

FUNDING APPLICATION
DUNDEE TOWNSHIP MENTAL HEALTH BOARD

Funding Year 2025

DTMHB-NOFO-001

SECTION A: REQUIREMENTS AND GUIDELINES FOR FUNDING

Acknowledgement

Organization Name: Family Service Association of Greater Elgin Area

on Date: 6/24/2024

Acknowledges receiving the “REQUIREMENTS AND GUIDELINES FOR FUNDING, DUNDEE TOWNSHIP MENTAL HEALTH BOARD, FUNDING YEAR 2025”.

Bernadette May, Contracted Grant Writer

Agency Representative

SECTION B: ORGANIZATIONAL INFORMATION

1. Organization Name: Family Service Association of Greater Elgin Area (FSA)
2. Organization's Mission Statement: FSA is dedicated to quality, accessible, client-centered, equitable and holistic behavioral health services.
3. Organization Website: www.fsaelgin.org
4. Address, City, State, Zip: 1752 Capital St, Ste 100, Elgin, IL 60124
5. Telephone: 847-695-3680
6. Fax: 847-695-4552
7. Executive Director's Name: Janeth Barba
 - a. Executive Director's Telephone: 847-695-3680 x136
 - b. Executive Director's Email: jbarba@fsaelgin.org
8. Fiscal Year Dates: 07/01-6/30
9. Total Organizational Budget for the current fiscal year: \$5,364,189

SECTION C: PROGRAM INFORMATION

1. Program Contact Person Name/Title: Raquel Doyle
 - a. Program Contact Person's Telephone: 847-695-3680
 - b. Program Contact Person's Email: rdoyle@fsaelgin.org
2. Program Name: Therapy Services
3. Program Website (if applicable): <https://www.fsaelgin.org/outpatient-therapy.php>
4. Primary Service Category of the program for which you are seeking funding (signify with an X, otherwise leave blank):

<input checked="" type="checkbox"/>	Mental Health
<input type="checkbox"/>	Intellectual/Dev. Disabilities
<input type="checkbox"/>	Substance Abuse
<input checked="" type="checkbox"/>	Program Serves Youth
<input type="checkbox"/>	Program Serves Seniors
<input checked="" type="checkbox"/>	Intervention
<input type="checkbox"/>	Prevention
<input type="checkbox"/>	Outreach
<input type="checkbox"/>	Community Education
<input type="checkbox"/>	Other (<i>Please Specify</i>):

5. Please provide a brief description of the program requested to be funded including a definition of the services provided with an emphasis on major achievements of the past two years.

Our Therapy Service Program now includes both our outpatient therapy and our school-based mental health therapy services which makes for a more

comprehensive array of options available to the persons that we serve. FSA has a strong focus on youth and their families although we do serve all ages.

The Therapy Service Program provides a full array of comprehensive mental health services which may include: crisis intervention, assessment and treatment planning, case management, care coordination, community support, psychoeducation, parent education, psychiatric evaluation, medication monitoring and individual, family and group therapy.

Through this program FSA seeks to address the problems and needs associated with every day life for those who are experiencing emotional distress and/or family dysfunction. The purpose of the program is to reduce the negative affects of emotional disabilities on individuals and their families.

This program experienced overwhelming demand in mid-2020 and the couple of years following as people experienced life events that they never before imagined including significant amounts of loss and grief. At one point our waitlist grew to over 100 individuals awaiting services. We took a hard look at our processes so that we could move people more fluidly through treatment thereby creating greater access for individuals and families in need. When wait times were exceeding 6 months, we made a promise that we would reduce this to no more than two months with hopes of no more than 30 days. The team is still working to hit the 30 day mark, but we no longer have people waiting more than 2 months for services. And usually the longer waits are because of particular time or specialized skill needs.

One of our other big accomplishments in this program was the creation of a discharge packet. This may not seem significant, but it formalized the process more for both the clinicians and the clients. We created celebration certificates, educated on pathways to access services again if needed, and developed robust discharge plans that equipped individuals and families with the skills and tools needed so that they do not feel the need to return to services as frequently.

The program continues to grow and adapt to our current needs and we look forward to partnering with Dundee Township to meet the specific needs of the residents. Our individualized treatment plans that are driven by the person (and

family, if appropriate) served ensure that we are addressing what they are looking to change in their lives as well as any areas that the assessment uncovered.

6. Please summarize the purpose of your request (2 - 3 sentences):

FSA is looking to support the array of therapy services for residents from Dundee Township that are unfunded or underfunded. These services can include therapy, case management, crisis intervention, care coordination, community support, psychiatric services, assessment, treatment planning, and psychoeducation. Additionally for persons who have private insurance, their insurance doesn't cover services such as case management, care coordination, and parent education. FSA is also looking for support for these underfunded services that are a critical component to success in treatment. If we are able to bill private/commercial insurances, we do and this will not be charged to Dundee Township.

7. Please describe the community needs or problems that program activities will address including the population to be served. How does this program align with the Dundee Township Mental Health Board's 1-Year Plan? 3-Year Plan?

FSA seeks to meet the mental health needs of individuals and families. FSA primarily serves youth and their families, although we also serve some adults. We have two play therapy rooms where we can provide evidence-based play therapy activities by therapists trained in that modality so that we can work with the youngest clients. We also work significantly with school-age youth and teens. It is in your one-year plan to partner with children's organizations and we certainly fit this need.

FSA also utilizes a significant amount of evidence-based practices (mentioned in your strategic plan). We have recently received a grant to train staff in an evidence-based parenting program. We also provide evidence-based crisis services such as Collaborative Assessment and Management of Suicidality

(CAMS). Our therapy service providers are trained in a few different modalities so that they can meet the diverse needs of their clients. These include: Trauma Focused Cognitive Behavior Therapy, EMDR, Family Structural Therapy, Strong Roots Therapy, Acceptance and Commitment Therapy, Art Therapy, and others.

8. What is the required staffing for the program?

We have 8 full-time therapists and 4 part-time therapists. We have another full-time and one part-time position open. The school-based staff and outpatient therapy staff have managers and they are both supervised by Raquel Doyle, LCPC who is the Program Director.

9. What physical space is required for the program?

FSA currently has physical space at 1752 Capital St., Elgin (Dundee Township) where many services take place. These services can also take place in many of the D300 schools, or in persons' homes or other community environments. If there is opportunity to have space in Carpentersville through a partnership with Dundee Township, FSA would welcome this. We serve many people in Carpentersville and public transportation between 1752 Capital St. and Carpentersville is unnecessarily difficult for people to access.

10. Where will the program be offered? Please include accessibility information.

At 1752 Capital St., Elgin; Dundee Crown High School; Dundee Middle School; Lakewood Elementary; Perry Elementary; Carpentersville Middle School; Carpentersville Fire Department; Homes and other community locations. If people are unable to access our building or it isn't convenient, FSA makes other arrangements.

11. When will the program begin and how long will it last? What are the hours of operation?

The program has been running for more than 50 years and will continue into the foreseeable future. We are open 9 to 8 Monday through Thursday; 9 to 4 on Friday; 9 to 3 on Saturday. We can meet with people other times by appointment. If accessing crisis, we are available 24/7.

12. How long has the program been in existence?

More than 50 years; School-based services started in 2008.

SECTION D: FUNDING REQUEST

1. Amount requested: \$150,000

2. What is the total cost to offer the program?

\$1,708,540

3. Current Program Funding Sources (include private and public funding sourcing, excluding any specific 708 board or township funding):

<i>Funding Source - Current</i>	<i>Amount</i>	<i>Date Received</i>
Medicaid and Managed Care Insurance Billing	\$1,337,965 estimated	Ongoing
Donations and client fees	\$22,775 estimated	Ongoing
Hanover Township 708 Board	\$47,000	Quarterly billing
Private Insurance	\$72,000 estimated	Ongoing

4. Pending Program Funding Sources (include private and public funding sources, excluding any specific 708 board or township funding):

<i>Funding Source - Pending</i>	<i>Amount</i>	<i>Anticipated Receipt Date</i>
Kane County Health Department	\$125,000	10/1/2024

5. Please list any 708 board or township funds by program, and amount by fiscal year:

<i>708 Board/Township</i>	<i>Program</i>	<i>Amount</i>	<i>Year</i>
Dundee Township 708 Board	Therapy Services	\$174,065	FY24
Hanover Township 708 Board	Therapy Services	\$45,000	FY24
Elgin Township	Therapy Services	\$25,000	FY24

Hanover Township	Therapy Services	\$47,500	FY25

6. The Dundee Township Mental Health Board is not able to disburse funds that supplant other sources of funding. Please describe how you will prevent the DTMHB funds from supplanting the above-described funds.

FSA checks the source of funding that the individual seeking services has through what is called Medi. Medi shows if the person has private or public insurance. If they have private insurance, then we also use a system called Availity which provides the details of benefits. We do an address check on each client to confirm geocodes which include County and Township. When doing monthly invoices we pull address information as well as pay source information to ensure that we are only invoicing for persons that are included in the executed contract.

SECTION E: SERVICE CAPACITY

1. In the following chart below, please indicate how many Dundee Township clients your program has served for the last two years and the projected numbers for the Funding Year 2025 (if applicable):

<i>Fiscal Year</i>	<i>Total Number of Dundee Township Clients</i>	<i>Total Number of Program Clients</i>	<i>Percentage of Clients that were from Dundee Township</i>
1/1/23 – 12/31/23 (or fiscal year)	272	658	41%
1/1/24 – 12/31/24 (or fiscal year)	287	710	40%
1/1/25 – 12/31/25 (projected)	300	700	43%

2. How will you ensure this program will serve Dundee Township clients?

We check addresses of each individual served to verify their zip code, town, township, and county.

3. Please define the program's unit of service (for example, a client hour of service, a staff hour of service, etc.).

.25 Hour of Service

4. What is the cost of the program's unit of service?

\$58.35

5. What is the average length of time individuals participate in the program?

Our average length of stay in therapy services is about 8.5 months right now. It was slightly longer a year ago, but we are making progress in reducing the treatment time. We think this has to do with our focus on discharge planning as well as people now having better access to other supports such as school counselors.

SECTION F: EVALUATION

1. Briefly describe the goals and objectives of the program.

The goal is to reduce the negative effects of emotional distress, disability, or family dysfunction while increasing coping skills and strengths. The program works to help people meet the challenges of modern day life. We do this through a comprehensive array of outpatient therapy services.

As an agency, we continue to strive to make the wait for services shorter and to make our services more accessible to more people.

2. Explain how you will measure the effectiveness of the program for which you are requesting funds.

In March of 2024, FSA implemented a web-based program (Greenspace) in which scales are administered to clients, families and the clinician. We expect that we will utilize these scales to measure our success in the future after we have fully implemented this software.

Currently FSA utilizes the IL Medicaid Comprehensive Assessment of Needs and Strengths (IM-CANS) to measure areas of concern as well as areas of strength. This is then administered every 6 months in treatment or at the end of treatment if in less than 6 months. It is our expectations that problem scores will decrease (meaning they have less concerns than when they started services) and that strength scores will increase or at least remain the same.

3. Please provide your outcome measurements for your program for your most recently completed funding year using the criteria that are outlined in response to Section F, item 2 for how you measure your effectiveness.

In our therapy service programs for FY24 (7/1/2023-6/30/2024), clients showed a decrease in their problem score of 21% on average. This indicates that while problems might still be present, the individual/family finds them less distressing and less impactful on their daily lives. Strength scores increased by 10.5% on average. This means that the individual perceives that they have more sources of support and a greater ability to naturally or instinctively cope with the problems they encounter. While we would like to see this number be even higher, it is a good indication that the treatment was beneficial to the person receiving it.

4. Please describe the results you expect the program to achieve by the end of this funding period (December 31, 2025).

We will be looking at many different measurements in 2025 due to the recent implementation of our Greenspace scales. We are hoping with this new tool in place that our impact is greater and that our service length shortens. Here are some of the outcomes we hope to see:

1. Problem scores decrease by 20% or more.
2. Strength scores increase by 15% or more.
3. Our waitlist for services is no more than 2 weeks long on average.
4. At least 85% of clients report that they have confidence that their therapist is helping them. (new tracked outcome)

SECTION G: ADDITIONAL INFORMATION

1. If the Dundee Township Mental Health Board can only fund part of your request, how will you fund the remainder of the program?

We will continue to work to access other sources of funding through private foundations. It is also likely that our waitlist would increase and people would need to wait for services. We also increase our sliding fee scale costs from starting at \$3 per hour to starting at \$35 per hour.

2. Can the program operate for Dundee Township residents with partial funding? What is the minimal amount of funding?

FSA will continue to operate the program even if there is no funding, but the wait list will likely increase and people who do not have funding need to make larger contributions to support the costs of the services. If this feels like excess charges to them, they may not access services.

3. Describe any collaboration with outside agencies as it relates to the proposed program.

FSA partners with many other organizations to be effective in the delivery of our mental health services. These include, but are not limited to: Boys and Girls of Dundee Township, District 300 school district, Community Crisis Center, Centro de Informacion, Dundee Township Park District, Association of Individual

Development, Ecker Center for Behavioral Health, YWCA, YMCA, Easter Seals, PADS, Rosecrance, Aunt Martha's, Fox Valley Public Library District, Carpentersville Fire Department, West Dundee Police Department, QuadComm and others.

SECTION H: REQUIRED ATTACHMENTS

Please provide in the following order:

A. Finances

5. Audited financial statements for the last fiscal year.
6. Current fiscal year's operating budget, including projected expenses and revenues, and cash flow report.
7. Program budget (with narrative, if applicable).

B. Other supporting materials

1. Articles of incorporation.
2. Verification of organization's tax-exempt status under Section 501(c)(3) of the IRS code (if applicable).
3. List of current board members including name, address, phone number and occupation.
4. Organizational chart, including whether positions are full-time equivalent or part-time.
5. A copy of organization's HIPPA policy and any additional documents, if any, the organization provides to clients.
6. A copy of organization's Personally Identifiable Information (PII) policy and any additional documents, if any, the organization provides clients.
7. Proof of liability insurance.
8. Certificates of accreditation.

NOTE: The Dundee Township Mental Health Board expects to receive one (1) PDF file for this application containing this completed form and the Required Attachments listed above. A submission of multiple files for a single application will be returned to the applicant and not considered until it is corrected.

Note: The Dundee Township Mental Health Board reserves the right to request more details if needed to make its decision.

Assurance

FAMILY SERVICE ASSOCIATION OF

GREATER ELGIN AREA

AUDITED FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2023

LOCAL
KNOWLEDGE,
GLOBAL
EXPERTISE

**FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
AUDITED FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
of Family Service Association of Greater Elgin Area

Opinion

We have audited the accompanying financial statements of Family Service Association of Greater Elgin Area (a nonprofit organization), which comprise the statement of financial position as of June 30, 2023, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements (collectively, financial statements).

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Family Service Association of Greater Elgin Area as of June 30, 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Family Service Association of Greater Elgin Area and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Adoption of New Accounting Standard

As discussed in Note 2 of the financial statements, for the year ended June 30, 2023, Family Service Association of Greater Elgin Area adopted Accounting Standards Update 2016-02, *Leases (Topic 842)*. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Service Association of Greater Elgin Area's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Family Service Association of Greater Elgin Area's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Service Association of Greater Elgin Area's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Report on Summarized Comparative Information

We have previously audited Family Service Association of Greater Elgin Area's 2022 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated November 10, 2022. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2022, is consistent, in all material respects, with the audited financial statements from which it has been derived.

