

JCVAI shall not discriminate in the selection and participation of clients in its services or programs with respect to of race, religion, color, sex, age, national or ethnic origin, sexual orientation, or physical or mental disability, medical condition, gender, sexual orientation, religion, employment, marital status, financial status or any other consideration made unlawful by federal, state or local law.

Intake/Interview & Quality Review Sheet

You are responsible for the information on your return so please provide complete and accurate information to JCVAI and Associates, Inc.

You will need your:

- Tax information such as copies of tax returns, 1099s & W-2s for the tax periods, and **ALL** letters received from the IRS
- Social security cards or ITIN letters for you and all persons on your tax return. **(copies only)**
- Picture ID (such as a valid driver's license or other government issued ID for you and your spouse, if applicable). **(copies only)**

Part I. Your Personal Information

1. Your First Name	M. I.	Last Name	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Your Spouse's First Name	M. I.	Last Name	Is your spouse a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing Address	Apt#	City	State Zip Code
4. Contact Information			
Phone:	Cell Phone:	E-mail:	
5. Your Date of Birth	6. Your Job Title	Are you:	7. Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No
		8. Totally and Permanently Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Your Spouse's Date of Birth	10. Your Spouse's Job Title	Is Your Spouse:	11. Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No
		12. Totally and Permanently Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			

Part II. Marital Status and Household Information

1. For the tax period(s) you are requesting tax resolution services, were you?
 Single
 Married: Did you live with your spouse during any part of the tax period(s)? Yes No
 Divorced or Legally Separated: Date of final decree or separate maintenance agreement: _____
 Widowed: Year of spouse's death: _____

2. List names below of **everyone** who lived in your home during the tax period(s). Also list anyone who lived outside of your home that you supported during the tax period(s).

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home (d)	US Citizen or resident of US, Canada or Mexico (yes/no) (e)	Marital Status S = Single M = Married (f)	Full-time Student (yes/no) (g)	Each tax period or year(s) the person lived with you (h)

The data from the following questions may be used to apply for grants to support the operations and this service. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? _____

Are you or a member of your household considered disabled (circle one) Yes No

Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income – During any of the tax period(s), did you or your spouse receive:

- | Yes | No | Unsure | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Wages or Salary? (Form W-2) If yes, how many jobs did you have in 2012? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Tip Income? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Scholarships? (Forms W-2, 1098-T) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Refund of state/local income taxes? (Form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Alimony Income? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Self-Employment Income? (Form 1099-MISC) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Cash/check payments for any work performed not reported on Forms W-2 or 1099? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Disability Income (such as payments from insurance, or workers compensation)? (Forms 1099-R, W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Unemployment Compensation? (Form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Income (or loss) from Rental Property? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.)? (Forms W-2 G, 1099-MISC)
Specify: _____ |
-

Part IV. Expenses – During any of the tax period(s), did you or your spouse pay:

- | Yes | No | Unsure | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Alimony: If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Contributions to a retirement account? <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401K <input type="checkbox"/> Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Educational expenses for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Unreimbursed employee business expenses (such as uniforms or mileage)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Medical expenses (including health insurance premiums)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Home mortgage interest? (Form 1098) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Charitable contributions? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Child or dependent care expenses such as day-care? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.? |
-


Part V. Life Events – During any of the tax period(s), did you or your spouse:

- | Yes | No | Unsure | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in Box 12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099A) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Buy, sell or have a foreclosure of your home? (Form 1099-A) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Live in an area that was affected by a natural disaster? If yes, where? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Receive the First Time Homebuyers Credit in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Pay any student loan interest? (Form 1098-E) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Make estimated tax payments or apply last year's refund to your tax? If so how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Attend school as a full time student? (Form 1098-T) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Adopt a child? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. File a federal tax return containing a "capital loss carryover" on Form 1040 Schedule D? Which years? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Check here if you received IRS Notice CP01A containing your Identity Protection PIN due to identity theft |
-

JCVision and Associates, Inc.

