



**CONSUMER
CREDIT
COUNSELING**

SERVICE OF NORTHWEST INDIANA, INC.

3637 GRANT STREET • GARY, INDIANA 46408
Telephone: (219) 980-4800 • Facsimile: (219) 980-5012

PAMELA STALLING
Executive Director

STATEMENT OF COUNSELING

Please read the following statements carefully so you will understand the procedures for the counseling session. Initial the line next to each statement to indicate understanding of the provision. For simplification the singular is used even when the plural may apply.

- _____ I understand CCCS will provide a confidential comprehensive personal money management interview.
- _____ I understand the interview will be conducted by a certified consumer credit counselor or qualified professional counselor. A certified consumer credit counselor will review all action plans, not conducted by a certified consumer credit counselor.
- _____ I understand that in the event I am dissatisfied, I can utilize the Complaint Resolution Process.
- _____ I understand most of CCCS funding comes from voluntary contributions from creditors who participate in Debt Management Programs or "DMP". Since creditors have a financial interest in getting paid, most are willing to make a contribution to help you fund your agency. These contributions are usually calculated as a percentage of payments I make through my DMP. However, my accounts with my creditors will always be credited with one hundred percent (100%) of the amount I pay through the agency and you will work with all my creditors regardless of whether they contribute to your agency.
- _____ I hold the agency, its employees, agents and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice or counseling. I understand that nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U. S. C. Sec. 101 et seq. This provision shall not apply to actions or claims under the provisions of the United States Bankruptcy Code, 11U.S.C. Sec.101 et seq.
- _____ I will be given a written assessment outlining a suggested client action plan that will be based on the following options:
 - A. I will handle any financial concerns on my own.
 - B. I may choose to enroll in the CCCS Debt Management Program. Your DMP's serve the dual role of helping me repay my debts and helping creditors to receive the money owed to them.
 - My participation in a debt repayment program may change information that is already on my credit report. If my credit report reflects that I have paid creditors as agreed in the past, a Debt Management Program could have a negative impact on a credit-worthiness decision by potential creditor, landlord, insurance or employer in the future.
 - In addition, creditors may report that I am on a Debt Management Program and I am not paying as originally agreed although they have accepted the reduced payment.
 - C. I should also be aware that debts to creditors I repay through the plan might be able to be discharged through bankruptcy. Counselors cannot provide legal advice.
 - D. I will be referred to the other services of the organization or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified.
- _____ Sometime in the future, my information may be used for confidential research, quality assurance/training purposes, and/or a neutral third party may contact me to request an evaluation of the agency's services.

Applicant

Counselor

Applicant

Date

COMPLAINT RESOLUTION PROCESS

We are committed to providing you the high quality professional services. However, if you are not satisfied with the services provided or if you want to make a complaint, we ask that you follow these guidelines.

- Step One:* Try to resolve the issue with the staff member involved giving him or her specific information about your complaint.
- Step Two:* If Step One is not possible or the issue is not resolved to your satisfaction, write or call *Executive Director* at (219) 980-4800.
- Step Three:* CCCS may request a meeting with you (phone or face-to-face) to seek more information from a staff person. CCCS will respond within 15 days.
- Step Four:* If your issue is still unresolved, you may appeal in writing directly to the head of the agency (President/Chief Executive Officer/Executive Director/Program Director). After additional fact finding, this individual will provide a concluding decision to you within 15 days.