PKF Mueller

Elgin, Illinois
December 7, 2023

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION AS OF JUNE 30, 2022)

	<u>ASSETS</u>			<u>TOTALS</u>	
	<u>WITHOUT DONOR RESTRICTIONS</u>	<u>WITH DONOR RESTRICTIONS TIME AND PURPOSE RESTRICTIONS</u>	<u>ENDOWMENT FUNDS</u>	<u>2023</u>	<u>2022</u>
Current assets:					
Cash and cash equivalents	\$ 657,151	-	-	657,151	998,504
Certificates of deposit	98,129	-	-	98,129	231,467
Accounts receivable, net	876,203	-	-	876,203	363,017
Grants receivable	34,087	25,000	-	59,087	55,525
Prepaid expenses and other assets	<u>57,390</u>	<u>-</u>	<u>-</u>	<u>57,390</u>	<u>50,096</u>
Total current assets	1,722,960	25,000	-	1,747,960	1,698,609
Property and equipment, net	442,300	-	-	442,300	29,864
Right of use asset - operating lease, net	1,462,195	-	-	1,462,195	-
Investments	<u>1,208,785</u>	<u>-</u>	<u>105,000</u>	<u>1,313,785</u>	<u>1,481,483</u>
Total assets	<u>\$ 4,836,240</u>	<u>25,000</u>	<u>105,000</u>	<u>4,966,240</u>	<u>3,209,956</u>

The accompanying notes are an integral part of the financial statements.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION AS OF JUNE 30, 2022)

LIABILITIES AND NET ASSETS

	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS		TOTALS	
		TIME AND PURPOSE RESTRICTIONS	ENDOWMENT FUNDS	2023	2022
Current liabilities:					
Accounts payable	\$ 44,620	-	-	44,620	33,332
Accrued vacation	47,533	-	-	47,533	71,816
Accrued payroll	138,501	-	-	138,501	103,157
Refundable advances	-	-	-	-	469,984
Current portion of note payable	42,867	-	-	42,867	-
Current portion of obligation under operating lease	40,983	-	-	40,983	-
Total current liabilities	<u>314,504</u>	<u>-</u>	<u>-</u>	<u>314,504</u>	<u>678,289</u>
Long-term liabilities:					
Note payable, net of current portion	282,462	-	-	282,462	-
Obligation under operating lease, net of current portion	1,485,616	-	-	1,485,616	-
Total long-term liabilities	<u>1,768,078</u>	<u>-</u>	<u>-</u>	<u>1,768,078</u>	<u>-</u>
Total liabilities	<u>2,082,582</u>	<u>-</u>	<u>-</u>	<u>2,082,582</u>	<u>678,289</u>
Net assets:					
Without donor restrictions:					
Undesignated	2,753,658	-	-	2,753,658	2,426,667
With donor restrictions:					
Purpose restrictions	-	25,000	-	25,000	-
Perpetual restrictions	-	-	105,000	105,000	105,000
Total with donor restrictions	-	25,000	105,000	130,000	105,000
Total net assets	<u>2,753,658</u>	<u>25,000</u>	<u>105,000</u>	<u>2,883,658</u>	<u>2,531,667</u>
Total liabilities and net assets	<u>\$ 4,836,240</u>	<u>25,000</u>	<u>105,000</u>	<u>4,966,240</u>	<u>3,209,956</u>

The accompanying notes are an integral part of the financial statements.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
STATEMENT OF ACTIVITIES
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS		TOTALS	
		TIME AND PURPOSE RESTRICTIONS	ENDOWMENT FUNDS	2023	2022
Public support and revenue:					
Public support:					
Contributions	\$ 92,093	-	-	92,093	216,575
Illinois Department of Human Services	1,870,138	-	-	1,870,138	681,952
708 Boards	94,555	-	-	94,555	94,225
Other grants	367,055	25,000	-	392,055	287,818
Total public support	<u>2,423,841</u>	<u>25,000</u>	<u>-</u>	<u>2,448,841</u>	<u>1,280,570</u>
Revenue:					
Behavioral health services:					
Client fees	35,313	-	-	35,313	17,681
Insurance billings	2,751,418	-	-	2,751,418	1,855,700
Illinois Department of Health and Family Services - SASS	111,169	-	-	111,169	221,900
Illinois Department of Human Services - Medicaid	50,090	-	-	50,090	98,492
Investment return, net	46,226	-	-	46,226	(111,642)
Miscellaneous income	60	-	-	60	1,063
Total revenue	<u>2,994,276</u>	<u>-</u>	<u>-</u>	<u>2,994,276</u>	<u>2,083,194</u>
Total public support and revenue	<u>5,418,117</u>	<u>25,000</u>	<u>-</u>	<u>5,443,117</u>	<u>3,363,764</u>
Expenses:					
Program services:					
Therapy	1,878,699	-	-	1,878,699	1,421,341
Crisis Care	1,205,878	-	-	1,205,878	497,277
SASS	804,299	-	-	804,299	891,539
CCSO	475,630	-	-	475,630	-
Total program services	<u>4,364,506</u>	<u>-</u>	<u>-</u>	<u>4,364,506</u>	<u>2,810,157</u>
Support services:					
Management	654,378	-	-	654,378	623,742
Fundraising	72,242	-	-	72,242	29,602
Total supporting services	<u>726,620</u>	<u>-</u>	<u>-</u>	<u>726,620</u>	<u>653,344</u>
Total expenses	<u>5,091,126</u>	<u>-</u>	<u>-</u>	<u>5,091,126</u>	<u>3,463,501</u>
Change in net assets	326,991	25,000	-	351,991	(99,737)
Net assets, beginning of year	<u>2,426,667</u>	<u>-</u>	<u>105,000</u>	<u>2,531,667</u>	<u>2,631,404</u>
Net assets, end of year	<u>\$ 2,753,658</u>	<u>25,000</u>	<u>105,000</u>	<u>2,883,658</u>	<u>2,531,667</u>

The accompanying notes are an integral part of the financial statements.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

	PROGRAM SERVICES				TOTAL PROGRAM SERVICES	SUPPORT SERVICES			TOTALS	
	THERAPY	CRISIS CARE	SASS	CCSO		MANAGEMENT	FUNDRAISING	TOTAL SUPPORT SERVICES	2023	2022
Salaries and wages	\$ 1,373,025	929,669	583,546	362,715	3,248,955	279,636	66,658	346,294	3,595,249	2,461,533
Employee benefits and payroll taxes	251,540	169,839	106,533	63,850	591,762	63,819	5,165	68,984	660,746	431,561
Bad debt expense	-	-	-	-	-	56,669	-	56,669	56,669	-
Supplies	18,299	14,422	4,432	4,362	41,515	12,058	-	12,058	53,573	55,475
Travel costs	9,627	21,122	10,924	3,542	45,215	1,628	-	1,628	46,843	18,967
Occupancy	100,215	32,979	51,741	22,973	207,908	64,810	-	64,810	272,718	112,051
Contractual	18,615	981	7,488	105	27,189	77,882	-	77,882	105,071	103,258
Psychiatrist services and accreditation	7,700	-	300	-	8,000	-	-	-	8,000	61,075
Communication	9,636	15,931	7,027	3,058	35,652	19,766	-	19,766	55,418	47,794
Interest expense	-	-	-	-	-	11,519	-	11,519	11,519	-
Other operating expenses	56,091	20,935	21,788	14,625	113,439	63,796	419	64,215	177,654	165,087
Total expenses before depreciation and amortization	1,844,748	1,205,878	793,779	475,230	4,319,635	651,583	72,242	723,825	5,043,460	3,456,801
Depreciation and amortization	33,951	-	10,520	400	44,871	2,795	-	2,795	47,666	6,700
Total expenses	<u>\$ 1,878,699</u>	<u>1,205,878</u>	<u>804,299</u>	<u>475,630</u>	<u>4,364,506</u>	<u>654,378</u>	<u>72,242</u>	<u>726,620</u>	<u>5,091,126</u>	<u>3,463,501</u>

The accompanying notes are an integral part of the financial statements.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
STATEMENT OF CASH FLOWS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

	<u>2023</u>	<u>2022</u>
Cash provided (used) by operating activities:		
Change in net assets	\$ 351,991	(99,737)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation and amortization	47,666	6,700
Unrealized (gain) loss on investments	(48,906)	123,891
Amortization of right of use asset under operating lease	75,698	-
Changes in:		
Accounts receivable, net	(513,186)	50,515
Grants receivable	(3,562)	(43,425)
Prepaid expenses and other assets	(7,294)	(7,121)
Accounts payable	11,288	(235,383)
Accrued vacation	(24,283)	31,813
Accrued payroll	35,344	39,089
Refundable advances	(469,984)	469,984
Obligation under operating lease	<u>(11,294)</u>	<u>-</u>
Net cash provided (used) by operating activities	<u>(556,522)</u>	<u>336,326</u>
Cash provided (used) by investing activities:		
Proceeds from sale of certificates of deposit	134,916	436,620
Proceeds from sale of investments	351,026	-
Purchase of investments	(136,000)	(289,172)
Purchase of property and equipment	<u>(460,102)</u>	<u>(27,156)</u>
Net cash provided (used) by investing activities	<u>(110,160)</u>	<u>120,292</u>
Cash provided (used) by financing activities:		
Proceeds from note payable	350,000	-
Payments on note payable	<u>(24,671)</u>	<u>-</u>
Net cash provided by financing activities	<u>325,329</u>	<u>-</u>
Net increase (decrease) in cash and cash equivalents	(341,353)	456,618
Cash and cash equivalents, beginning of year	<u>998,504</u>	<u>541,886</u>
Cash and cash equivalents, end of year	<u>\$ 657,151</u>	<u>998,504</u>
Other cash flow information:		
Interest paid	<u>\$ 11,519</u>	<u>-</u>

The accompanying notes are an integral part of the financial statements.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 1 - NATURE OF OPERATIONS

Family Service Association of Greater Elgin Area (Association) is a nonprofit agency offering services to children, adolescents, and adults of all ages. The goal of the Association is to strengthen individuals and families so that they can meet the challenges of modern life in positive and constructive ways. Founded in 1931, the Association has grown to a multi-service agency currently serving more than 2,500 clients annually. Its programs include Screening Assessment and Support (SASS), Care Coordination and Support Organization (CCSO) and Therapy, which encompasses Outpatient Therapy, School-Based Therapy, Mental Health, Juvenile Justice, and Family Support.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) as applicable to nonprofit organizations.

Prior Year Summarized Information

The financial statements include certain prior-year summarized comparative information. Such information does not include sufficient detail to constitute a presentation in accordance with U.S. GAAP. Accordingly, such information should be read in conjunction with the Association's audited financial statements for the year ended June 30, 2022, from which the summarized information was derived.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Association considers all highly liquid instruments with an original maturity of three months or less to be cash equivalents.

Certificates of Deposit

The certificates of deposit held at a financial institution have a maturity of less than one year.

Accounts Receivable

Accounts receivable from contracts with customers are stated at unpaid balances, less an adjustment for the allowance for doubtful accounts. The allowance for doubtful accounts is estimated based on the length of time the receivables are outstanding and the anticipated future collectible amounts based on historical experience. Accounts deemed uncollectible are charged to the allowance for doubtful accounts. At June 30, 2023 and 2022, the allowance for doubtful accounts was approximately \$57,000 and \$132,000, respectively.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Grants Receivable

Grants receivable are stated at unpaid balances, less an allowance for uncollectible grants receivable. The Association provides for losses on grants receivable using the allowance method. The allowance is based on experience, third-party contracts, and other circumstances. It is the Association's policy to charge off uncollectible grants receivable when management determines the receivable will not be collected. At June 30, 2023 and 2022, there was no allowance for grants receivable.

Property and Equipment

Property and equipment have been recorded at cost if purchased or at fair value at time of donation if received as a gift. The Association capitalizes property and equipment over \$1,500 that has a useful life of more than one year. Depreciation of property and equipment is provided over the estimated useful lives of the respective assets on a straight-line basis. Leasehold improvements are amortized over the lesser of the term of the related lease or the estimated useful lives of the assets. Costs of maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed as incurred.

Investments

Investments are reported at fair value in the statement of financial position. Investment income or loss (including realized and unrealized gains and losses, interest, and dividends) is included in the statement of activities as increases or decreases in net assets without donor restrictions unless the income or loss is restricted by donor or law.

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor-imposed restrictions.

Net Assets With Donor Restrictions – Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. The Association reports contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Support and Revenue Recognition

Revenue from Contracts with Customers

The Association derives a significant portion of its revenue from revenue sources that involve contracts with customers. Those sources include providing behavioral health services to residents of the greater Elgin, Illinois area. Revenues are recognized when control of these services is transferred to its customers in an amount that reflects the consideration the Association expects to be entitled to in exchange for those services. The Association does not have a significant financing component with these arrangements as all payments are due within a year of the services being provided.

The Association has elected to use the portfolio approach practical expedient. The Association's contracts with customers contain similar terms and as a result, the Association has elected to apply its revenue recognition policies to a portfolio of contracts with similar characteristics. The Association does not expect the results of doing so to differ materially from applying the guidance to individual contracts.

Performance Obligations

The Association recognizes revenue as its performance obligations are completed. Behavioral health services provided to clients are treated as a single performance obligation and the revenue is recognized at the time the service is performed. The Association establishes the transaction price based on established billing rates reduced by contractual agreements with third party payors. Contractual adjustments are based on contractual agreements and historical experience. These estimates are included in the transaction price to the extent it is probable that a significant reversal of cumulative revenue recognized will not occur.

Contract Balances

The timing of revenue recognition, billings, and cash collections results in billed accounts receivable on the statement of financial position. The beginning and ending contract balances were as follows:

	<u>June 30, 2023</u>	<u>June 30, 2022</u>	<u>July 1, 2022</u>
Accounts receivable	\$ 932,872	495,017	523,532

Promises to Give

The Association recognizes contributions when cash, securities or other assets, an unconditional promise to give, or a notification of a beneficial interest is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Support and Revenue Recognition, Continued

Consequently, at June 30, 2023 and 2022, contributions of \$516,951 and \$310,058, respectively, stemming from government grants, have not been recognized in the statement of activities because the conditions on which they depend have not yet been met. Amounts received are recognized as revenue when the Association has incurred expenditures in compliance with the specific grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the statement of financial position. At June 30, 2023, there were no funds received in advance under government grants. At June 30, 2022, refundable advances totaled \$469,984.

In-kind Contributions

The Association reports gifts of land, buildings, and equipment as support without restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Association reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service. During the years ended June 30, 2023 and 2022, the Association recognized no in-kind contributions.

Functional Expenses

The costs of program and supporting service activities have been summarized on a functional basis in the statement of activities. The statement of functional expenses presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. All natural classifications presented on the statement of functional expenses are allocated on the basis of estimates of time and effort.

Income Taxes

The Association is exempt from income tax under Section 501(c)(3) of the Internal Revenue Code, and accordingly, no provision has been made for either federal or state income taxes.

The Association evaluated its tax position taken for all open tax years. Currently, the returns for the prior three fiscal years are open and subject to examination by the Internal Revenue Service; however, the Association is not currently under audit nor has the Association been contacted by this jurisdiction.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Income Taxes, Continued

Based on the evaluation of the Association's tax positions, management believes all positions would be upheld under an examination; therefore, no provision for the effects of uncertain tax positions has been recorded for the years ended June 30, 2023 and 2022.

Accounting Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Concentration of Credit Risk

The Association maintains its cash in bank deposits which, at times, may exceed federally insured limits. The Association believes it is not exposed to significant credit risk on these accounts.

Adoption of New Accounting Standard – Leases

In February 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-02, Leases (Topic 842). The FASB also subsequently issued additional ASUs, which amend and clarify Topic 842. The most significant change in the new leasing guidance is the requirement to recognize right-of-use (ROU) assets and lease liabilities for operating leases on the statement of financial position. ASU No. 2016-02 is effective for fiscal years beginning after December 15, 2021.

The Association elected to adopt these ASUs effective July 1, 2022 and utilized the available practical expedients. As a result of adoption, the Association recorded ROU assets and lease liabilities of \$1,537,893 effective July 1, 2022.

Leases

The Association leases office space. The determination of whether an arrangement is a lease is made at the lease's inception. Under ASC 842, a contract is (or contains) a lease if it conveys the right to control the use of an identified asset for a period of time in exchange for consideration. Control is defined under the standard as having both the right to obtain substantially all of the economic benefits from use of the asset and the right to direct the use of the asset. Management only reassesses its determination if the terms and conditions of the contract are changed.

The operating lease is included in right-of-use asset - operating lease and obligation under operating leases, current and non-current, in the statement of financial position.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Leases, Continued

ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments. Operating lease ROU assets and liabilities are recognized at the lease commencement date based on the present value of lease payments over the lease term. The Association uses the implicit rate when it is readily determinable. Since the Association's office space lease does not provide an implicit rate, to determine the present value of lease payments, management uses the risk free rate based on the information available at lease commencement. Operating lease ROU assets also includes any lease payments made and excludes any lease incentives. Lease expense for lease payments is recognized on a straight-line basis over the lease term. The Association's lease terms may include options to extend or terminate the lease when it is reasonably certain that it will exercise the option.

The Association's lease agreement has lease and non-lease components, which are accounted for separately with amounts allocated to the lease and non-lease components based on stand-alone prices.

The Association's lease agreement does not contain any material residual value guarantees.