Statement of Authorization and Disclosure- Tax Resolution Service GENERAL

1. This agreement between JCVision and Associates, Inc. (JCVAI), and I/We, the undersigned applicant (s) has entered into on the date indicated below. I hereby employ JCVAI to assist me/us in resolving my tax issue with the Internal Revenue Service.
2. **Hold Harmless Statement:** I/We, the undersigned taxpayer(s) for assistance in my/our effort to obtain help from JCVAI organization in resolving an individual tax issue (non-business tax account) with the Internal Revenue Service (IRS) or Department of Revenue, hereby release and hold harmless the agency and staff of JCVision and Associates, Inc. as they pursue this process. I agree to cooperate to the fullest extent of my ability with JCVAI in every respect with regard to the tax resolution service to be provided.
3. **Bilingual Service:** Success of JCVision and Associates, Inc. tax resolution service depends on accurate communication with our clients, regardless of their level of English proficiency. I/We fully understand that it is the agency's policy to provide free bilingual counseling services or professional interpreter assistance to any limited English proficient client. If you need any language, please reference the Department of Justice website for assistance: <http://www.justice.gov/open/language-access.html>
4. **Fee Schedule:** JCVAI shall charge a reasonable and nominal fee of \$150 to all taxpayers requesting tax resolution services. The fee is posted in the reception area and is accessible to the public. Payment shall be made in whole by cash, money order or cashier's check. JCVAI. will provide services without regard to a client's ability to pay and will not withhold any documents, correspondence, and/or tax returns to be sent to the IRS on the behalf of the taxpayer because of the client's inability to pay. A client can request a fee waiver or reduction of the fee. The request must be in writing. Supervisor evaluation and approval is required to receive a free or reduced rate service.
5. I/We fully understand that the staff of JCVAI is trained to provide this type of service. The counselors are trained and/or certified by any of the following agencies, and the agencies indicated with a "*" are providing/have provided funding towards JCVAI services (U.S. Trustee and/or EOUST have not reviewed nor approved any JCVAI's other non-counseling/instructional services):
 - * U.S. Department of Housing and Urban Development
 - * U.S. Department of Agriculture-Rural Development
 - * U.S. Treasury Department – Internal Revenue Service
 - * Georgia Department of Community Affairs
 - * Georgia Department of Community Affairs
 - * National Foundation for Credit Counseling
 - * NeighborWorks® Training Institute
 - * U.S. Trustee and/or EOUST
 - The Association for Financial Counseling and Planning Education
6. **POLICY ON NON-DISCRIMINATION:** Our agency serves all members of the community without regard to social/economic status.
 - a. JCVAI shall not discriminate in the selection and participation of clients in its programs with respect to of race, religion, color, sex, age, national or ethnic origin, sexual orientation, or physical or mental disability, medical condition, gender, sexual orientation, religion, employment, marital status, financial status or any other consideration made unlawful by federal, state or local law.
 - b. No criteria other than those required by funding sources or by federal or state law(s) shall be used to determine client eligibility.
7. JCVAI does not pay or receive fees or other consideration for the referrals of taxpayers to JCVAI.

Disclosure continues onto next page 

8. **No Legal Advice:** JCVAI tax professionals will not provide me/us legal advice or representation that I/we are fully responsible for obtaining legal counsel, as appropriate. I/We further understand that all information provided by me/us will remain strictly confidential. However, I/we authorize the agency to make this information available to anyone having a legitimate and necessary interest therein as determined by JCVAI. JCVAI and Associates, Inc. is prohibited from selling of information about the taxpayer without taxpayer's written consent.
 9. **Credit Report:** JCVAI does not provide any services which can impact your credit report, either positively or negatively. JCVAI will provide you with information about your options for dealing with your creditors. Any of these options, if exercised by you, may have a significant impact on your credit report, either positive or negative. Administrator has made a good faith attempt to provide you with unbiased, neutral information explaining the likely impact the exercising particular options would have on your credit report, however Administrator makes no promises, guarantees or warranties, express or implied, as to the information it provides, or to the effects or impacts or any described options that may be exercised by you.
 10. **Strictly Confidential:** I/We further understand that all information provided by me/us will remain strictly confidential. JCVAI and Associates, Inc. might disclose client information to the Internal Revenue Service in connection with the United States Treasury oversight of the agency, or during the investigation of complaints, during on-site visits, or during quality of service reviews.
 11. I agree to cooperate to the fullest extent of my ability with JCVAI in every respect with regard to the assistance they provide in education and assistance in resolving my tax issue with the IRS or Department of Revenue.
 12. I affirm that all information given to JCVAI in this regard is complete and accurate to the best of my knowledge.
 13. I/We, the undersigned applicant(s) for assistance in my/our effort to obtain education and tax resolution services from JCVAI organization, hereby release and hold harmless the agency and staff of JCVAI and Associates, Inc. as they pursue this process.
 14. **No Endorsements:** The United States Treasury-Internal Revenue Service has reviewed only JCVAI and Associates, Inc.'s VITA Program. The United States Treasury-Internal Revenue Service has neither reviewed nor approved any other service(s) JCVAI provides to its clients.
11. A copy of this statement of authorization and disclosure may be accepted as an original.

