#### Procedure: Acceptance, safeguarding and distributing client mail

**Rationale:** Without a physical address, homeless clients do not have a way to receive important documents through the mail. A procedure was developed to reduce this barrier and allow staff to receive mail on behalf of the client. The mail is stored securely and held intact by the Program Director. Care Coordinators give the mail to clients when they meet for appointments and obtain a “Receipt of Tangible Goods” form.

**Purpose:** To establish a procedure for accepting, safeguarding, and distributing client mail.

It may sometimes be necessary to allow clients to have their important documents sent to PHNTX. This can reduce barriers to care and assist in successful care coordination and is important for clients who are homeless and/or in unstable housing situations and need to receive critical documents. In such cases, clients may arrange with their Community and Client Services care provider to have specific mail sent to PHNTX.

1. **PHNTX will only agree to accept *critical documents* on behalf of the client. These may include:**
* Birth certificates,
* Government issued identification,
* LoneStar assistance cards,
* Section 8 award waitlist notifications, etc.
1. **Community and Client Services staff providing direct services to the client will:**
2. Assess why PHNTX should accept the client’s mail.
3. Inform clients of alternative mail delivery options:
* USPS – general delivery
* UPS – hold for pickup
* The Stewpot
1. Inform clients about the type of mail that will be accepted by the agency.
2. Ensure that the client receives the necessary instructions and signs the requisite form which will be maintained in the client’s chart. **See below.**
3. Inform the client that mail to be accepted by the agency should be addressed as follows:

***Client Name***

***[Organization’s Address]***

1. Inform the Office Support Specialist that mail will be arriving for the client by completing the requisite form.
2. Obtain the mail received by the Office Support Specialist and comply with the requisite process for receipt:

a) Leave mail unopened,

b) Complete a Receipt for Tangible Goods form for the piece(s) of mail in the mail category noting the number of pieces of mail for that date, and photocopy the envelope(s) of the mail and attach to the Receipt for Tangible Goods form.

c) Have client sign the Receipt for Tangible Goods form.

d) File the form in the client’s record.

**IV. The Office Support Specialist will:**

a) Ensure that the list of client names approved to receive mail is maintained in a secure location.

b) Ensure that mail is delivered to the Community and Client Services staff member who signed for the client.

***All staff will immediately report problems with accepting client mail to the CPO.***

**AGREEMENT TO ACCEPT CLIENT MAIL**

|  |  |  |
| --- | --- | --- |
| **Client Initials** | **Terms of Agreement** | **Comments** |
|  | I understand that Prism Health North Texas (PHNTX ) will accept only *critical documents* on behalf of clients. These may include:* Birth certificates,
* Government issued identification,
* LoneStar assistance cards,
* Correspondence from Housing provider
 |  |
|  | I understand that mail must be addressed as follows:*Client name* *[Organization’s Address]* |  |
|  | I understand that I must inform the PHNTX staff with whom I work about possible delivery of a critical document. |  |
|  | I understand that PHNTX retains the right to refuse to accept mail addressed to me but will be responsible for giving me the reason for refusal. |  |
|  | I understand that I must pick up my mail within 10 business days of being informed that the mail was received by PHNTX. |  |

* I understand that PHNTX will keep my mail in a secure space, but will not be responsible in the event that it is damaged in a disaster such as a flood, fire, tornado, etc. or it is stolen.

***\_\_\_\_\_\_\_ (client initial).***

* I understand that I can only get my mail received by PHNTX, at [Organization’s Address] during regular PHNTX business hours (Monday-Friday 8 a.m. to 12 noon and 1 p.m. to 5 p.m.). It will not be available on holidays, weekends or if the Agency is closed for **any** reason, such as weather.

***\_\_\_\_\_\_\_ (client initial)***

**[Client/Staff signatures and date]**

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for HIV Homeless Populations*. Learn more at* <http://cahpp.org/project/medheart/models-of-care>