New Accounting Standard – Credit Losses

In June 2016, the FASB issued guidance to change the accounting for credit losses. The guidance requires an entity to utilize a new impairment model known as the current expected credit loss ("CECL") model to estimate its lifetime "expected credit losses" and record an allowance that presents the net amount expected to be collected on the financial assets. The CECL framework is expected to result in earlier recognition of credit losses. The Association intends to adopt the guidance as of July 1, 2023 and is currently evaluating the effect it is expected to have on its financial statements and related disclosures.

Management Evaluation of Going Concern

In accordance with U.S. GAAP, management performed an evaluation to determine if adverse conditions or events, considered in the aggregate, raise substantial doubt about the Association's ability to continue as a going concern for the one-year period from the date the financial statements were available to be issued. Management's evaluation did not identify any conditions or events that raise substantial doubt about the Association's ability to continue as a going concern for the period from December 7, 2023 to December 7, 2024.

Subsequent Events

Subsequent events have been evaluated through December 7, 2023, the date that the financial statements were available to be issued.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 3 - LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the date of the statement of financial position, comprise the following:

	<u>2023</u>	<u>2022</u>
Financial assets at year-end:		
Cash and cash equivalents	\$ 657,151	998,504
Certificates of deposit	98,129	231,467
Accounts receivable, net	876,203	363,017
Grants receivable	59,087	55,525
Investments	<u>1,313,785</u>	<u>1,481,483</u>
Total financial assets	<u>3,004,355</u>	<u>3,129,996</u>
Less: amounts not available for general expenditures within one year, due to:		
Donor-restricted for a specific purpose	(25,000)	-
Perpetual restrictions	<u>(105,000)</u>	<u>(105,000)</u>
Total amounts not available for general expenditures within one year	<u>(130,000)</u>	<u>(105,000)</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 2,874,355</u>	<u>3,024,996</u>

The Association's perpetual restrictions consist of donor-restricted endowments. Income from donor-restricted endowments has no restrictions and is available for general use.

As part of the Association's liquidity management plan, cash in excess of daily requirements is invested in certificates of deposits and investments.

NOTE 4 - FAIR VALUE MEASUREMENTS

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 4 - FAIR VALUE MEASUREMENTS, CONTINUED

The three levels of the fair value hierarchy are described below:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that management has the ability to access at the measurement date. |
| Level 2 | Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly such as: <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2023 and 2022.

Certificates of deposit: Based on interest rates and credit ratings in other observable inputs.

Common stock, mutual funds, and exchange traded funds: Valued at the closing price as reported on the active market on which the individual securities are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 4 - FAIR VALUE MEASUREMENTS, CONTINUED

The following tables set forth by level, within the fair value hierarchy, the Association's assets at fair value as of June 30, 2023 and 2022:

	Assets at Fair Value as of June 30, 2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Certificates of deposit	\$ -	98,129	-	98,129
Common stock	453,869	-	-	453,869
Mutual funds	104,183	-	-	104,183
Exchange traded funds	<u>755,733</u>	<u>-</u>	<u>-</u>	<u>755,733</u>
Total assets at fair value	<u>\$ 1,313,785</u>	<u>98,129</u>	<u>-</u>	<u>1,411,914</u>

	Assets at Fair Value as of June 30, 2022			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Certificates of deposit	\$ -	231,467	-	231,467
Common stock	451,343	-	-	451,343
Mutual funds	97,505	-	-	97,505
Exchange traded funds	<u>932,635</u>	<u>-</u>	<u>-</u>	<u>932,635</u>
Total assets at fair value	<u>\$ 1,481,483</u>	<u>231,467</u>	<u>-</u>	<u>1,712,950</u>

For the years ended June 30, 2023 and 2022, there were no significant transfers into or out of Level 3.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 5 - PROPERTY AND EQUIPMENT

Property and equipment at June 30, 2023 and 2022 consisted of the following:

	2023	2022
Furniture and fixtures	\$ 55,252	31,002
Computer equipment	106,459	72,659
Computer software	70,000	70,000
Leasehold improvements	446,463	17,257
Construction in progress	-	27,156
	678,174	218,074
Less accumulated depreciation	(235,874)	(188,210)
Property and equipment, net	\$ 442,300	29,864

NOTE 6 - NOTE PAYABLE

Note payable at June 30, 2023 and 2022 consisted of the following:

	2023	2022
Term loan, collateralized by all assets of the Association, due in monthly installments of \$5,170 including interest at 6.25%, maturing November 2029	\$ 325,329	-

Future principal payments due on the note payable are as follows:

2024		\$ 42,867
2025		45,624
2026		48,559
2027		51,682
2028		55,007
Thereafter		81,590
		\$ 325,329

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 7 - NET ASSETS WITH TIME AND PURPOSE RESTRICTIONS

There were no time restricted net assets at June 30, 2023 and 2022.

Net assets with purpose restrictions at June 30, 2023, totaling \$25,000, related to restrictions on grants for the purpose of the Association's Crisis Stabilization program. The Association has not yet utilized the purpose restricted funds during the year ended June 30, 2023. There were no purpose restricted net assets at June 30, 2022.

NOTE 8 - LEASES

As of and for the Year Ended June 30, 2023

The Association has an office space operating lease agreement that requires monthly payments ranging from \$13,475 to \$16,572, with a lease maturity date in April 2035.

The lease agreement contains seven-months of rent abatement as well as an allowance as defined per the agreement assuming the Association continues to meet the defined criteria for abatement and allowance. The total benefit to the Association through a reduction in cash payments for monthly base rent amounts to approximately \$363,000 through April 2030.

The office space lease includes optional renewal periods. When it is reasonably certain that a renewal option will be exercised that renewal period is included in the lease term, and the related payments are reflected in the ROU asset and lease liability.

The Association's office space lease includes fixed rental payments.

The Association elects to apply the short-term lease measurement and recognition exemption to leases that meet the criteria. As of June 30, 2023, the Association had no leases that qualify for the short-term lease measurement and recognition exemption.

Lease expense for the year ended June 30, 2023 was as follows.

Operating lease:	
Fixed rent expense	\$ <u>118,303</u>

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 8 - LEASES, CONTINUED

Aggregate future minimum lease payments and the present value of net future minimum payments, assuming rent abatement and allowances totaling approximately \$363,000, at June 30, 2023 are as follows:

2024	\$	95,940
2025		127,408
2026		131,231
2027		135,167
2028		139,223
Thereafter		<u>1,301,992</u>
		1,930,961
Less interest		<u>(404,362)</u>
		<u><u>\$ 1,526,599</u></u>

Because the Association generally does not have access to the rate implicit in the lease, the Association utilizes the risk free rate as the discount rate. The discount rate associated with the operating lease as of June 30, 2023 is 3.67%.

As of and for the Year Ended June 30, 2022

The Association was obligated under an operating lease for office space that expired November 30, 2022. Rent expense under this lease agreement totaled \$82,174 for the year ended June 30, 2022.

NOTE 9 - RETIREMENT PLAN

The Association has a Simplified Employee Pension Plan (Plan) which covers all employees who have worked for the Association for at least three months and have an annual compensation minimum of \$5,000 from the Association. Contributions to the Plan are made at the Association's discretion and are funded on a current basis. Contributions made by the Association were \$62,162 and \$45,384 for the years ended June 30, 2023 and 2022, respectively.

NOTE 10 - ENDOWMENT

The Association's endowment consists of donor-restricted endowment funds. As required by U.S. GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions. As of June 30, 2023 and 2022, all endowment assets were restricted in perpetuity.

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 10 - ENDOWMENT, CONTINUED

The Board of Directors of the Association has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the historic dollar value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Association classifies as perpetual in nature net assets (a) the original value of gifts donated to the perpetual endowment, (b) the original value of subsequent gifts to the perpetual endowment and (c) accumulations to the perpetual endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified as perpetual in nature net assets is classified as without donor restricted net assets and appropriated for expenditure by the Association in a manner consistent with the standard of prudence prescribed by UPMIFA. All such amounts had been appropriated as of June 30, 2023 and 2022.

The Association has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. The endowment benchmarks assets are invested in accordance with predetermined asset allocation and performance.

To satisfy its long-term rate-of-return objectives, the Association relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Association's spending policy provides that only the income from endowments may be used for the general purposes of the Association, and current income is withdrawn as needed.

Endowment net asset composition by type of fund as of June 30, 2023:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Donor-restricted endowment funds	\$ -	105,000	105,000

Changes in endowment net assets for the year ended June 30, 2023:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Endowment net assets, July 1, 2022	\$ -	105,000	105,000
Investment return, net	3,473	-	3,473
Appropriation of endowment assets for expenditures	<u>(3,473)</u>	<u>-</u>	<u>(3,473)</u>
Endowment net assets, June 30, 2023	<u>\$ -</u>	<u>105,000</u>	<u>105,000</u>

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2023
(WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2022)

NOTE 10 - ENDOWMENT, CONTINUED

Endowment net asset composition by type of fund as of June 30, 2022:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Donor-restricted endowment funds	<u>\$ -</u>	<u>105,000</u>	<u>105,000</u>

Changes in endowment net assets for the year ended June 30, 2022:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Endowment net assets, July 1, 2021	\$ -	105,000	105,000
Investment return, net	-	-	-
Appropriation of endowment assets for expenditures	<u>-</u>	<u>-</u>	<u>-</u>
Endowment net assets, June 30, 2022	<u>\$ -</u>	<u>105,000</u>	<u>105,000</u>

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires the Association to retain as a fund of perpetual duration. In accordance with U.S. GAAP, there were no deficiencies of this nature as of June 30, 2023 and 2022.

NOTE 11 - CONTINGENCY

The \$374,300 Paycheck Protection Program loan (PPP loan) and its forgiveness are subject to examination under the terms of the agreement with the Small Business Administration for a period of six years from the date the PPP loan is forgiven, which was December 2020. The Association is not currently under examination nor has the Association been contacted.

**Family Service Association of Greater Elgin Area
FY25 Projected Budget**

Notes & Comments

Budget Report

Family Service Association of Greater Elgin Area

Notes & Comments

- o The initial budget projects a break even budget with a positive cash flow of \$24,000.
- o Projected revenues are based on the best information available or historical results, or calculated based on expected rates and service levels.
- o Grant revenue of \$75,000 includes \$25,000 each from Grand Victoria, Elgin Township and the Seigle Foundation.
- o Temporarily restricted funds include an estimated \$104,700 in FY24 CCSO grant funding that will not be fully expended by the end of the fiscal year.
- o Board and Township funding will be provided by Hanover Township only.
- o \$150,000 has been committed for a second year of Family Individual Community Cares grant funding.
- o MCO revenues have been budgeted to increase, due to rate increases and higher usage, and also due to expected growth in the CCSO program.
- o The contract with the Aurora Police Department is expected to generate \$378,871 in FY25 revenue.
- o Fundraising contributions have been budgeted for \$28,800.
- o Salary costs are based on review of all staffing levels and projected needs. Increase in costs is due to an increased headcount and the planned filling of open positions.
- o Employee health insurance is based on current projected rates for FY25 and anticipated staff participation. Health insurance premiums have been budgeted to increase by about 4%.
- o The retirement plan is budgeted at \$60,000.
- o Occupancy costs are based on known lease amounts for the Capital Street and Hanover offices.
- o Other Outside Services include contractor payments for grant writing services.
- o Psychiatrist expense has decreased to \$0 due to the hiring of an in-house Psychiatrist.
- o Computer and software maintenance costs include maintenance fees on the billing system and other professional fees to support the network, etc.
- o Other costs have been projected based on current year annualized amounts, with consideration given to any known or expected changes.

Family Service Association of Greater Elgin Area
 FY25 Projected Budget

6/21/2024

A/C #	A/C NAME	FY22 Actual	FY23 Actual	05/31/24 Actual	FY24 Annualized	FY25 Projected	% Change	Comments
INCOME								
4010	Contributions	32,385	50,579	26,826	29,265	28,800	-1.6%	
4020	Grants	209,587	392,055	246,415	268,816	75,000	-258.4%	FY24 includes Kane Co ARPA grant and
4022	IL State Board of Education Grant	-	323,529	311,471	311,471	-	0.0%	Aurora Police Dept contracted income
4025	Kane County Wraparound Flex Funds	(29,988)	36,713	5,583	6,091	-	0.0%	Not budgeted
4030	Special Events Income	9,379	-	-	-	-	0.0%	
4050	In Kind	4,800	4,800	4,400	4,800	4,800	0.0%	
4075	(To) From Temp Restricted	12,100	(25,000)	(209,068)	(228,074)	104,700	317.8%	Remaining FY24 temp restricted CCSO funds
4152	Boards and Townships	94,225	94,555	220,645	240,704	45,000	-434.9%	Only being funded by Hanover Township
4210	Medicaid - SASS	221,900	278,000	200,740	218,989	243,000	9.9%	
4215	DHFS CCSO Grant	-	437,500	625,000	625,000	-	-496.9%	
4220	DHS Juvenile Justice Grant	78,528	79,313	80,098	80,098	80,098	0.0%	
4225	DHS Crisis Cares Grant	549,616	1,029,796	971,774	1,029,796	1,029,796	0.0%	
4226	DHS - Family Indiv Comm Cares Grant	-	-	141,607	154,480	150,000	-3.0%	
4230	HFS Medicaid - Therapy Service	298,492	50,090	85,800	93,600	108,250	13.5%	
4280	Other Govt Revenue	132,039	-	-	-	-	0.0%	
4299	Other Revenues	-	-	-	-	-	0.0%	
4410	Client Fees	2,881	2,388	4,047	4,415	4,200	-5.1%	
4430	Third Party Fees	928	-	-	-	-	0.0%	
4435	MCO	1,856,903	2,527,918	2,084,964	2,274,506	3,090,674	26.4%	CCSO income expected to increase
4440	Contracted Income - Juv Justice Ctr	14,800	32,925	12,600	13,745	16,800	18.2%	
4445	Contracted Income - Aurora Police Dept	-	-	-	-	378,871	100.0%	Included in Grant income in FY24
4450	Juvenile Crisis Intervention	-	-	-	-	-	0.0%	
4999	PPP Loan Income	-	-	-	-	-	0.0%	
5005	Interest Income	12,249	(2,680)	6,350	6,927	3,000	-130.9%	
5007	Realized & Unrealized Gain / (Loss)	(123,891)	48,906	129,090	140,825	-	0.0%	Not budgeted
5020	Miscellaneous Income	135	60	750	818	1,200	31.8%	
	TOTAL INCOME	3,377,068	5,361,447	4,949,092	5,276,273	5,364,189	1.6%	
EXPENSES								
600x	Staff Salaries	2,461,532	3,595,250	3,416,020	3,726,567	3,815,100	2.3%	
6052	Health Insurance	228,615	405,568	427,378	466,231	484,800	3.8%	
6054	Dental Insurance	17,336	21,444	21,292	23,228	24,000	3.2%	
6055	Life Insurance	7,770	5,712	7,166	7,817	7,800	-0.2%	
6057	Insurance Deducts	(77,301)	(136,300)	(132,150)	(144,164)	(146,400)	1.5%	
6060	Social Security / Medicare Taxes	176,770	263,709	251,127	273,957	291,600	6.1%	Related to higher salaries
6062	Unemployment Tax	726	-	254	277	1,200	76.9%	
6065	Workers Comp	18,097	21,986	15,400	16,800	16,800	0.0%	
6068	Retirement Plan	45,384	62,162	53,421	58,277	60,000	2.9%	
6070	Other Benefits	14,165	16,468	16,419	17,912	13,200	-35.7%	
6105	Office Supplies	6,258	20,518	8,291	9,045	8,400	-7.7%	
6107	Other Supplies	30,696	31,580	10,160	11,084	12,000	7.6%	
6120	Food Costs	-	1,475	1,954	2,132	2,400	11.2%	
6205	Mileage Reimbursement	18,839	46,586	46,475	50,700	48,000	-5.6%	
6210	Other Travel Costs	129	256	2,503	2,731	2,400	-13.8%	
6305	Rent	82,174	178,033	144,180	157,287	184,449	14.7%	Rent increase with move to new space
6308	Utilities	13,233	20,246	14,761	16,103	17,700	9.0%	
6310	Maintenance Supplies	-	249	-	-	-	0.0%	
6311	Maintenance Services	14,738	17,610	26,750	29,182	32,100	9.1%	
6320	New Building Expenses	1,906	56,580	1,505	1,642	0	0.0%	