The Undersigned:

Taxpayer

Date

Taxpayer

Date

INTAKE and COUNSELING SERVICES FORM

Appt: _____ Walk-in: _____ Tele/Call-in: _____

Type of Counseling T T = Taxes B = Bankruptcy FH = Fair Housing H = Housing C = Credit Counseling HS = Homeowner Services

Intake Interviewer: _____

Client Name: _____
last first

SSN or ITIN _____

Is client head of household Y N

Spouse Name: _____
last first

SSN or ITIN _____

Primary Language of Household _____

Circle One: Military Household Non-Military

Address: _____ City: _____ Zip Code: _____

Home #: _____ Work #: _____ Other #: _____

FOR INTERNAL USE ONLY

Assigned Counselor _____

Client ID#: _____

Referred By: _____

Open Date _____

Close Date _____

INFORMATION ON ALL HOUSEHOLD MEMBERS AT ABOVE ADDRESS

NAME Last, First, M.I.	Relationship To Client	Marital Status*	Date of Birth	Highest Level of Education	Race**				Sex		Disabled	
					W	B	H	O***	M	F	Yes	No
	<i>Self</i>											

* "Marital Status" use the following codes to specify: **S** = Single **M** = Married **D** = Divorced **W** = Widowed **LS** = Legally Separated
 ** "Race" specify: **W** = White **B** = Black **H** = Hispanic or Latino
 *** **O** = "Other" Race specify: **A** = Asian **AI** = American Indian **PI** = Pacific Islander **MR** = 2 or more races **SO** = Some Other Race

SOURCES OF INCOME

NAME Last, First, M.I.	Source/Employer	Year(s)*	Monthly Income (Gross)	Monthly Income (Net)	Annual Income (Gross)

*Length of Employment **Total Income:**

Financial Worksheet/Budget

Income

Enter your MONTHLY income below

Gross Income		Total MONTHLY Income
Net Wages Income (income after taxes)		
Overtime Income		
Business/Contractor Income		
Rental Income (if you have it)		
Retirement Income		
Social Security		
Disability		
Other Income (child support, alimony)		

Expenses

Type	Enter your MONTHLY Payment below
Auto: Gasoline	
Auto Loan #1	
Auto Loan #2	
Auto Insurance	
Installment loan:	
Installment loan:	
Installment loan:	
Credit Card:	
Credit Card:	
Credit Card:	
Other Debt:	
Other Debt:	
Bankruptcy Payment	
Student Loan:	
Student Loan:	
IRS Debt or State Tax Debt:	
1 st Mortgage Payment Total (Taxes & Insurance Included)	
Property Taxes - annual	
Property Insurance - annual	
2 nd Mortgage Payment or Home Equity Loan payment	
Other Mortgages	
Home Owner's Association Fee	

Type	Enter your MONTHLY Payment below
Medical Insurance	
Medicines	
Dr. Fees/Co-Pay	
Dentist Fees/Co-Pay	
Life Insurance	
Utilities: Electric	
Utilities: Gas	
Utilities: Water/Sewer	
Utilities: Cell Phone	
Utilities: Internet	
Utilities: Cable	
Utilities: Telephone	
Food and Groceries	
Food at Work	
Food: School Lunches	
After School Program/Activities Paid	
Fees related to Hobbies/ Sports	
Movie Rental	
Barber / Beauty Shop	
Clothing	
Laundry /Dry Cleaning	
Tobacco/Alcohol Products	

Expenses (continued)

Type	Enter your MONTHLY Expenses below	Type	Enter your MONTHLY Expenses below
Rent Payment (non-homeowner)		Tithes/Church Donations	
Renter's Insurance (non-homeowner)		Other Donations	
Home Maintenance		Allowance for Children	
Lawn Care		Child Care	
Pest Control		Personal Items/ Toiletries	
Other:		Money to support Parents	
Other:		Money to Support other related family members	
Other:		Other:	

