



Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

502-869-8000
Fax 502-543-3608
www.bullittschools.org

Memo

To: Keith Davis
From: Pat Smith ^{pms} Darnell
Date: Friday, June 01, 2018
Re: Memorandum of Understanding

This is a request for Board approval of the attached Memorandum of Understanding (MOU) between the Multi-Purpose Community Action Agency, Inc. and the Bullitt County Board of Education. The MOU will allow the sharing of information on families and individuals that are seeking or receiving services from the Multi-Purpose Community Action Agency. This information will facilitate the identification and assessment of needs and allow assistance and services to be provided to families and individuals in an efficient, effective and timely manner. Information will only be released following completion of an Authorization to Release Information form (attached). The MOU and release of information form have been sent to Eric Farris for review.

cc: Becky Sexton

Equal Education and Employment Institution



Multi-Purpose Community Action Agency, Inc.
44 Creekside Drive
Taylorsville, Kentucky 40071
Phone (502) 477-8296 • Fax (502) 477-1069
www.mpcaa.org

May 16, 2018,

Dear Partner:

It is that time of year again – time to update our records.

Enclosed you will find our Memorandum of Understanding for the upcoming year. Before contacting your agency for assistance, the consumer will have a release of information form in their file giving us permission to utilize their information with your agency to comply with confidentiality and the H.I.P.P.A. guidelines.

We realize your time is precious, but please sign this Memorandum and return in the enclosed envelope, it is greatly appreciated.

Partnerships and cooperation with all community agencies is crucial in order to meet our community needs and provide services.

Feel free to contact me at 502-477-8296 if you have any questions concerning this agreement.

Thank you in advance for your support, it really means a lot.

Sincerely,

Jill Whitehouse
Director of Community Services

RECEIVED

MAY 21 2018

BY: BN



Multi-Purpose Community Action Agency, Inc.
207 Washington St. • P.O. Box 305
Shelbyville, KY 40066-0305
Phone (502) 633-7162 • Fax (502) 633-7254
www.mpcaa.org

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding, effective July 1, 2018 through June 30, 2019 is made and entered by and between Multi-Purpose Community Action Agency, Inc. (MPCAA), 207 Washington St., Shelbyville, Kentucky 40065 and Bullitt County Board of Education, 1040 Highway 44 East, Shepherdsville, KY 40165.

This Memorandum is established for the purpose of sharing interagency information on families and/or individuals who are seeking and/or receiving services from the respective agency/organization/fellowship. Both recognize the various needs of certain consumers and make every effort to provide needed and necessary services within the limitation of budgets, availability of personnel and in accordance with respective policies and legal mandates.

The Multi-Purpose Community Action Agency, Inc. and Bullitt County Board of Education:

1. Share relevant information on families and/or individuals requesting assistance that could be beneficial in providing necessary services.

2. All information will not be released until the consumer has a Release of Information Form on file.

In accessing or releasing confidential information and/or records, causing confidential information and/or records to be accessed or released to myself, other individuals, clients, relatives, etc. outside the scope would constitute a violation of this memorandum.

3. All medical information shared will be kept in a confidential manner to assure compliance with HIPPA laws, to the extent it is applicable, and Rehabilitation Act confidentiality requirements at 34 CFR 361.38

It is understood that other types of information may also be protected by confidentiality, and that if in doubt as to confidentiality do not volunteer information before making certain that the information may be disclosed.

4. Work together regarding mutual families/individuals to insure needs are identified and addressed in efficient, effective and timely manner and to assure that services are not duplicated.
5. Inform all families/individuals requesting and/or receiving services of this signed Memorandum and post in offices where deemed appropriate.

Kim Embrey-Hill, Executive Director
Multi-Purpose Community Action Agency, Inc.

Date

Signature

Date

Print Your Name and Title

Phone #

Email Address

Fax:

AUTHORIZATION TO RELEASE INFORMATION

Name: _____

Social Security Number: _____ D.O.B.: _____ ID#: _____

I authorize Darlene Guest or Connie Curtsinger or Jill Whitehouse of Multi-Purpose Community Action Agency, Inc. 44 Creekside Drive, Taylorsville, KY 40071 Phone: 502-477-8296

To obtain From :

and release to:

Multi-Purpose Community Action Agency

Multi-Purpose Community Action Agency

Multi-Purpose Community Action Agency

Multi-Purpose Community Action Agency

Multi-Purpose Community Action Agency

Multi-Purpose Community Action Agency

The specific information:

Household Names, Social Security Numbers, Dates of birth, Proof of all household income, Address, Telephone number, Utility Account Number, Utility Account History, Utility Account information

I understand that the purpose for this disclosure is for:

Emergency Services, Prescription Program, Weatherization Program, LIHEAP Program, Annual School Supply Program, Life Enrichment Program, WinterCare, Housing Program, Commodities, Budget Counseling

This information has been disclosed to you from records whose confidentiality is protected by the federal law. Federal Regulations (42 C.F.R., Part) prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains or as otherwise permitted by C.F.R., Part 2. The general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. I have read or been informed that all blanks are properly filled in prior to my signature, and I understand that this form is not required as a condition for treatment.

Time limitation: This authorization expires one year from the date of the signature or sooner. This release is subject to revocation at any time except to the extent that the program which is to make disclosure has already taken action in reliance on it.

EXPIRATION DATE: _____

CLIENT SIGNATURE _____

PARENT/GUARDIAN _____

DATE _____

WORKERS SIGNATURE _____

DATE _____