Family Service Association of Greater Elgin Area
 FY25 Projected Budget

6/21/2024

A/C #	A/C NAME	FY22 Actual	FY23 Actual	05/31/24 Actual	FY24 Annualized	FY25 Projected	% Change	Comments
6405	Legal Fees	4,148	4,190	5,150	5,618	7,200	22.0%	
6407	Audit Fees	16,590	17,064	33,875	36,955	42,000	12.0%	Anticipated rate increase for upcoming audit
6410	Consulting Services	10,000	-	1,350	1,473	1,800	18.2%	
6420	Clerical Support	-	-	-	-	600	100.0%	
6422	Answering Service	8,613	9,405	6,732	7,344	7,500	2.1%	
6425	Payroll Service	12,029	19,001	24,035	26,220	30,000	12.6%	
6427	Employee Drug Testing	1,862	1,716	1,393	1,520	1,800	15.6%	
6430	Other Outside Services	50,015	53,695	75,144	81,975	83,100	1.4%	
6451	Psychiatrists	53,700	8,000	-	-	-	0.0%	
6469	Other Program Services	4,375	-	-	-	-	0.0%	
6475	COA Accreditation	3,000	-	-	-	-	0.0%	
6510	Public Relations	10,186	3,281	5,482	5,980	5,700	-4.9%	
6530	Postage	1,829	2,628	2,660	2,902	3,240	10.4%	
6531	Delivery Services	-	115	-	-	-	0.0%	
6550	Printing & Reproduction	5,502	2,001	-	-	300	100.0%	
6570	Telephone	6,543	14,926	15,653	17,076	19,200	11.1%	
6571	Cell Phones	13,176	22,320	20,910	22,811	22,200	-2.8%	
6573	Emergency Response System	6,816	7,065	-	-	0	0.0%	
6575	Internet Services	3,742	3,082	3,837	4,186	4,500	7.0%	
6607	Bank Charges	121	147	79	86	120	28.2%	
6610	Dues & Subscriptions	20,691	17,392	16,186	17,657	11,400	-54.9%	
6615	Meeting Expenses	3,794	4,091	7,511	8,194	8,400	2.5%	
6617	Licenses and Fees	985	839	123	134	300	55.3%	
6620	General Insurance	24,252	27,710	24,766	27,017	28,800	6.2%	
6625	Interest Expense	-	11,519	17,923	19,552	19,800	1.3%	Interest on building lease loan
6630	Staff Training	26,336	20,477	32,746	35,723	36,000	0.8%	
6640	Staff Acquisition	-	-	-	-	600	100.0%	
6649	Miscellaneous Expenses	576	86	18,215	1,000	1,800	44.4%	YTD actual includes unclassified credit
6675	Special Events Expense	8,543	4,558	8,697	9,488	10,200	7.0%	card charges
6705	Program Materials	738	233	1,657	1,808	1,800	-0.4%	
6707	Client Related Expenses	25,445	29,265	36,368	39,674	43,200	8.2%	
6800	Equipment Costs	3,597	-	-	-	0	0.0%	
6810	Minor Equipment	20,103	10,757	325	355	900	60.6%	
6820	Equipment Rental	976	911	431	470	1,200	60.8%	
6830	Equipment Repairs	-	-	-	-	180	100.0%	
6832	Maintenance Contracts	4,295	3,304	2,672	2,915	3,600	19.0%	
6837	Computer / Software Maint	44,360	57,887	59,193	64,574	67,200	3.9%	FY23 includes costs related to move
6840	CCSO Equipment & Furniture	-	-	1,662	1,813	0	0.0%	
6850	Depreciation Expense	6,700	47,662	20,800	22,691	24,000	5.5%	
Total Expenses		3,464,705	5,034,459	4,778,481	5,194,017	5,364,189	3.2%	
Surplus/(Deficit)		(87,637)	326,988	170,611	82,256	0		
Projected Capital Expenditures						0		
Surplus / (Deficit) after Capital Expenditures						0		

Family Service Association of Elgin Profit & Loss Budget Overview

Jan 2025 through Dec 2025 Therapy Services

Income

4000 · Contributions & Grants	22775.00	Donations and client fees; private foundation grants
4150 · 708 Boards	197,500.00	Hanover and Dundee Township
4200 · Government Funding	150,000.00	Kane Co and Elgin Township
4400 · Fees & Other Revenue	1,337,965.00	Includes Medicaid, Commercial Insurances, and Medicaid MCOs
5000 · Other Income	300.00	Investment income and other misc.
Total Income	1,708,540.00	
Expense		
6000 · Salaries & Wages	1,143,604.00	
6050 · Employee Benefits	242,417.00	
6100 · Operating Supplies	18155.00	
6200 · Travel Costs	7700.00	
6300 · Occupancy Costs	67,395.00	
6400 · Consultants/Outside Services	22,310.00	
6500 · Communication	8085.00	
6600 · General Expenses	16,650.00	
6700 · Program Expense	8,160.00	
6800 · Equipment Costs	14,435.00	
6850 · Depreciation Expense	8245.00	
6900 · Administrative Allocation	151,384.00	
Total Expense	1,708,540.00	
Net Income	0.00	

Certificate Number 5176

JAN 7 1974

1286502

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

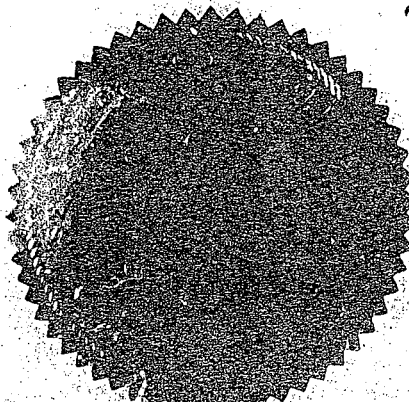
Whereas, Articles of Amendment to the Articles of Incorporation duly signed and verified of

THE FAMILY SERVICE ASSOCIATION OF ELGIN

have been filed in the Office of the Secretary of State on the 31st day of December A. D. 1973, as provided by the "GENERAL NOT FOR PROFIT CORPORATION ACT" of Illinois, approved July 17, 1943, in force January 1, A. D. 1944.

Now Therefore, I, MICHAEL J. HOWLETT, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this Certificate of Amendment and attach thereto a copy of the Articles of Amendment to the Articles of Incorporation of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois.
Done at the City of Springfield this 31st day of December A. D. 1973 and of the Independence of the United States the one hundred and 98th.

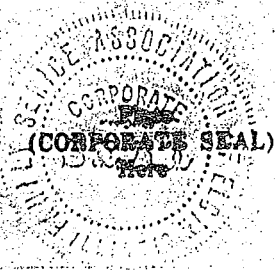


Michael J. Howlett
SECRETARY OF STATE



BOOK 2921 PAGE 103

IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its _____ President, and its _____ Secretary, this 20th day of December, 1973



FAMILY SERVICE ASSOCIATION OF ELGIN
(Exact Corporate Title) ELGIN AREA

By [Signature]
Its _____ President
[Signature]
Its _____ Secretary

STATE OF ILLINOIS
COUNTY OF KANE } ss.

I, Norbert C. Ritt, a Notary Public, do hereby certify that on the 20th day of December, 1973, Donald Koopke and Mary Hecht personally appeared before me and, being first duly sworn by me, acknowledged that he signed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

Place
(NOTARIAL SEAL)
Here

[Signature]
Notary Public.

FORM NP-35
Box _____ File _____
ARTICLES OF AMENDMENT
to the
ARTICLES OF INCORPORATION
of _____

BOOK 2921 PAGE 105

DEC 21 1973
Secretary of State
Filing Fee \$10.00
(2025-6-71) 147-a

To Be Filled
In Duplicate
Filing Fee \$10.00

FORM NP-35

(DO NOT WRITE IN THIS SPACE)

Date 12-21-73

Filing Fee \$ 10.00

Clerk D

ARTICLES OF AMENDMENT
to the
ARTICLES OF INCORPORATION
under the
GENERAL NOT FOR PROFIT CORPORATION ACT

FORM 2921 PAGE 10A

To JOHN W. LEWIS, Secretary of State, Springfield, Illinois.

The undersigned corporation, for the purpose of amending its Articles of Incorporation and pursuant to the provisions of Section 85 of the "General Not For Profit Corporation Act" of the State of Illinois, hereby executes the following Articles of Amendment:

1. The name of the corporation is: ~~THE FAMILY SERVICE ASSOCIATION OF ELGIN~~
2. There are SOME members, having voting rights with respect to amendments:
(Insert "no" or "some")

(Strike paragraphs (a), (b), or (c) not applicable)

3. (a) At a meeting of members, at which a quorum was present, held on October 25, 19 73 same receiving at least two-thirds (2/3) of the votes entitled to be cast by the members of the corporation present or represented by proxy at such meeting.

~~This Amendment is written signed by all members of the corporation entitled to vote with respect~~

~~to the meeting of directors (members having no voting rights with respect to amendments) held~~

~~on _____ at _____ same receiving the votes of a majority of the directors then~~

~~present~~, the following amendment or amendments were adopted in the manner prescribed by the "General Not For Profit Corporation Act" of the State of Illinois:

The name of the association shall be changed from "The Family Service Association of Elgin, Illinois" to "Family Service Association of Greater Elgin Area".

1286502

FILED IN RECORDS
MAY 20 1964
10:15

NOTICE TO CORPORATIONS

The certificate of incorporation and all amendments thereto must be recorded in the office of the County Recorder of the County in which the registered office of the corporation is located within 15 days from the issuance thereof.



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

Date:
March 14, 2023
Employer ID number:
36-2169149
Form 990 required:
Yes
Person to contact:
Name: Mr. Steele
ID number: 0197739

FAMILY SERVICE ASSOCIATION OF GREATER ELGIN AREA
1752 CAPITAL ST
ELGIN, IL 60124

Dear Sir or Madam:

We're responding to your request dated December 30, 2022, about your tax-exempt status.

We issued you a determination letter in November 1945, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Family Service Association of Greater Elgin Area

Governing Board List Confidential

Name	Role on Board	Community Role	Term End	Address	Phone	Email
Katelyn Mucci-Segura, MSW	President	Realtor	Oct, 2024	601 Deerfield Drive, Streamwood, IL 60107	630-437-0051	katelynmuccisegura@gmail.com
Amanda Rankin, LCSW, MBA	Vice President	COO Trilogy, Inc Manager of Civic Engagement at Gail Borden Library	Oct, 2024	2871 Daulton Ct., Buffalo Grove, IL 60089	773-354-3136	amanda@alternativeteaching.org
Tatiana (Tish) Calhamer, MLS	Secretary	Board Certified Chaplain, AMITA	Oct, 2024	1154 Hill Ave, Elgin IL 60120	847-742-2411	calhamer@yahoo.com
Edward Hunter, BCC	Treasurer	Chartered Financial Representative at Northwestern Mutual	Oct, 2024	2154 Potomac Pl, Elgin, IL 60123	847-951-3256	edwardjosephhunter@gmail.com
Mark Rizzo	Past President	President of IHC Construction Company	Oct, 2024	325 Ryerson, Elgin, IL 60123	847-742-9271	mark.rizzo@nm.com
Dave Rock	Past President	Director of Social Services Elgin PD	Oct, 2024	385 Airport Rd, Ste 100, Elgin, IL 60123	847-742-1516	drock@ihconstruction.com
JoAnn Stingley, MSW		VP of HR at KCT Credit Union	Oct, 2023	151 Douglas Ave, Elgin, IL 60120	847-289-2700	stingley_j@cityofelgin.org
Julisa Alonso		HR Director of Middleby	Oct, 2025	241 Tumbleweed Way, Elgin, IL 60124	847-754-0594	alonsojp94@gmail.com
Suzann Jonson		Lt. at Elgin PD Parent Leader and Organizer	Oct, 2025	201 Elm St., Elgin, IL 60123	224-241-1406	smjonson@hotmail.com
Tony Rigano				804 S Saylor Ave, Elmhurst, IL 60126	847-373-4410	rigano_a@cityofelgin.org
Claudia Serrano				523 Hill Ave, Elgin, IL 60120	773-664-1615	clausss1973@gmail.com

Family Service Association of Greater Elgin Area

Governing Board List Confidential

Lauren Duddles Non-Voting Member		Former Educator; Fight the Stigma founder	Oct, 2025	528 Horizon Dr. W, St. Charles, IL 60175	847-624-1313	laurenduddles@gmail.com
Janeth Barba, LCSW	CEO	FSA			630-809-5862	jbarba@fsaelgin.org
Mansi Patel, SHRM-CP	COO	FSA			847-791-1439	mpatel@fsaelgin.org
Tameron Keeffe, LCSW	CCO	FSA			630-485-1327	tkeeffe@fsaelgin.org



