, explore options with the client and provide information on the right to Mediation or Administrative Hearing, including timeframes and direct the written request to the CRP Officer.
7. Following the review, brief the employee, program manager and department director on the results of the Administrative Review and be available to clarify the results.
8. The results of the Administrative Review are binding unless the decision of the CRP Officer is not permitted by law.
9. The client may reject the findings of the review and request either Mediation (Step 4) or an Administrative Hearing (Step 5).

Step 4. Mediation

Mediation is an alternative dispute resolution method available to clients as another means of resolving a complaint when a CITC Administrative Review has not resolved the dispute to the satisfaction of the aggrieved client.

Mediation discussions are confidential and may not be used as evidence in a subsequent due process hearing, nor may mediation be used to deny or delay the client's right to pursue an impartial hearing, provided that the client has signed a written confidentiality agreement.

Participation in Mediation is voluntary on the part of the client and CITC. Either party may reject Mediation as an alternate dispute resolution method. Either party, once accepting Mediation, may terminate the mediation process with or without cause upon submission of a written notice to the other party.

Mediation Procedure:

1. The aggrieved client must submit (a) a written request for Mediation to the CRP Officer that clearly states the reason for dissatisfaction with the results of the Administrative Review, signed and dated, and (b) a written confidentiality agreement that mediation discussions shall remain confidential. Mediation must be requested by the client within thirty (30) calendar days from the issued Administrative Review notice of results; otherwise, mediation is not an option.
2. The CRP Officer will request the department director or division vice president who is not directly related to the issue that created the client's dissatisfaction to represent CITC in the mediation.
3. The CRP Officer will select randomly a name from an external independent mediator list maintained by CITC.
4. The Mediator will
 - a. Arrange and conduct the mediation session with the aggrieved client and the CITC representative. Mediation must be conducted within twelve (12) calendar days from receipt of the client's written request for Mediation or at a time mutually agreed to by the parties involved. The entire review must be completed within forty-five (45) days, unless the parties agree to a specific time extension. If the Mediation is not conducted within thirty (30) calendar days from the submission of the written request due to undue delays by the client, the client's request for Mediation will be declared invalid.
 - b. Prepare a written Mediation Agreement, if agreement between the parties is reached, signed and dated by the client, the Mediator and the CITC representative.

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- c. Submit a copy of the signed and dated Mediation Agreement to the client, CITC representative and the Department Director.

Step 5. Administrative Hearing

An Administrative Hearing is a procedure whereby the aggrieved client who is dissatisfied with any determination concerning his/her complaint may present testimony and evidence or arguments, including testimony and evidence or arguments to the contrary, and seek a final determination from an impartial CITC Administrative Hearing Committee or Hearing Officer. This step may be selected by the client after a concluded Administrative Review and either before or after the Mediation step in the client grievance procedure.

Administrative Hearing Committee and Officer. The Committee and Committee Chair shall be appointed by the CRP Officer and include one vice president and two department directors or program managers none of whom has oversight for the program or service from which the complaint arose. As an alternative, the CRP Officer may, in consultation with appropriate CITC staff, select an external and independent Hearing Officer that is particularly knowledgeable about the nature of the grievance from a list maintained by CITC or available to CITC upon request to conduct the Administrative Hearing.

Administrative Hearing Procedure:

1. The client must submit a written request for an Administrative Hearing to the CRP Officer. The client's written request, clearly stating the client's dissatisfaction, must be submitted within thirty (30) calendar days from the date of receipt of notice of results from the CRP Officer pertaining to the last completed grievance procedure; otherwise, the request is voided.
2. An Administrative Hearing shall be conducted within ten (10) calendar days of receipt of the client's written request, unless informal resolution is achieved prior to the forty-five (45) day Administrative Review or the parties agree to a specific extension of time.
3. The Administrative Hearing Committee (or Hearing Officer) shall arrange for the Hearing by issuing notice of date, time and location of the Hearing to the client and other individuals named in the complaint who are to provide information pertinent to the issue. The Committee (or Hearing Officer) shall make all reasonable efforts to determine the facts regarding the allegations in the complaint based on pertinent documents and to allow the client and other individuals, if any, a reasonable opportunity to present evidence or argument.
4. The Administrative Hearing shall be held as scheduled, and the Committee (or Hearing Officer) shall listen to all testimony presented during the Hearing.
5. Upon conclusion of the Administrative Hearing, the Committee (or Hearing Officer) shall review and discuss the complaint, evidence, findings and decision for dismissal or resolution of the complaint. The Committee (or Hearing Officer) shall issue a written report of the findings and decision of the hearing within thirty (30) days from the completion of the hearing to the client, the program director, department director division vice president and president/chief executive officer.
6. The decision of the Administrative Hearing Committee (or Hearing Officer) is final.
7. The reports and related documents to the Administrative Hearing shall be maintained in a confidential file by the CRP Officer.

Step 6. External Complaint Resolution

Clients must exhaust the procedures available under this CITC client grievance policy before pursuing an external resolution of a complaint.

Confidentiality Complaints

A client also may file a complaint with the Secretary of the U.S. Department of Health and Human Services ("DHHS"). Complaints must be (1) filed in writing, either on paper or electronically; (2) name the entity that is the subject of the complaint and specifically describe the acts or omission believe to be in violation of the applicable requirements of HIPAA; and (3) be filed within 180 days of when the client knew or should have known that the act or omission occurred, unless this time limit is waived by the Office for Civil Rights ("OCR") for good cause shown. Complaints to the Secretary may be filed only with respect to alleged violations occurring on or after April 14, 2003.

The Secretary (of "DHHS") has delegated to the "OCR" the authority to receive and investigate complaints as they may relate to HIPAA. A client may file a written complaint with the OCR by mail, fax, or e-mail at the addresses listed below. Clients may, but are not required to, use the OCR's Health Information Privacy Complaint form. To obtain a copy of this form, or for more information about the Privacy Rule or how to file a complaint, contact an OCR office or the internet address: www.hhs.gov/ocr/hipaa/. Address written complaints to: Region X, Office for Civil Rights, U.S. DHHS, 2201 Sixth Avenue, Suite 900, Seattle, WA 98121-1831. TEL (206) 615-2287. FAX (206) 615-2297. TDD (106) 615-2296. For all complaints filed by e-mail, send to: OCRComplaint@hhs.gov. For further information contact Lester Coffey, OCR, DHHS, Mail Stop Room 506F, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201. TEL (202) 205-8725.

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