

Enrollment Package

Thank you for your interest in the BeneFITS 2 Work Program. Please fill out and submit your completed forms - along with a copy of your driver's license, California ID, or US passport - by using [this secure upload link](#) OR by emailing them to benefits@felton.org.

Enrollment package forms include:

- Enrollment Form
- Benefits Pre-Counseling Survey
- Felton Institute Policy and Procedures: Grievance Policy

To protect your identity, all personal information is stored and protected using PII Compliance, the highest standard of data protection.

<https://felton.org/bfits>

Scroll down and click “Secure Upload Link”

If you have copies of the following, you also may upload them as well, or simply bring them with you to your intake appointment:

- Medicare card
- Medi-Cal card
- CalFresh card
- Social security letters
- Any other benefits-related cards or letters

You may schedule your intake appointment online:

<https://outlook.office365.com/book/BFITS@feltonInst.onmicrosoft.com/>

If you encounter any issues with uploading documents, our booking page, etc., please email benefits@felton.org and we will be happy to assist you with the process.

This program serving the community is funded by the City of San Francisco's Department of Disability and Aging Services.



SAN FRANCISCO HUMAN SERVICES AGENCY
**Department of Disability
and Aging Services**

BENEFITS 2 WORK ENROLLMENT FORM

To protect your identity, all personal information is stored and protected using PII Compliance, the highest standard of data protection.

Application Date: _____

First Name: _____ MI _____

Last Name: _____

Date of Birth: _____

Applicant Age: _____ Pronouns: _____

Mail Address: _____

City: _____

State: _____ Zip: _____

Cell Phone: _____

Landline Phone: _____

Email: _____

Prefer Meeting Via Zoom ☐ Currently Employed ☐

Primary Language: _____

Family Size: _____ Annual Income: _____

Emergency Contact Info

Name: _____

Relationship: _____

Phone: _____

ELIGIBILITY & BENEFITS

☐ San Francisco Resident

☐ Age 60+

☐ Needs Employment/Benefits Counseling

☐ Age 18+ with a disability

BENEFITS YOU ARE CURRENTLY RECEIVING

☐ SSA

☐ Housing

☐ TANF/CalWORKS

☐ Medi-Cal

☐ SSI

☐ VA Disability

☐ CAAP/GA

☐ Other: _____

☐ SSDI

☐ SNAP

☐ Medicare

☐ NONE

ALL INFORMATION BELOW IS VOLUNTARY AND WON'T AFFECT YOUR CURRENT BENEFITS

ETHNICITY

☐ Asian/Asian-American

☐ Hispanic/Latino

☐ Decline to State

☐ Black/African-American

☐ White/Caucasian

☐ Hawaiian/Pacific Islander

☐ Other: _____

OTHER PERSONAL CHARACTERISTICS AND INFORMATION

☐ BIPOC/Person of Color

☐ Socially Isolated

☐ Disabled

☐ Low Income

☐ LGBTQ+

☐ Failed to Find Employment

☐ Limited English Proficiency

☐ Low Employment Prospects

☐ Low Literacy Skills

☐ Other: _____



BENEFITS 2 WORK ENROLLMENT FORM

SEVERE/DEBILITATING IMPAIRMENTS

DAILY ACTIVITIES (2)

- ☐ Eating
- ☐ Dressing
- ☐ Bathing
- ☐ Grooming
- ☐ Mobility

- ☐ Nursing Facility Services (1)

INSTRUMENTAL ACTIVITIES (3)

- ☐ Meal Prep
- ☐ Shopping
- ☐ Housework
- ☐ Managing Money
- ☐ Using Phone

SEXUAL ORIENTATION & GENDER IDENTITY

GENDER

- ☐ Female
- ☐ Male
- ☐ Transgendered
- ☐ Other: _____
- ☐ Decline to State

SEXUAL ORIENTATION

- ☐ Gay or Homosexual
- ☐ Straight or Heterosexual
- ☐ Lesbian
- ☐ Bisexual
- ☐ Not Sure/Decline to State

EDUCATION (select highest level completed)