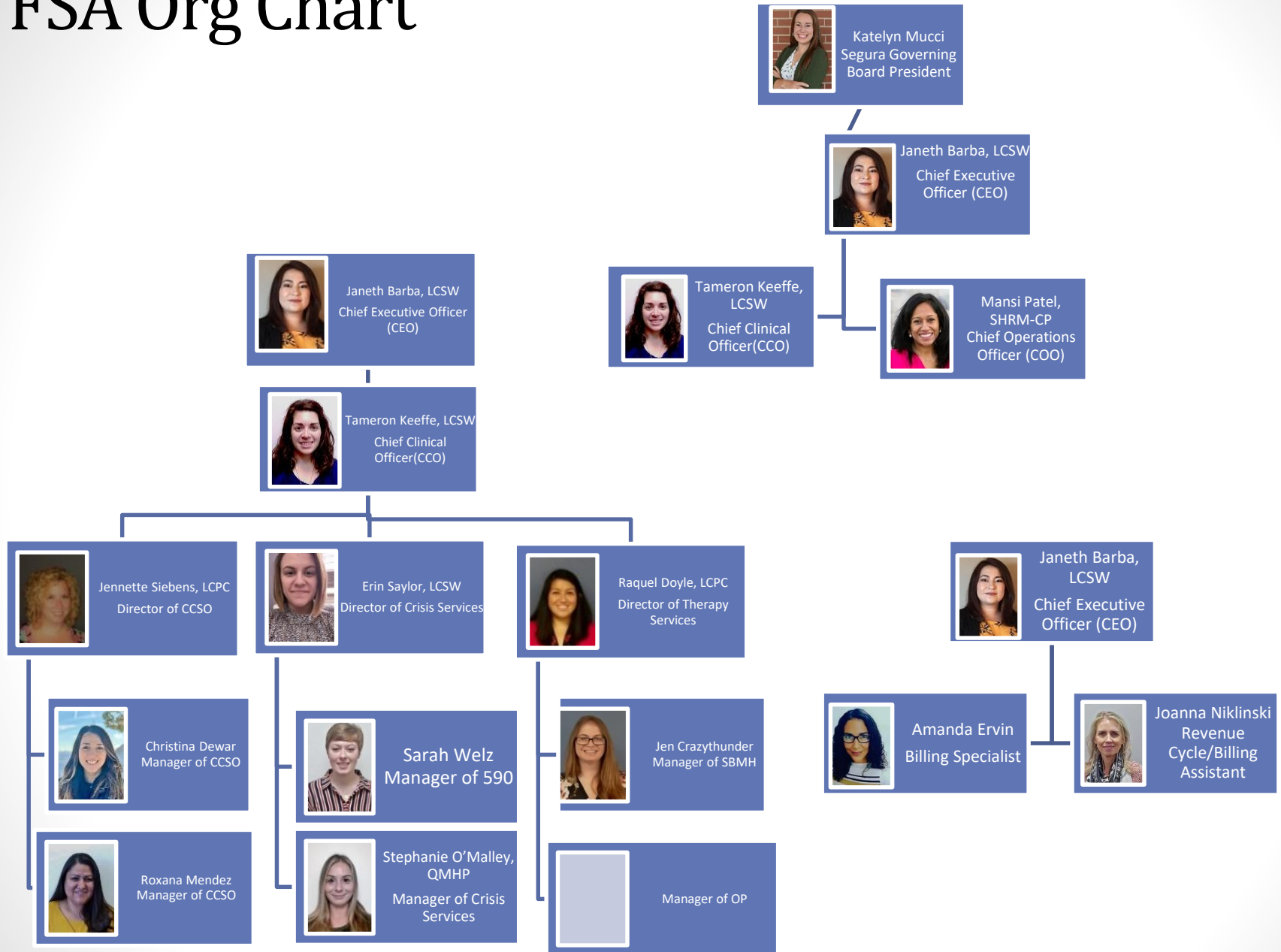
Organizational Chart

2024

Updated 6/25/2024

Assume all positions are full-time unless "PT" noted

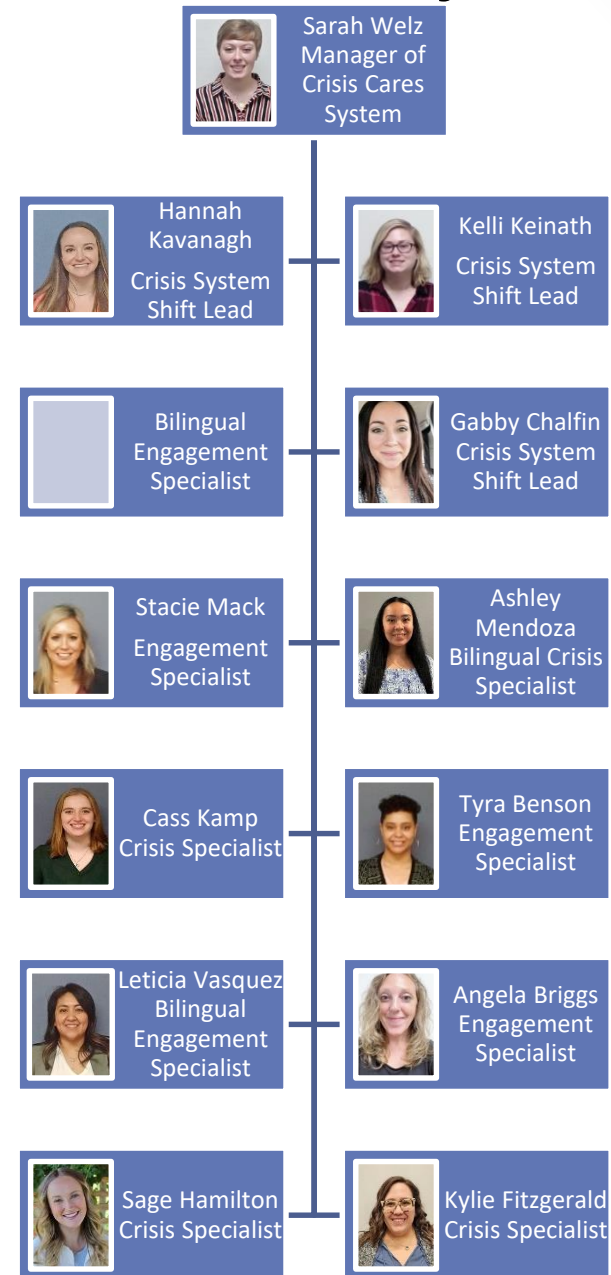
FSA Org Chart



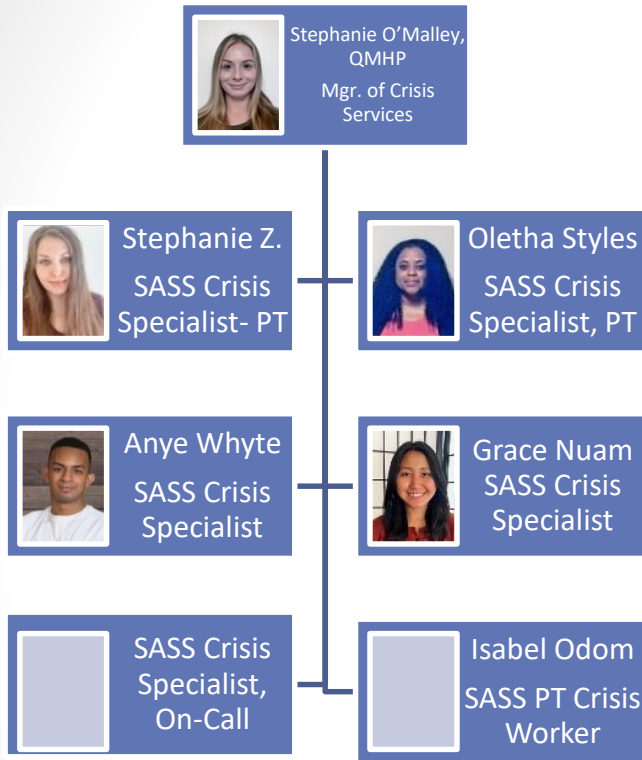
Admin



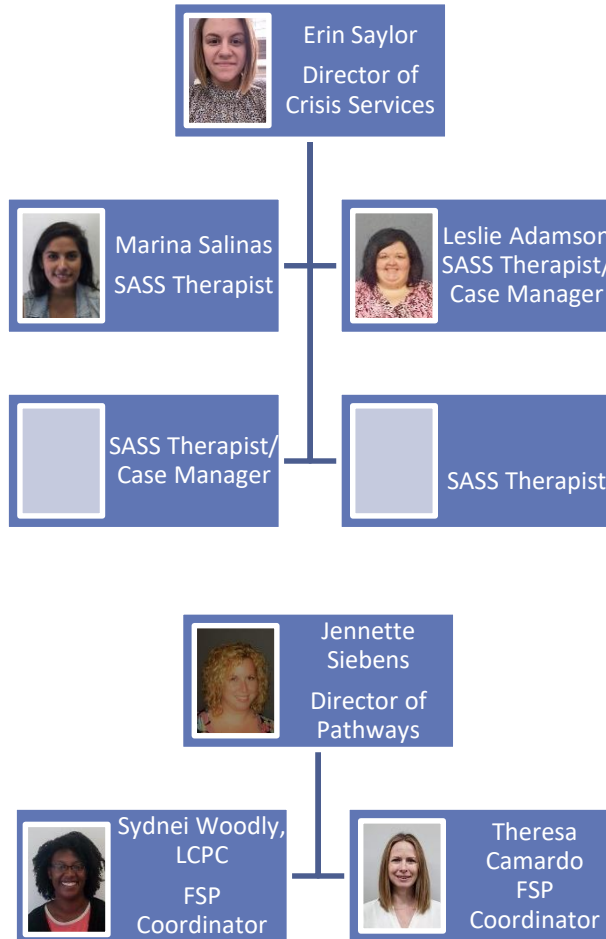
Crisis Cares System



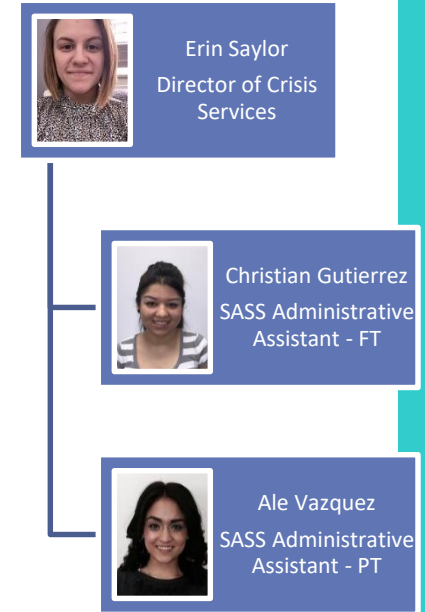
SASS Crisis



SASS Therapy & FSP

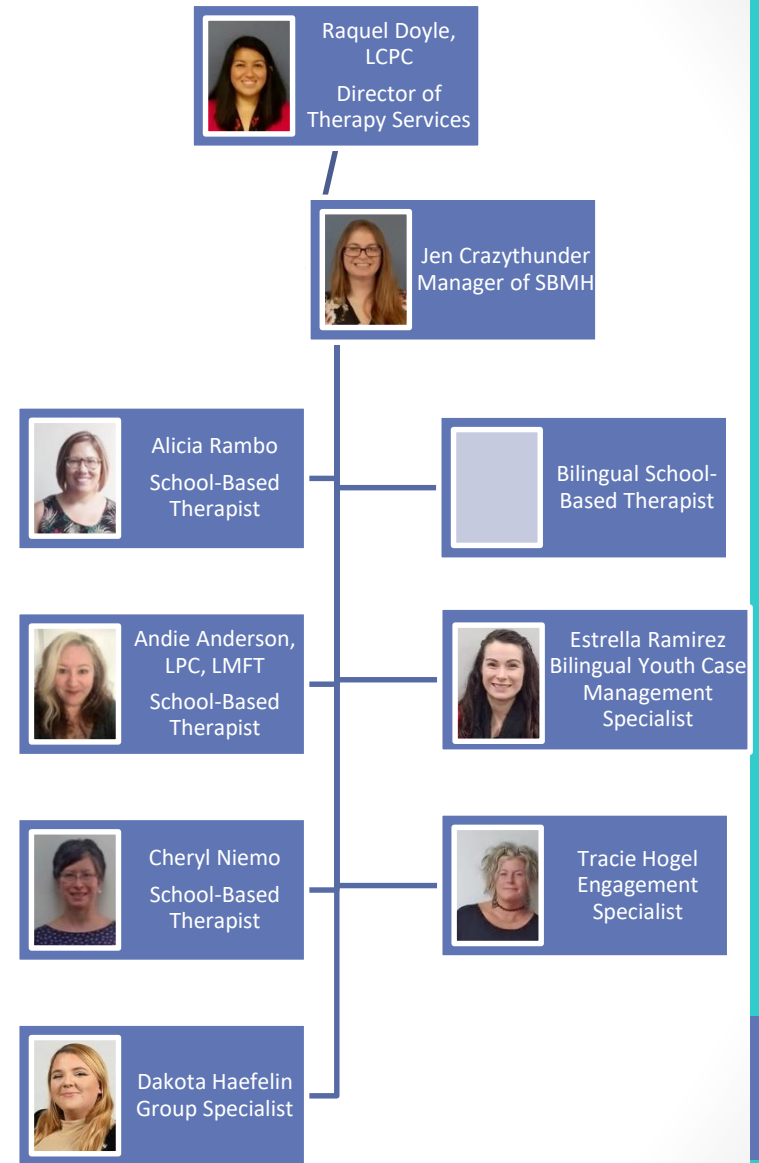
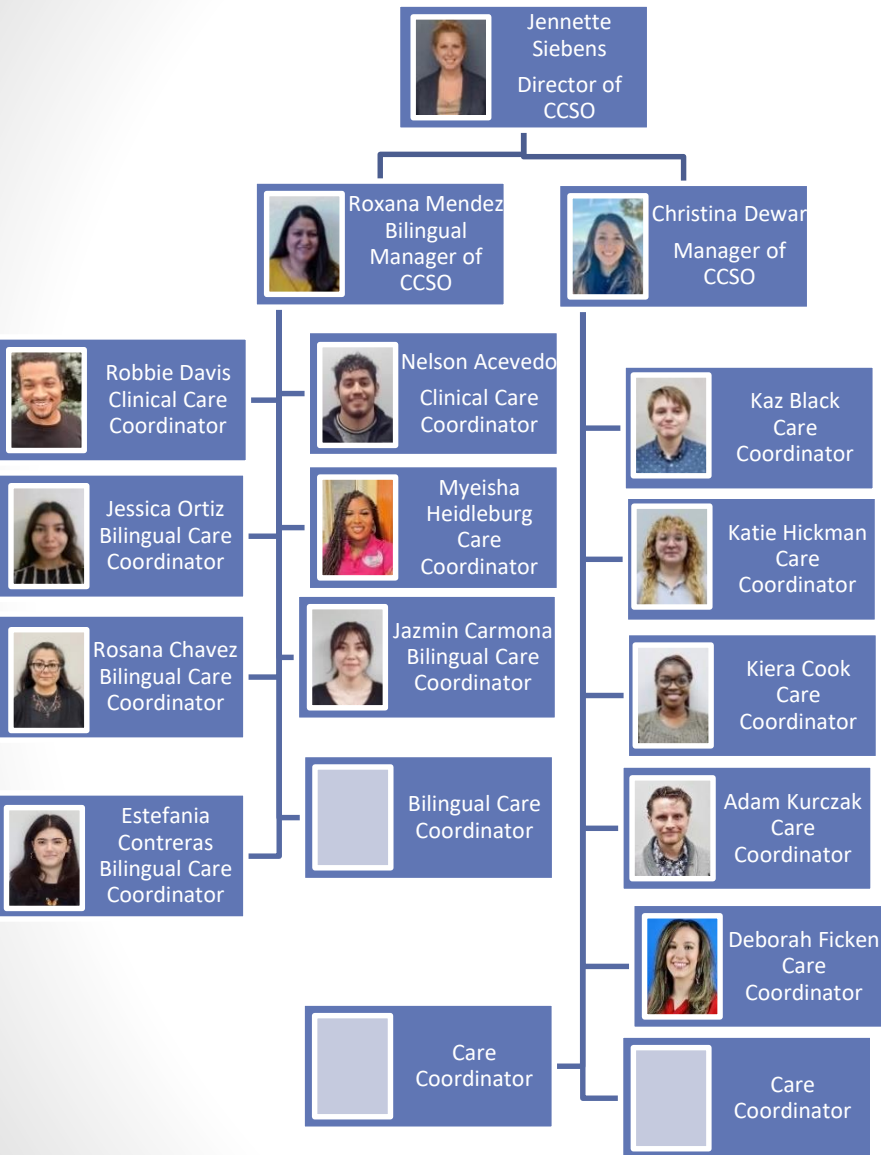