Which tax years are to be resolved (list each year): _____

Do you own a home? Y N Property Street Address _____
 State _____ Zip Code _____ County _____

Have you filed bankruptcy (circle one)? Chapter 7 Chapter 13 When did you file bankruptcy? _____

Has it been discharged Y N When _____

Has it been dismissed Y N When _____

Who is your bankruptcy Attorney? _____ Phone # _____

Do you have a tax lien on the property? Y N Type of tax lien: Federal State Both

Number of Tax liens on the property: _____ Total amount of the tax lien(s) _____

Amount of 1st tax lien: \$ _____ Amount of 2nd tax lien: \$ _____

Are you currently paying on the lien(s)? Y N When did the payment plan begin? _____

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf (Authorization Form).

Client's signature _____  Sign here _____ Date _____

Client's signature _____ Date _____

Privacy Policy

JCVision and Associates, Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement.

We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregated data in all circumstances.

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 nonpublic personal information about our customers or former customer to anyone, except as permitted by law.
2. We may compile data and aggregate information that you give to us for local, state, or federal funders, but this information may not be disclosed in a manner that would personally identify you to the public 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 that need this information in order to put you on a debt management program (DMP).
5. We restrict access to nonpublic 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 nonpublic personal information.
6. We collect nonpublic personal information about you from the following sources:
 - Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income or other forms you provide;
 - 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.
7. We may disclose the following kinds of nonpublic 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.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (phone number) and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic 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 nonpublic personal information.

POLICY ON NON-DISCRIMINATION:

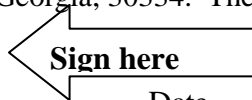
Our agency serves all members of the community without regard to social/economic status.

1. JCVAI shall not discriminate in the selection and participation of clients in its programs with respect to of race, religion, color, sex, age, national or ethnic origin, sexual orientation, or physical or mental disability, medical condition, gender, sexual orientation, religion, employment, marital status, financial status or any other consideration made unlawful by federal, state or local law.
2. No criteria other than those required by funding sources or by federal or state law(s) shall be used to determine client eligibility.

Additional Statements:

1. I affirm that all information given to JCVAI in this regard is complete and accurate to the best of my knowledge.
2. I/We further understand that all information provided by me/us will remain strictly confidential. However, I/we authorize the agency to make this information available to anyone having a legitimate and necessary interest therein as determined by JCVision and Associates, Inc.
3. I authorize JCVision and Associates to pull my credit report.
4. A copy of this statement of authorization and disclosure may be accepted as an original.

Clients who feel that they have been discriminated against in the provision of services by JCVISION AND ASSOCIATES, INC. on grounds of race, religion, color, sex, age, national or ethnic origin, sexual orientation, or physical or mental disability, medical condition, gender, sexual orientation, religion, employment, marital status, financial status or any other consideration made unlawful by federal, state or local law have the right to appeal to the Executive Director. The office of the Executive Director will accept your written complaint and make an appointment with the Executive Director for you. If you feel your civil rights have been violated, you may appeal to the Attorney General, 40 Capitol Square, SW, Atlanta, Georgia, 30334. The telephone Number for the Office of the Georgia Attorney General is (404) 656-3300.



Client’s signature _____

Date _____

Client’s signature _____

Date _____

**CLIENT RIGHTS, CLIENT GRIEVENCE
NON-DISCRIMINATION and PRIVACY NOTICE Polices**

POLICY ON CLIENT RIGHTS

As a client of JCVISION AND ASSOCIATES, INC., you have the following rights:

- To provide the Agency with accurate information to the best of their knowledge regarding all of their creditors and budget information necessary to assess their financial situation
- To receive timely response for services and an explanation if we are unable to provide services to you.
- To be treated with dignity and respect
- To ask questions and to have concerns addressed
- To be actively involved in a comprehensive assessment of their financial situation including an appropriate work plan/action plan which may be developed for you
- Be treated confidentially, with exception based on your permission or court order.
- Refuse any suggestions, recommendations or services offered.
- Request a review of your file records
- To terminate your relationship with our agency from any and/or all programs, counseling services and any other service at any time with full explanation of the consequences of such action.
- To express dissatisfaction through a Complaint Resolution Process. **A complete description of our grievance policy is available for review at any time.**
- To have complaints addressed in a timely manner
- To speak freely in an appropriate manner and to have concerns addressed; to ask questions and be informed of your rights as a client of JCVISION AND ASSOCIATES, INC..