- ☐ GED or Certificate of Equivalency
- ☐ High School Diploma
- ☐ Vocational/Technical Degree
- ☐ Associate Degree
- ☐ License(s): _____

- ☐ ____ years of college, but no degree
- ☐ Bachelor's Degree or equivalent
- ☐ Master's Degree
- ☐ Doctorate Degree
- ☐ Other: _____

AGREEMENT

Applicant FULL Name (please print)

Enrollment Date

Applicant's Signature (to be signed in person)

Signature Date

Program Navigator Name (please print)

Program Navigator's Signature

Signature Date

Director/Program Manager Name (please print)

Director/Program Manager's Signature

Signature Date

Please submit your completed form by [using this secure upload link](#) OR by emailing it to benefits@felton.org.

Electronic Signatures

An electronic signature generally describes any type of digital marking used by a party to be bound to or to authenticate a record. By accepting these terms and typing your name in the box where appropriate, you are providing your acceptance of these terms in the same manner as if you physically signed a document. I understand that if I intentionally provide inaccurate information, I may be terminated from the BeneFITS 2 Work Program and may be subject to legal penalties

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Counseling #: _____

Date: _____

BENEFITS PRE-COUNSELING SURVEY

1. Do you understand how your employment income will/may affect your ability to maintain/qualify for government benefits?
☐ Yes ☐ No

2. If “yes,” how well do you understand the impact employment may have on your benefits? (check one)
☐ Very well
☐ Well
☐ Neutral
☐ Somewhat
☐ Not at all

3. Do you need employment and benefits counseling?
☐ Yes ☐ No

Medicare Beneficiaries Only

1. Have you been solicited or pressured by someone to change your Medicare plan?
☐ Yes ☐ No

2. Has anyone offered you “free services” or “medical devices” in exchange for your Medicare number?
☐ Yes ☐ No

3. Has anyone suggested you sign up for “palliative care” or enrolled you into hospice services?
☐ Yes ☐ No

**Please complete this form and give it to your PA or email it
to benefits@felton.org.**

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SAN FRANCISCO HUMAN SERVICES AGENCY
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Felton Institute Policy and Procedures: Grievance Policy

As a client of the BeneFITS 2 Work program, you have the right to register a complaint with the Felton Institute about the services you are receiving.

- First, submit your written complaint to the program manager.
- The BeneFITS 2 Work program manager shall acknowledge all complaints within 2 working days after receipt of the complaint.
- A written notification shall be issued to the complainant stating the results of the review within 10 working days of receiving the complaint. If more than 10 working days are required to review the case, a written letter shall be issued to the complainant regarding the proposed timeline of the review decision within 30 days of receiving the complaint.
- The time frame to resolve a complaint at the service provider level shall be no more than 30 days from the date of receiving a complaint.
- Complainant may appeal to DAS/OCP if dissatisfied with the results of the service provider's review.
- The Grievance process shall include confidentiality provisions to protect the complainant's right to privacy. Only information relevant to the complaint may be released to the responding party without the consent of the complainant.
- The complainant has a right to remain anonymous but will need to provide an address for written correspondences. An e-mail address is acceptable.

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Felton Institute Policy and Procedures: Grievance Policy

CLIENT NAME: _____

BeneFITS 2 Work enrollees who wish to file a grievance against the program may do so by following our grievance procedure.

In no case may the BeneFITS 2 Work Program Director make a decision that conflicts with the San Francisco Department of Disability and Aging Services policy or the contractual responsibilities of Felton Institute.

RETALIATION AGAINST ANY ENROLLEE FILING A GRIEVANCE IS PROHIBITED.

Please contact the staff of the BeneFITS 2 Work Program at any time should you have any questions.

I have read and understand the procedure to file a grievance with the BeneFITS 2 Work Program. My signature attests to my understanding of the policy stated above.

Enrollee Signature _____ Date _____

Navigator Signature _____ Date _____

BeneFITS 2 Work Program Office
1170 Market Street, Suite 111, San Francisco, CA 94102
benefits@felton.org

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