SASS Admin

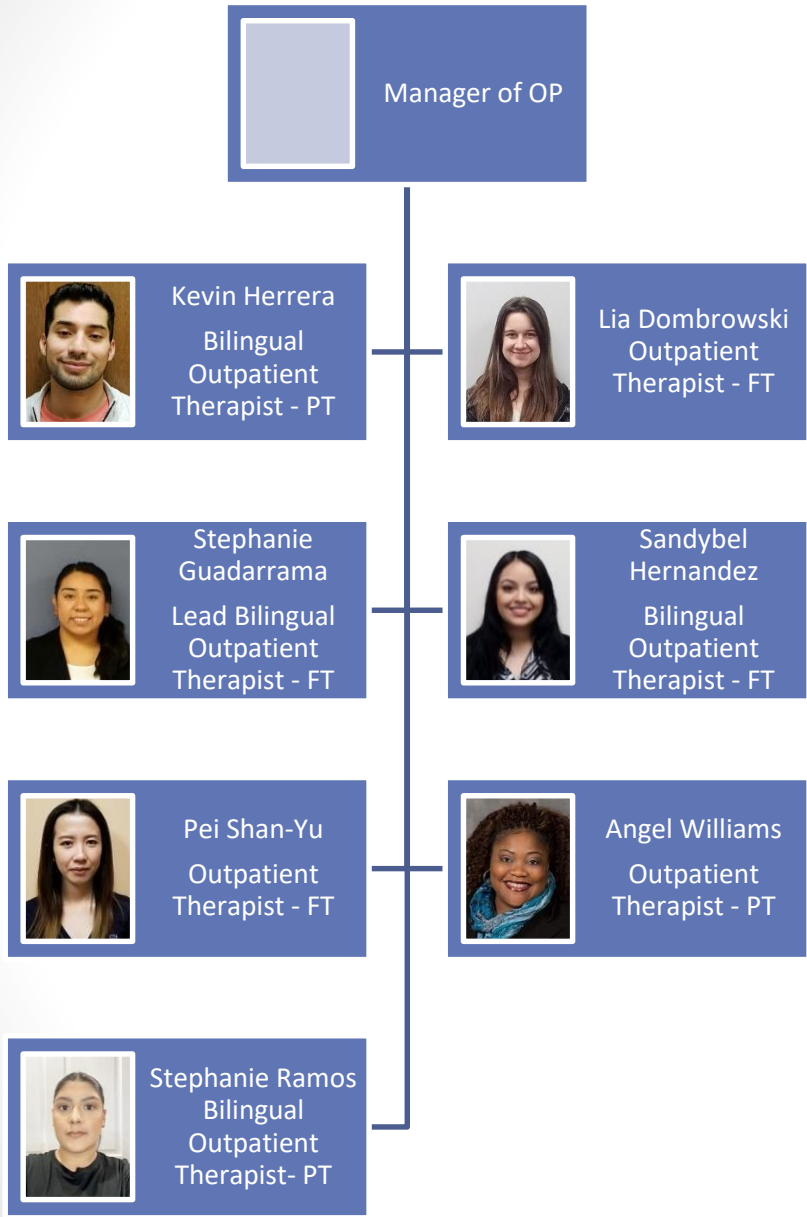


CCSO- Pathways

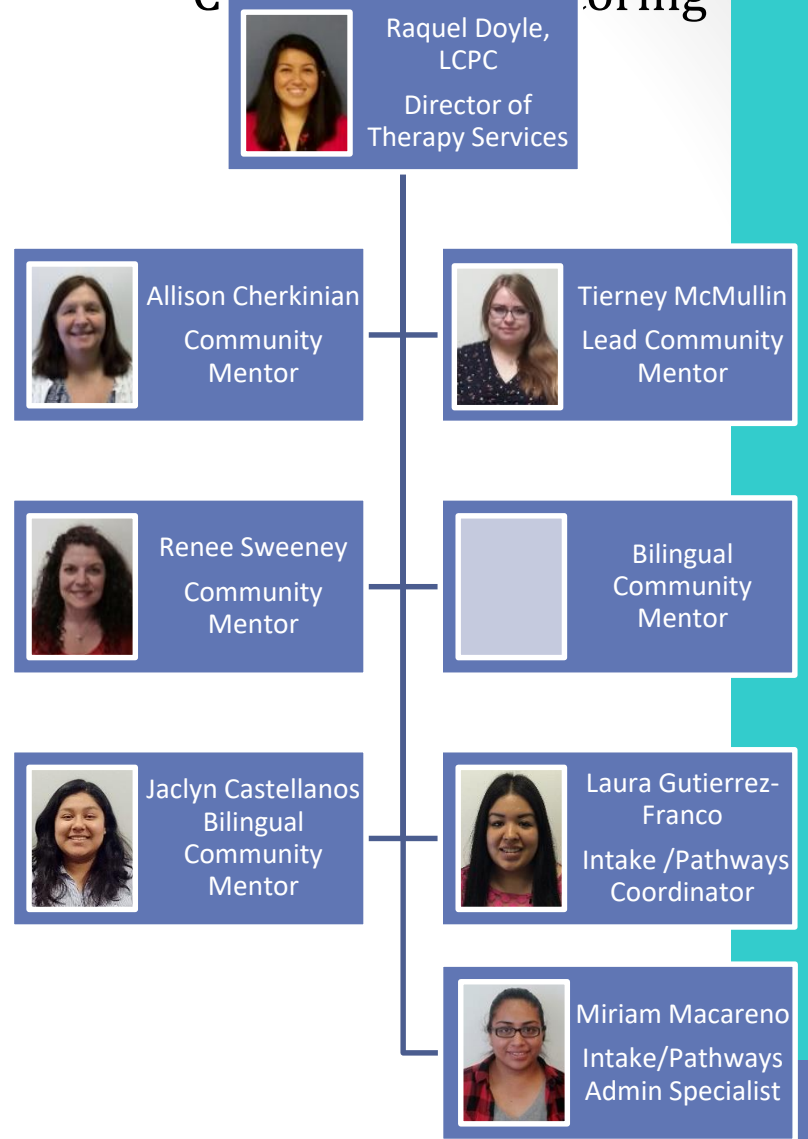
School-based Mental Health



Outpatient Therapy



Community Mentoring



CIU (APD)



Tameron Keefe, LCSW
Chief Clinical Officer(CCO)



Jesus Perez
Bilingual 1st Shift Police
Social Worker



2nd Shift Police
Social Worker

MHJJ



Erin Saylor
Director of
Crisis Services



Yesenia Saldana
MHJJ Clinician

Psych



Shay Ward
Nurse
Practitioner



Alondra Carlos
Bilingual
Psychiatric
Case Manager

Give to Client During First Session:

- Behavior Management Policy.
- Statement Of Rights.
- Client Fee Agreement.
- Emergency Contact Instructions.
- HIPAA – Notice Of Privacy Practices And Rights.

Complete on CIS e-Chart during 1st session:

- MHA Demographic Page
- Release To Insurance/Consent to Treat.
- Policy Acknowledgment / Income Verification Form.
- Release Of Confidential Information (PCP and School minimally and where applicable)

Give to Intake Coordinator immediately following 1st session:

- Copy of Insurance Card/Medical Card
- Proof of Income-Pay Stubs

Purpose:

To assure that all agency personnel utilize appropriate behavior management interventions with the oversight of the management team and agency Board of Directors.

Policy:

The agency prohibits the use of manual restrain (a procedure in which a client is prevented from moving his/her limbs and/or body for a period of time). In all cases, a minor's parent is expected to control their child. The following behavior management interventions that may be utilized include:

- Positive reinforcement designed to increase targeted behavior
- Ignoring non-dangerous behaviors while working on the extinction of those behaviors
- Redirection of behavior or removing client from area in which problematic behavior is occurring
- Increasing physical space between client as needed
- Working with client to regain control including the use of relaxation techniques
- Eliminating items from environment that client may use to harm self or others
- Providing alternative options for client that may be a safer way to express their emotions
- Use of verbal de-escalation techniques

The following practices are prohibited:

- Chemical restraint
- Isolation or Locked seclusion
- Mechanical restraint
- Manual restraint
- Aversive Stimuli
- Excessive or inappropriate use of restrictive behavior management
- Restrictive behavior management that is in response to property damage that does not involve imminent danger to self or others.

Procedure

- All employees of the agency will be required to sign an agreement form to be placed in the employee personnel file acknowledging that they have read this policy and agree to the terms.
- Failure to comply with this policy may result in disciplinary action up to and including termination.
- During the assessment process, determination is made regarding each client's potential need for a behavior management plan based on the client's assessed risk of harm to self or others.
- All persons served and/or guardians will receive a copy of the Discipline and Behavior Management policy and procedures.
- If it is determined that a client is in need of a behavior management plan, this will be incorporated in the client Individual Treatment Plan.
- Any incident resulting in the use of a prohibited practice will be reported to employee's supervisor and an incident report filed within 24 hours with the Clinical Director.
- Following the use of a prohibited practice the incident will be reviewed by the administrative team and recommendations for further actions will be made as needed.
- All incident reports related to the use of prohibited practices are shared at the Governing Board of Directors meeting. The Executive Director will inform the Governing Board of Directors what actions, if any, were taken regarding the incident.



Statement of Rights

Your rights as a client of this agency shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1991, Ch91 ½, par. 2-100 et seq.) and the Health Insurance Portability and Accountability Act of 1996 (45 CFR, Part 169 and Part 164).

You shall not be denied, suspended, or terminated from services or have services reduced for exercising any of your rights.

This agency is committed to offering professional and humanistic services directed toward your needs in a manner that protects your dignity and feelings of self-worth.

CIVIL RIGHTS

1. You have the right to be treated with dignity and respect.
2. You have all rights, benefits, and privileges guaranteed by law.
3. You have the right to be free from abuse, neglect, and exploitation.
4. You have the right to be provided mental health services in the least restrictive setting.

DISCRIMINATION

1. Services will be provided to you/your family members without discrimination. Ethnic background, personal or social creed, racial membership, sex, religion, or age will not affect our services to you.
2. You will not be refused services based on lack of, or limited personal financial resources. Costs to you for travel and loss of work time will be discussed and kept at a minimum. No physical barriers will preclude treatment.
3. Services will be provided with a minimum of waiting time. Agency service hours will be reasonably convenient to all consumers requesting services.
4. You have the right to have your disability accommodated as required by the Americans with Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act (775ILCS-5)

CONFIDENTIALITY

1. The right of clients to confidentiality shall be governed by the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110) and the Health Insurance Portability and Accountability Act of 1996.
2. All information concerning you is held confidential and released only through procedures consistent with the law and professional ethics. (The Courts without your permission can subpoena your records).
3. You have a right to review and approve any information being requested by another giving services to you. You must sign a release for any such information to be sent.
4. Special circumstances regarding client confidentiality: participation in public performances for the use of identifiable photographs or videotapes to be used for public relations purposes on behalf of Family Service Association of Greater Elgin Area is prohibited without your informed consent. Participation in such activities is voluntary. Refusal to participate in such activities will not curtail or limit in any way your access to services of the agency.
5. Covered Entity participates with other behavioral health services agencies (each, a "Participating Covered Entity") in the IPA Network established by Illinois Health Practice Alliance, LLC ("Company"). Through Company, the Participating Covered Entities have formed one or more organized systems of health care in

which the Participating Covered Entities participate in joint quality assurance activities, and/or share financial risk for the delivery of health care with other Participating Covered Entities, and as such qualify to participate in an Organized Health Care Arrangement (“OHCA”), as defined by the Privacy Rule. As OHCA participants, all Participating Covered Entities may share the PHI of their patients for the treatment, payment and health care operations purposes of all the OHCA participants.

TREATMENT

1. You have the right to an individual plan for services and will be expected to participate in planning.
2. You have the right to know the name and professional credential of anyone working with you.
3. You may request to participate in any staff meeting regarding yourself.
4. You may review your clinical records upon written request.
5. You will be assigned a primary clinician who will assist you in obtaining services as agreed upon in your individual plan for services. In most cases, this will also be your therapist.
6. You have the right of informed consent with regard to all aspects of services provided by our agency.
7. You will be advised of the positive effects and possible complications of any treatment offered at the agency.
8. You have the right to refuse to participate in, or be interviewed for research purposes.
9. You have the right to terminate services at any time.
10. You have the right to refuse treatment.
11. If you are a minor who is at least 12 years of age, requesting services without parental consent, you have the right to receive eight (8) ninety (90) minute sessions prior to obtaining parental consent.

GRIEVANCE PROCEDURE

1. If a client/guardian feels that services have not been provided fairly or reasonably they should attempt to resolve this with their therapist.
2. The therapist will inform his/her supervisor of any client grievance which he/she has been unable to resolve.
3. If a client/guardian is unable to resolve this issue with their therapist or feels uncomfortable communicating directly with their primary clinician the client/guardian may present their concerns, in writing to the primary clinician’s immediate supervisor.
4. If a client/guardian feels their grievance has not been properly attended to by the therapist’s immediate supervisor, the client/guardian has the right to ask that their grievance be pursued up the administrative structure of the agency up to and including the Chairperson of the Governing Board of Directors, as needed.
5. The supervisor will respond to any phone calls or messages that the client/guardian may leave indicating a request to file a grievance.
6. The supervisor will attempt to resolve the grievance within five working days. If the supervisor is unable to do so, he/she will forward the matter to the Director of Clinical Services.
7. The Director of Clinical Services will attempt to resolve this grievance within five working days. If the Director of Clinical Services is unable to do so, he/she will forward the matter to the Executive Director.
8. The Executive Director will attempt to resolve the grievance within five working days. If the Executive Director is unable to do so, he/she will forward the matter to the Chairperson of the Governing Board of Directors. Prior to forwarding the grievance to the Chairperson of the Governing Board of Directors, due care will be taken to assure that the grievance has no client identifying information. In the case of a Board member recognizing a client, they will be expected to abide by the Illinois Department of Mental Health and Developmental Disabilities Confidentiality Act and Health Insurance Portability and Accountability Act of 1996.
9. The Chairperson of the Governing Board of Directors will convene the Executive Committee of the Governing Board to hear the grievance and will attempt to resolve the grievance within five working days. They will notify the Executive Director of the resolution to the complaint.
10. The client/guardian will be informed of the resolution of any grievance in writing and of the outside appeals process as needed. Every effort will be made to resolve client grievances within 30 days of the initial grievance.
11. If a client/guardian believe their grievance has not been properly attended to within this agency, they have the

right to contact the Illinois Department of Human Service, Division of Mental Health.

12. Your filing and pursuit of grievance will in no way, by itself, curtail or limit in any way your access to the services of this agency.

MUTUAL RESPONSIBILITIES OF AGENCY AND CONSUMER

1. Deciding on the plan for services.
2. Determining the frequency and duration of consumer involvement.
3. Involving family members or significant others in services.

AGENCY RESPONSIBILITY

1. Assigning a clinician.
2. Maintaining an accurate clinical record.
3. Making referrals to other service agencies.
4. Billing for services either directly or through insurance, or other third party payees.
5. Communicating with courts or responsible officials thereof, as mandated by stature, rule, or court decision.
6. Use all means at the agency's disposal to provide an atmosphere for the client that is free of the imminent or potential threat of physical, emotional, sexual, or any other type of abuse or neglect.
7. Refusing services if request is not appropriate.

EACH CLIENT SHALL BE GIVEN A COPY OF THE STATEMENT OF RIGHTS FOR HIS/HER PERSONAL USE.

In the event that a client of this agency brings a formal grievance against this agency, and the grievance is not resolved within the agency, the client may pursue the grievance through one of the following offices:

1. Guardianship and Advocacy Commission (GAC)

421 E. Capitol Street	9551 Harrison Ave., FA101	527 S. Wells, Suite 300
Springfield, IL 60701	Des Plaines, IL 60016	Chicago, IL 60607
217.785.0645	847.294.4264	312.793.5900

2. Equip for Equality

11 E. Adams St., Suite 1200
Chicago, IL 60603
800.537.2631

4. Department of Human Services/Office of Mental Health

401 S. Spring Street	160 N. LaSalle
Springfield, IL 62765	Chicago, IL 60601
217.782.6154	213.814.3785



Emergency/Crisis Instructions

My assigned clinician is: _____

The agency is committed to offering you emergency services when necessary.

An emergency is defined as:

- A time when you feel a danger exists to yourself or someone else, but 911 is not appropriate to contact.
- A time when you are unable to care for yourself due to mental illness.
- You feel, as a parent, that your child is at risk of hurting themselves or someone else, but 911 is not appropriate to contact.

In an emergency, you may need to call your clinician (or another available agency clinician) to discuss what actions to take, or to get assistance stabilizing the situation.

Emergency Contact Instructions:

- Call 847-695-3680
- Tell the person that answers the phone that you have an emergency and need to contact your counselor. Give the counselor's name.
- If your counselor is available, you will be put in contact with them. If your counselor is not available, a supervisor or another on-call counselor will be connected with you.

Walk In Hours:

Walk-In Hours are available if you are unable to reach your clinician and would like to meet with another staff member in-person, or if you need additional resources.

Mondays (FSA)	9 a.m. – 1 p.m.	2 nd and 4 th Saturdays at Gail Borden Library	11am – 3pm
Wednesdays (FSA)	2 p.m. – 6 p.m.	270 N Grove Ave Elgin, IL 60120	
Fridays (FSA)	9 a.m. – 1 p.m.		

Medical Emergency:

If you are experiencing minimal side effects from medication, and it's during normal business hours, please call the office and we can consult with the psychiatric provider; however, if your side effects are **severe** (such as increased suicidal thoughts, severe confusion, severe agitation, and severe heart palpitations) please visit your local hospital's **emergency room**.

Non-Emergency Contact Instructions:

Call the agency during normal business hours, which are Monday through Thursday 9am-8pm, Friday 9am-5pm, Saturday by appointment, closed on Sundays. If your counselor is available, you will be put in contact with them. If your counselor is not available, you will be offered the opportunity to leave a message on their confidential voicemail.

Please note: Calls related to scheduling, canceling, changing, or confirming an appointment are NOT considered emergencies by the agency.

If you have any questions about these instructions, please discuss them with your counselor.



Client Fee Agreement

As a nonprofit community agency, Family Service Association has various sources of funding. These sources include United Way, local tax moneys, benefactors and State and Federal sources. However, this support does not cover the full cost of providing counseling services and therefore we must charge a fee for our services.

For your information, the following is our fee schedule and fee collection policy.

1. **Fees:** The agency fees are as follows:

Case Management \$155.00 per hour

Client Centered Consultation Services Case
Management Services
Family and Community Support Services

Therapy Services \$175.00 per hour

Integrated Assessment and Treatment Planning
Individual/Couple/Family Mental Health Crisis
Intervention
Group (\$60 per hour)

Psychiatric Services \$300.00 per hour

Psychiatric Evaluation Services
Medication Monitoring Services

At the initial assessment appointment, the clinician will review this fee policy with you.

2. **Fee Subsidy:** If you cannot afford the fee, you may qualify for a subsidized fee based on our sliding fee scale. You will need to complete the Sliding Fee Scale Application. The agency may ask you to provide further verification of your income and expenses through either your 2 most recent pay stubs or last year's tax documents.

3. **Cancellations:** If you must cancel an appointment please notify your therapist no later than 24 hours prior to your scheduled appointment. If the appointment is canceled with less than 24-hour notice, you will be charged a \$25.00 fee. If you fail to keep an appointment without notifying the agency (except due to emergency situations) you will automatically be charged a \$25.00 fee. If you fail to keep two appointments, services may be terminated.

4. Payment: Payment is expected at the time services are rendered, including the assessment session. Fees may be paid by cash, check, or credit card. If fees are paid in cash, you are asked to have the exact amount. If a check is returned due to insufficient funds, you will be required to pay in cash or credit card after the first such occurrence. If you are not able to pay for your session at the time of service you will be expected to pay at the following time of service. No more than 3 services will be provided without payment. If and when fees are not paid for three rendered services (No Show/Cancellation Fee is considered 1 service) the agency may suspend service temporarily to enable you to clear the debt before further service is rendered. If you are unable to pay for services according to the fee agreement we will provide referrals for the purpose of linking to other services.

5. Insurance: Depending on your health insurance coverage, our agency may file a claim with your insurance carrier. You may be responsible for your “per session” payment regardless of what your insurance pays. You must make regular fee payments, per your fee agreement, regardless of what payments you expect from your insurance company. We will bill your insurance carrier at the full rate for the services you receive.

Most insurance policies pay a percentage of our agency fee. If the amount paid by you, plus the amount received from your insurance company totals more than the full cost of service, a direct payment refund will be made to you. Family Service Association seeks only to collect the full cost of providing services.

If your insurance benefits have been exhausted, your therapist will assist you in setting a sliding fee scale. This sliding fee scale will remain in place until your insurance benefits resume, at which time the agency will begin billing your insurance carrier.

When our agency submits a claim to your insurance carrier, the following standard information will appear on the claim form: 1) Name and address of the insured and the name and address of the person receiving service. 2) Social security number, group and/or individual policy ID number. 3) Psychiatric diagnosis (DSM-V). 4) A list of appointment dates, services provided, and the fee charged for the service. This information will be available for filing with your insurance carrier for up to one year after our services are terminated. Any of the above information requested by your insurance carrier after this one year period will not be released until an updated consent form is signed by the recipient of services.

6. Annual Review: It is the policy of this agency to review our subsidy structure, rates and fees on an annual basis. Changes resulting in fee review go into effect with minimally 60 days notice. This review may mean an adjustment in your fee. Any time there will be a fee adjustment as a result of the review, you will be notified prior to the adjustment taking effect.

Any questions regarding the fee policy, or changes in your financial situation during the course of therapy, can and should be discussed with your assigned clinician.

FSA does not engage the services of a fee collection agency.



HIPAA. Notice Of Privacy Practices And Rights.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

If you have any questions, please contact the Privacy Officer at the address/phone number above. All written requests or appeals should be submitted to the Privacy Officer.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat You
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information such as if you have Medicaid. All information is required to be shared for Medicaid recipients.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will

follow your instructions. We do not sell or market your information. We do not maintain hospital directories and are not associated with a hospital.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission or it is an emergency:

- Substance abuse information
- Mental Health records
- A youth age 12 and older also needs to consent (in addition to their guardian) for the release of their mental health or substance abuse information.

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We may disclose your health information to our business associates, each of whom has entered into a written contract with us regarding the privacy of your health information.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research, but it is our policy to ask your permission before doing this.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services and Department of Healthcare and Family Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Other uses of health information

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing health information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing. However, we cannot take back any disclosures already made with your permission, and must keep records for your care.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes To The Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site www.fsaelgin.org.



Consent To Treatment

Assigned Clinician: _____

My/Our signature (s) affirm that the aforementioned therapist has disclosed to me/us in clear, non-technical language the nature of the assessment and therapy process. This disclosure included the risks and benefits of treatment, the alternatives available to me/us and the risks of no treatment. This disclosure was understood by me/us and enabled me/us to make an informed consent to this treatment process. I/we understand that I/we may revoke this consent at any time. If consent is revoked, a new treatment plan may be developed, or if consent by both client(s) and therapist cannot be reached, this agency will make a reasonable effort to provide a list of more appropriate/acceptable treatment options through other mental health services.

I attest that I am legally able to consent for the services provided herein.

Client Name: _____ (Please Print)

If client is age 12 or over:

Client Signature _____ Date: _____

If client is under 18 years of age, parent or guardian must sign

Parent/Guardian Signature _____ Date: _____

Witness Signature _____ Date: _____



Income Verification Form

**Please, attach copies of income verification to this form and submit to intake coordinator
after the first session**

Client Name: _____

Client Id: _____

Household size: _____

Household Monthly Income: _____

Client Income: \$ _____

Date: _____

Therapist Signature: _____

Client/Parent/Guardian Signature: _____

Statement from consumer regarding qualifying exception:



Policy
Acknowledgement Form

- I acknowledge that I have been given a personal copy of the Statement of Rights. My rights have been explained to me clearly and I understand what they are.
- I acknowledge that I have been given a copy of the Behavior Management policy and it has been explained to me.
- I acknowledge that I have read and received a copy of the Client Fee Agreement policy regarding my financial obligations for services that are provided to me and my family.
- I acknowledge that I have received a personal copy of the Client Emergency Plan.
- I acknowledge that I have received a copy the HIPAA/Notice Of Privacy Practices and Rights for Family Service Association Of Greater Elgin Area. I understand that I may contact the designated Privacy Officer at Family Service Association if I feel that my privacy rights are being violated.

I agree to pay the following fees per hour for the following services:

\$_____ Therapy \$_____ Case Management \$_____ Psychiatric services

All ages must sign for client rights:

Client Signature _____ Date: _____

If client is under 18 years of age, parent or guardian must sign

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____



Consent To Release
Confidential Information To
Insurance Company/Medicaid

Primary Carrier Secondary Carrier

Insurance Company _____

Phone Number: _____

Address: _____

Employer Name: _____

Phone Number: _____

Address: _____

Policy Number: _____

Social Security Number: _____

I.D. Number: _____

PLEASE GIVE YOUR INSURANCE IDENTIFICATION CARD TO YOUR THERAPIST TO COPY

1. I give Family Service Association Of Greater Elgin Area permission to bill my insurance company for services received from the agency.
2. I give Family Service Association Of Greater Elgin Area Permission to release my name, address, date of birth, mental health diagnosis, treatment plan, date of service and type of service received from the agency only as required by my insurance company in order to process the claim.
3. I have been told I have the right to review information to be released. I understand that signing this form is not a required condition of receiving services from the agency and that I can withdraw this permission at any time.
4. I understand that the agency will submit a mental health diagnosis (from the current diagnostic and Statistical Manual from the APA) for the person identified as the patient on the insurance claim form.

This authorization to release information expires in 1 year: _____

Client Signature

Date

Witness Signature

Date

If the client is under 12, or has a court appointed guardian, this release must be signed by the client's parent or guardian

Parent/Guardian Signature

Date

During your course of treatment at Family Service Association of the Greater Elgin Area, communication with you may be conducted by phone, text messaging and e-mail correspondence.

Telephone Correspondence: The name and number of Family Service Association may appear on the Caller ID feature of telephones. That means that others in your home who pick up the phone may see that communication is occurring between you and Family Service Association.

Text Messaging and Email Correspondence: Electronic methods of communication are effective and convenient and, as a result, could make communication with you during your course of treatment the best option. Be informed, however, that this form of communication is not secure and may not always be the most confidential means of communication. If you choose to use these methods to communicate with Family Service Association a third party may be able to intercept and /or eavesdrop on those messages. Examples of those third parties could include, but not be limited to:

- Other people in your home who can access your phone, computer or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate with Family Service Association.
- Third parties on the Internet such as server administrators and others who monitor Internet traffic.

___ I provide and agree to update when needed my preferred methods of communication

Cell phone:

Cell Phone Carrier:

Remember this is not a substitute for treatment and will be used only to address nonclinical issues such as appointment reminders, billing issues or other administrative matters. Our staff does not monitor emails or texts and are not available 24 hours a day 7 days a week. In the event you need to discuss a clinical issue call us during regular business hours. If you are experiencing a crisis during off hours, call our after hours answering service at 847-695-3680.

I hereby consent to engaging in teletherapy with my existing treatment provider at Family Service Association of Greater Elgin (FSA). I understand that "teletherapy" includes the practice of mental healthcare delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental information, both orally and visually, via a video platform service.

I understand that I have the following rights with respect to teletherapy:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.
- I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my treatment provider, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons (e.g. hacking); and/or the electronic storage of my medical information could be accessed by unauthorized persons. In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my condition may not be improve, and in some cases may even get worse.
- I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.
- I understand that I have a right to access my medical information and copies of medical records in accordance with Illinois law.
- I understand that, per the ethical guidelines of the state of Illinois, teletherapy services can ONLY be provided to those residing in the state of Illinois at the time of service.
- I also understand that teletherapy is not always a covered service by my insurance plan, and it is my responsibility to check with my individual plan to determine if teletherapy is authorized. The patient will ultimately be responsible for all fees related to teletherapy that insurance does not cover.
- Teletherapy will be billed at the same rate of individual therapy services.

I have read and understand the information provided above. I have discussed it with my treatment provider, and all of my questions have been answered to my satisfaction.

This authorization to release information expires in 1 year.

Expiration Date: _____

Client's Name: _____ (Please Print)

If client is age 12 or over:

Client's Signature _____ Date: _____

If Client is under 18 years of age, parent of guardian must sign

Parent / Guardian _____ Date: _____

Witness Signature: _____ Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/9/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Arthur J. Gallagher Risk Management Services, LLC 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: Carol Chalfant	
	PHONE (A/C. No. Ext): 847.621.8175	FAX (A/C. No):
E-MAIL ADDRESS: Carol_Chalfant1@ajg.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Great American Insurance Company		16691
INSURED Family Service Association of Greater Elgin 1752 Capital St, Ste 100 Elgin IL 60124	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2145098761 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PAC 2479868 06	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of insurance for community fair.

CERTIFICATE HOLDER Dundee Township 708 Bd 611 E Main St, Ste 101 East Dundee IL 60118	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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July 1, 2021

Bernadette May
Executive Director
Family Service Association of Greater Elgin Area
1140 N. McLean Boulevard, Suite I
Elgin, IL 60123

Dear Ms. Bernadette May:

It is our great pleasure to inform you that the Council on Accreditation (COA) has approved the accreditation of **Family Service Association of Greater Elgin Area** through **September 30, 2025**. Let me again say how significant this achievement is! It represents the fulfillment of countless hours of hard work and the dedication of many people—most notably your staff and the members of your board and/or leadership. Please extend my congratulations to them.

This formal notification includes a list of programs and services for which **Family Service Association of Greater Elgin Area** is accredited, as well as your Final Accreditation Report (FAR). A plaque attesting to your agency's accredited status will be sent to you shortly.

Your Final Accreditation Report (FAR) is an important and incredibly valuable document. It contains the observations and recommendations of your Peer Reviewer colleagues based on your self-study and site visit. In essence, the FAR provides a unique view of your organization as seen through the eyes of highly experienced professionals. In it you will find a copy of the full accreditation ratings for all Purpose, Core, and Practice standards, identifying the Fundamental Practice standards. It may also contain any noted organizational strengths and areas for opportunities.

Please refer to the Promotional Tool Kit web page to find resources that can assist you with leveraging your organization's COA accreditation to internal and external stakeholders.

Private: <http://coanet.org/accreditation/private-organization-accreditation/promote-your-accreditation/>

Public: <http://coanet.org/accreditation/public-agency-accreditation/promote-your-accreditation/>

Canadian: <http://coanet.org/accreditation/canadian-organisation-accreditation/promote-your-accreditation/>

At the very least, however, we recommend that you provide relevant excerpts to those members of your staff who are directly responsible for the respective findings. Should you do so, please explain

that the report is intended to be *constructive*, and that the goal is to provide specific, tangible examples of how they can make your organization even stronger and even better.

Having said that, you should know that those ratings for which you did not demonstrate implementation should be addressed through your PQI process.

Even though they did not require correction in order to achieve accreditation, they will be made a part of your file and reviewed during your next accreditation cycle. Remember, COA accreditation is not an end in and of itself. Rather, it is a process by which your organization can consistently strive for and achieve new levels of excellence.

Finally, let me say that your relationship with COA does not end with this letter. Ours is a partnership. As such, I would ask that you feel free to share with me your ideas and concerns. Additionally, please feel free to contact Tobi Murch, Director of Volunteer Engagement, either by email at tmurch@coanet.org or by telephone at 212-797-3000, extension 272, if you have any questions. Together we can enrich the lives of children, individuals, and families in need everywhere.

We are proud to be associated with you and your colleagues. We wish you the very best in your continuing service to persons in your community. *That is the power of accreditation.*

Sincerely,

A handwritten signature in black ink, appearing to read 'Jody Levison-Johnson', with a long, sweeping flourish extending to the right.

Jody Levison-Johnson
President and Chief Executive Officer

Attachment



Family Service Association of Greater Elgin Area
 Organization ID: 152
 Private Standards

Expiration date: September 30, 2025

The accreditation of Family Service Association of Greater Elgin Area includes the following services and associated programs:

Program Name	COA Service Standard(s)	Service Subsections
Out-patient Therapy Program	Services for Mental Health/Substance Use (MHSU)	MHSU: Mental Health Services
Screening Assessment & Support Services	Services for Mental Health/Substance Use (MHSU)	MHSU: Mental Health Services
Mental Health/Juvenile Justice Program	Services for Mental Health/Substance Use (MHSU)	MHSU: Mental Health Services
School-Based Therapy Program	Services for Mental Health/Substance Use (MHSU)	MHSU: Mental Health Services



Organizational Strengths

Family Service Association of Greater Elgin Area
Organization ID# 152

Administrative and Management Standards

Ethical Practice (ETH), Financial Management (FIN), Governance (GOV) or Administration & Management (AM) (for Public State Systems), Human Resources (HR), Performance and Quality Improvement (PQI), Risk Prevention and Management (RPM)

- FIN** The organization has strong internal financial policies and practices. Its financial management is supported by a contracted accounting firm. Audits have been positive for a number of years. According to the governing Board, the organization is more financially secure than it has been in a number of years.
- GOV** The mission statement and values of the organization are clearly defined, with a recent revision to represent a shift toward inclusion and equity. The Board is actively and appropriately engaged in the governance of the organization. Board members are acutely aware of all aspects of the organization's operations, i.e., finances, risk management, strategic planning, PQI. The Board is passionate, invested, and committed to the success of the organization. The Board has included senior leadership at the Board meetings, resulting in a mutual and beneficial understanding of roles and responsibilities. A Junior Board has been created to help identify program needs and develop future leadership. Staff leadership and Board governance combine to ensure the organization is flexible and nimble in response to changing needs. Community outreach and education activities are excellent.
- HR** Personnel files are well organized and comprehensive. Special efforts have been made to reduce staff turnover. The organization utilizes Slack to promote training and connectedness and improve staff morale. In addition to conducting exit interviews to learn why staff are leaving, the organization conducts "stay" interviews to gather information on employee retention factors. The organization does an outstanding job of utilizing interns to support service delivery, many of whom later become employees. Improvements have been made in staff retention, with the current average tenure being 3.5 years.
- PQI** The organization has adapted the logic model to identify inputs, activities, outputs, and outcomes. The organization has three over-arching goals that are supported by program-specific goals from each service area. The organization utilizes internal data as

well as results from external reviews to improve program impact. Staff are active participants in the PQI process, and Board members are routinely kept informed of the PQI plan and updated through quarterly and annual reports.

RPM Risk management activities are an integral part of the organization's culture. Processes for proactively identifying and mitigating risk can be found in every level of governance, administration, and service. In addition to daily management, risks are reviewed and reported on a quarterly and annual basis. Confidentiality is a priority for the organization, and IT supports are in place to ensure the security of electronic documents. For situations in which staff are exposed to serious client incidents, the organization provides debriefing, retrospective reviews, and, if necessary, employee assistance options.

Service Delivery Administration Standards

Administrative and Service Environment (ASE), Behavior Support and Management (BSM), Client Rights (CR), Training and Supervision (TS)

ASE The organization completes regular safety assessments of the facility. There are well-understood protocols to maintain safety and communication in the field/community. Staff promote safety through delivering trauma-informed services, regularly assessing for client safety and risks, and developing positive relationships with clients.

BSM Behavior Support Management policies promote and provide training for staff in using the least restrictive interventions. Staff consistently update risk assessments and collaborate with clients on developing and modifying safety plans.

CR The organization provides comprehensive and easy-to-read forms to ensure clients understand how their information can be used and what their rights are. The organization has not had any grievances filed from clients or stakeholders in the past six months. Clients report that the organization and its staff treat them with respect and understanding and are not judgmental.

PRG Assessments, service plans, and case notes are consistently documented, and procedures are in place to make clients' records easily accessible to clients and those who need access. Staff are trained in engaging clients in telehealth services as well as assessing when telehealth may not be appropriate and responding accordingly.

TS Training and supervision are both highly valued within the organization. In addition to in-person training, staff can access a variety of supplemental trainings through LITMOS. Staff also receive \$250 annually to use in any way they wish to improve skills and enhance their job performance. Individual supervision is provided weekly; group supervision is bi-weekly; case consultation on challenging cases is monthly. Staff are skilled at empowering, advocating, and collaborating.

Service Standards

MHSU Services support clients in problem solving, recognizing and maintaining their gains, while connecting them to informal community supports and resources. Services are consistently delivered through a holistic and trauma-informed lens and meeting the clients where they are at. Clients report satisfaction with their treatment and their team. They indicate they learn about strategies towards improving their mental health and relationships with others. They report they are seen as “whole people.”



AREAS FOR OPPORTUNITIES

The following ratings have not been fully implemented and we ask that you address them through your PQI process. Even though these standards did not require correction in order to achieve accreditation, they will be made a part of your file and reviewed during your next accreditation cycle. We request that you begin demonstrating implementation on all of the below standards before your next accreditation cycle.

Standard Code	Rating	Peer Team Report
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FINAL RATINGS

Private Standards

Family Service Association of Greater Elgin Area
Org #:152

Standard Code	Rating	NA
FIN	1	<input type="checkbox"/>
FIN 1	1	<input type="checkbox"/>
FIN 2	1	<input type="checkbox"/>
FIN 3	2	<input type="checkbox"/>
FIN 3.01	2	<input type="checkbox"/>
FIN 3.02	1	<input type="checkbox"/>
FIN 4	1	<input type="checkbox"/>
FIN 4.01	1	<input type="checkbox"/>
FIN 4.02	1	<input type="checkbox"/>
FIN 4.03	1	<input type="checkbox"/>
FIN 5	1	<input type="checkbox"/>
FIN 6	1	<input type="checkbox"/>
FIN 6.01	2	<input type="checkbox"/>
FIN 6.02	1	<input type="checkbox"/>
FIN 6.03	1	<input type="checkbox"/>
FIN 6.04		<input checked="" type="checkbox"/>
FIN 7	1	<input type="checkbox"/>
FIN 7.01	1	<input type="checkbox"/>
FIN 7.02	1	<input type="checkbox"/>
GOV	1	<input type="checkbox"/>
GOV 1	1	<input type="checkbox"/>
GOV 2	1	<input type="checkbox"/>
GOV 2.01	1	<input type="checkbox"/>
GOV 2.02	1	<input type="checkbox"/>
GOV 2.03	1	<input type="checkbox"/>
GOV 3	1	<input type="checkbox"/>
GOV 3.01	1	<input type="checkbox"/>
GOV 3.02	1	<input type="checkbox"/>
GOV 3.03	1	<input type="checkbox"/>
GOV 3.04	2	<input type="checkbox"/>
GOV 4	1	<input type="checkbox"/>

Standard Code	Rating	NA
GOV 4.01	1	<input type="checkbox"/>
GOV 4.02	1	<input type="checkbox"/>
GOV 4.03	1	<input type="checkbox"/>
GOV 4.04	1	<input type="checkbox"/>
GOV 5	1	<input type="checkbox"/>
GOV 5.01	1	<input type="checkbox"/>
GOV 5.02	1	<input type="checkbox"/>
GOV 5.03	1	<input type="checkbox"/>
GOV 5.04	1	<input type="checkbox"/>
GOV 5.05	1	<input type="checkbox"/>
GOV 6	1	<input type="checkbox"/>
GOV 6.01	1	<input type="checkbox"/>
GOV 6.02	1	<input type="checkbox"/>
GOV 7	1	<input type="checkbox"/>
GOV 7.01	1	<input type="checkbox"/>
GOV 7.02	1	<input type="checkbox"/>
GOV 7.03	1	<input type="checkbox"/>
GOV 7.04	1	<input type="checkbox"/>
GOV 8	1	<input type="checkbox"/>
HR	1	<input type="checkbox"/>
HR 1	1	<input type="checkbox"/>
HR 2	1	<input type="checkbox"/>
HR 2.01	1	<input type="checkbox"/>
HR 2.02	1	<input type="checkbox"/>
HR 2.03	1	<input type="checkbox"/>
HR 2.04	1	<input type="checkbox"/>
HR 3	1	<input type="checkbox"/>
HR 3.01	1	<input type="checkbox"/>
HR 3.02	1	<input type="checkbox"/>
HR 3.03	1	<input type="checkbox"/>
HR 3.04	1	<input type="checkbox"/>
HR 4	1	<input type="checkbox"/>
HR 4.01	1	<input type="checkbox"/>
HR 4.02	1	<input type="checkbox"/>
HR 4.03	1	<input type="checkbox"/>
HR 5	1	<input type="checkbox"/>
HR 5.01	1	<input type="checkbox"/>
HR 5.02	1	<input type="checkbox"/>
HR 6	1	<input type="checkbox"/>
HR 6.01	1	<input type="checkbox"/>
HR 6.02	1	<input type="checkbox"/>
HR 7		<input checked="" type="checkbox"/>
HR 7.01		<input checked="" type="checkbox"/>

Standard Code	Rating	NA
HR 7.02		<input checked="" type="checkbox"/>
HR 7.03		<input checked="" type="checkbox"/>
HR 7.04		<input checked="" type="checkbox"/>
HR 7.05		<input checked="" type="checkbox"/>
HR 7.06		<input checked="" type="checkbox"/>
PQI	1	<input type="checkbox"/>
PQI 1	1	<input type="checkbox"/>
PQI 1.01	1	<input type="checkbox"/>
PQI 1.02	1	<input type="checkbox"/>
PQI 1.03	1	<input type="checkbox"/>
PQI 1.04	1	<input type="checkbox"/>
PQI 2	1	<input type="checkbox"/>
PQI 2.01	1	<input type="checkbox"/>
PQI 2.02	1	<input type="checkbox"/>
PQI 3	1	<input type="checkbox"/>
PQI 3.01	1	<input type="checkbox"/>
PQI 3.02	1	<input type="checkbox"/>
PQI 3.03	1	<input type="checkbox"/>
PQI 3.04	1	<input type="checkbox"/>
PQI 4	1	<input type="checkbox"/>
PQI 4.01	1	<input type="checkbox"/>
PQI 4.02	1	<input type="checkbox"/>
PQI 4.03	1	<input type="checkbox"/>
PQI 5	1	<input type="checkbox"/>
PQI 5.01	1	<input type="checkbox"/>
PQI 5.02	1	<input type="checkbox"/>
PQI 5.03	1	<input type="checkbox"/>
PQI 5.04	1	<input type="checkbox"/>
RPM	1	<input type="checkbox"/>
RPM 1	1	<input type="checkbox"/>
RPM 2	1	<input type="checkbox"/>
RPM 2.01	1	<input type="checkbox"/>
RPM 2.02	1	<input type="checkbox"/>
RPM 3	1	<input type="checkbox"/>
RPM 3.01	1	<input type="checkbox"/>
RPM 3.02	1	<input type="checkbox"/>
RPM 4	2	<input type="checkbox"/>
RPM 4.01	1	<input type="checkbox"/>
RPM 4.02	2	<input type="checkbox"/>
RPM 4.03	2	<input type="checkbox"/>
RPM 5	1	<input type="checkbox"/>
RPM 5.01	1	<input type="checkbox"/>
RPM 5.02	1	<input type="checkbox"/>

Standard Code	Rating	NA
RPM 5.03	1	<input type="checkbox"/>
RPM 5.04	1	<input type="checkbox"/>
RPM 5.05	1	<input type="checkbox"/>
RPM 6	1	<input type="checkbox"/>
RPM 6.01	1	<input type="checkbox"/>
RPM 6.02	1	<input type="checkbox"/>
RPM 6.03		<input checked="" type="checkbox"/>
RPM 7		<input checked="" type="checkbox"/>
RPM 7.01		<input checked="" type="checkbox"/>
RPM 7.02		<input checked="" type="checkbox"/>
RPM 7.03		<input checked="" type="checkbox"/>
ASE	2	<input type="checkbox"/>
ASE 1	1	<input type="checkbox"/>
ASE 2	1	<input type="checkbox"/>
ASE 2.01	1	<input type="checkbox"/>
ASE 2.02	1	<input type="checkbox"/>
ASE 2.03	1	<input type="checkbox"/>
ASE 2.04	1	<input type="checkbox"/>
ASE 3	1	<input type="checkbox"/>
ASE 3.01	1	<input type="checkbox"/>
ASE 3.02	1	<input type="checkbox"/>
ASE 3.03	1	<input type="checkbox"/>
ASE 4	1	<input type="checkbox"/>
ASE 4.01	1	<input type="checkbox"/>
ASE 4.02	1	<input type="checkbox"/>
ASE 4.03		<input checked="" type="checkbox"/>
ASE 5	2	<input type="checkbox"/>
ASE 5.01	1	<input type="checkbox"/>
ASE 5.02	2	<input type="checkbox"/>
ASE 6	2	<input type="checkbox"/>
ASE 6.01	2	<input type="checkbox"/>
ASE 6.02	2	<input type="checkbox"/>
ASE 6.03	1	<input type="checkbox"/>
ASE 6.04	2	<input type="checkbox"/>
BSM		<input checked="" type="checkbox"/>
BSM 1		<input checked="" type="checkbox"/>
BSM 1.01		<input checked="" type="checkbox"/>
BSM 1.02		<input checked="" type="checkbox"/>
BSM 1.03		<input checked="" type="checkbox"/>
BSM 1.04		<input checked="" type="checkbox"/>
BSM 2		<input checked="" type="checkbox"/>
BSM 2.01		<input checked="" type="checkbox"/>
BSM 2.02		<input checked="" type="checkbox"/>

Ratings: 1 = Full Implementation; 2 = Substantial Implementation; 3 = Partial Implementation; 4 = Unsatisfactory Implementation; 5 or = NA

Standard Code	Rating	NA
BSM 2.03		<input checked="" type="checkbox"/>
BSM 3		<input checked="" type="checkbox"/>
BSM 4		<input checked="" type="checkbox"/>
BSM 4.01		<input checked="" type="checkbox"/>
BSM 4.02		<input checked="" type="checkbox"/>
BSM 4.03		<input checked="" type="checkbox"/>
BSM 4.04		<input checked="" type="checkbox"/>
BSM 4.05		<input checked="" type="checkbox"/>
BSM 4.06		<input checked="" type="checkbox"/>
BSM 4.07		<input checked="" type="checkbox"/>
BSM 4.08		<input checked="" type="checkbox"/>
BSM 5		<input checked="" type="checkbox"/>
BSM 5.01		<input checked="" type="checkbox"/>
BSM 5.02		<input checked="" type="checkbox"/>
BSM 5.03		<input checked="" type="checkbox"/>
BSM 5.04		<input checked="" type="checkbox"/>
CR	2	<input type="checkbox"/>
CR 1	1	<input type="checkbox"/>
CR 1.01	1	<input type="checkbox"/>
CR 1.02	1	<input type="checkbox"/>
CR 1.03	1	<input type="checkbox"/>
CR 1.04	1	<input type="checkbox"/>
CR 1.05	1	<input type="checkbox"/>
CR 1.06	1	<input type="checkbox"/>
CR 1.07	1	<input type="checkbox"/>
CR 2	1	<input type="checkbox"/>
CR 2.01	1	<input type="checkbox"/>
CR 2.02	1	<input type="checkbox"/>
CR 2.03	1	<input type="checkbox"/>
CR 2.04	1	<input type="checkbox"/>
CR 3		<input checked="" type="checkbox"/>
CR 3.01		<input checked="" type="checkbox"/>
CR 3.02		<input checked="" type="checkbox"/>
CR 3.03		<input checked="" type="checkbox"/>
PRG	2	<input type="checkbox"/>
PRG 1	2	<input type="checkbox"/>
PRG 1.01	1	<input type="checkbox"/>
PRG 1.02	2	<input type="checkbox"/>
PRG 1.03	1	<input type="checkbox"/>
PRG 1.04	1	<input type="checkbox"/>
PRG 1.05	1	<input type="checkbox"/>
PRG 1.06	1	<input type="checkbox"/>
PRG 1.07	2	<input type="checkbox"/>

Standard Code	Rating	NA
PRG 2	2	<input type="checkbox"/>
PRG 2.01	1	<input type="checkbox"/>
PRG 2.02	1	<input type="checkbox"/>
PRG 2.03	2	<input type="checkbox"/>
PRG 3	1	<input type="checkbox"/>
PRG 3.01	1	<input type="checkbox"/>
PRG 3.02	1	<input type="checkbox"/>
PRG 3.03	1	<input type="checkbox"/>
PRG 3.04		<input checked="" type="checkbox"/>
PRG 3.05		<input checked="" type="checkbox"/>
PRG 3.06		<input checked="" type="checkbox"/>
PRG 4	2	<input type="checkbox"/>
PRG 4.01	2	<input type="checkbox"/>
PRG 4.02	2	<input type="checkbox"/>
PRG 4.03	2	<input type="checkbox"/>
PRG 4.04	1	<input type="checkbox"/>
PRG 4.05	1	<input type="checkbox"/>
PRG 5		<input checked="" type="checkbox"/>
PRG 5.01		<input checked="" type="checkbox"/>
PRG 5.02		<input checked="" type="checkbox"/>
PRG 5.03		<input checked="" type="checkbox"/>
PRG 5.04		<input checked="" type="checkbox"/>
PRG 5.05		<input checked="" type="checkbox"/>
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PRG 6		<input checked="" type="checkbox"/>
PRG 6.01		<input checked="" type="checkbox"/>
PRG 6.02		<input checked="" type="checkbox"/>
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TS 1.01	1	<input type="checkbox"/>
TS 1.02	1	<input type="checkbox"/>
TS 1.03	1	<input type="checkbox"/>
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TS 2.01	1	<input type="checkbox"/>
TS 2.02	1	<input type="checkbox"/>
TS 2.03	1	<input type="checkbox"/>
TS 2.04	1	<input type="checkbox"/>
TS 2.05	1	<input type="checkbox"/>
TS 2.06	1	<input type="checkbox"/>
TS 2.07	1	<input type="checkbox"/>
TS 3	1	<input type="checkbox"/>
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Standard Code	Rating	NA
TS 3.02	1	<input type="checkbox"/>
TS 3.03	1	<input type="checkbox"/>
TS 3.04	1	<input type="checkbox"/>
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MHSU 1.01	2	<input type="checkbox"/>
MHSU 1.02	1	<input type="checkbox"/>
MHSU 1.03	1	<input type="checkbox"/>
MHSU 1.04	1	<input type="checkbox"/>
MHSU 2	1	<input type="checkbox"/>
MHSU 2.01	1	<input type="checkbox"/>
MHSU 2.02	1	<input type="checkbox"/>
MHSU 2.03	1	<input type="checkbox"/>
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MHSU 2.08	1	<input type="checkbox"/>
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MHSU 3.01	1	<input type="checkbox"/>
MHSU 3.02	1	<input type="checkbox"/>
MHSU 3.03	1	<input type="checkbox"/>
MHSU 3.04	1	<input type="checkbox"/>
MHSU 3.05	1	<input type="checkbox"/>
MHSU 3.06	1	<input type="checkbox"/>
MHSU 3.07	1	<input type="checkbox"/>
MHSU 4	2	<input type="checkbox"/>
MHSU 4.01	1	<input type="checkbox"/>
MHSU 4.02	2	<input type="checkbox"/>
MHSU 4.03	1	<input type="checkbox"/>
MHSU 4.04	1	<input type="checkbox"/>
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MHSU 5.01	1	<input type="checkbox"/>
MHSU 5.02	1	<input type="checkbox"/>
MHSU 5.03	2	<input type="checkbox"/>
MHSU 6	1	<input type="checkbox"/>
MHSU 6.01	1	<input type="checkbox"/>
MHSU 6.02	1	<input type="checkbox"/>
MHSU 6.03	1	<input type="checkbox"/>
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Standard Code	Rating	NA
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MHSU 10	1	<input type="checkbox"/>
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MHSU 10.02	1	<input type="checkbox"/>
MHSU 10.03	1	<input type="checkbox"/>
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MHSU 11.01	1	<input type="checkbox"/>
MHSU 11.02	1	<input type="checkbox"/>
MHSU 11.03	1	<input type="checkbox"/>
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