POLICY ON CLIENT GRIEVANCE

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.
- **Second**, if this is not possible or if the issue is not resolved to your satisfaction, please write or call the Executive Director of JCVISION AND ASSOCIATES, INC. at our main office (912)877-4243. The address to send correspondence is P.O. Box 1972, Hinesville, GA 31310.
- **Third**, we may request a meeting with you (by phone or face-to-face) or seek more information from a staff person. We will respond within 10 business days.
- **Finally**, if your issue is still unresolved, you may appeal directly by mail to the President of the Board of Directors. After additional fact finding, the President will provide a concluding decision to you within 15 days of receipt of your written appeal.

By signing below, I certify that I have read and agree to the civil rights and client grievance notice.



Print Client's Name	Client's Signature	Date
Print Client's Name	Client's Signature	Date

JCVision and Associates, Inc.

Where There Is No "Financial" Vision, the People Perish

Consumer Education and Credit Counseling
Faith-Based Non-Profit Organization
HUD Approved Housing Counseling Agency

135-G East M. L. King, Jr. Drive, Hinesville, GA 31313
Phone: 912-877-4243 Fax: 912-877-4274
Email: jcvisiongeorgia@yahoo.com

Conflict of Interest Policy

JCVision and Associates, Inc., Is committed to ensuring that our business is conducted in an honest and professional manner. All employees are obligated to refrain from doing anything that could be reasonably regarded as creating a conflict of interest in the line with their professional responsibilities.

It is the policy of JCVision and Associates, Inc. to avoid any conflict of interest when providing business services to its customers. From time to time JCVision and Associates, Inc. may however have interest which conflict with our customers' interest: our policy is to identify such instances and manage them accordingly.

Identifying and Managing Conflicts of Interest: JCVision and Associates, Inc. has internal procedures to enable conflicts of interest to be identified. JCVision and Associates, Inc. has administrative and organizational arrangements in place to ensure that our employees act independently and in the way to safeguard the interest of our customers. These arrangements include:

- Internal procedures for handling conflicts of interest, should they arise;
- Internal rules to ensure that confidential information is dealt with appropriately;
- Procedures for governing personal dealings by JCVision and Associates, Inc. employees;
- Procedures in relations to internal JCVision and Associates, Inc. code of conduct and ethics; and
- Procedures in the relation to giving and receiving of gifts, entertainment or hospitality.

If a Conflict of Interest Arises: Where an unavoidable conflict of interest arises, the customer will be advised of this in writing. A response must then be received in writing from the customer, indicating that the customer is aware of the conflict and wishes to proceed with the business before the business can be processed further. If the customer has not been advised of any such conflict of interest, they are entitled to assume that none arises. JCVision and Associates, Inc, monitors the compliance of its conflicts of interest policy and related procedures on an ongoing basis.

Counselor Follow Up and Response Time

It is the policy of the agency to return phone calls to the clients within 2 business days except in the case of extreme emergencies or counseling staff is out of the office for an extended period of time.

1. I/We acknowledge that JCVision and Associates, Inc. does not and cannot guarantee any results or outcomes with the Internal Revenue Service. The final outcome is the decision between the Internal Revenue Service and me/us.
2. The tax professional will help me/us to complete the paperwork to be submitted by me/us to the Internal Revenue Service. I acknowledge that I am responsible for submitting all required documentation 10 days prior to deadline outline in the IRS correspondence, if any.
3. I/We will provide JCVision and Associates, Inc. a copy of the information submitted to the Internal Revenue Service for their records.
4. The Internal Revenue Service may follow up directly with me/us. I/We agree to contact JCVision and Associates weekly for status updates.
5. I further acknowledge that I will follow up with JCVision and Associates, Inc. upon notice of a decision or communication or notice received from the Internal Revenue Service to keep them updated.

SIGNATURE

DATE

SIGNATURE

DATE

FAX TRANSMITTAL

DATE:			
TO:	JCVision and Assoc. Loss Mitigation Team	FROM:	
FAX:	912-877-4274 or Toll Free: 866-796-1246	FAX:	
TEL:	912-877-4243 or Toll Free: 866-883-4243	TEL:	
		# OF PAGES:	

COMMENTS: