



Cowlitz-Wahkiakum-Lewis CVM Agreement for Participating Agencies

Purpose

Community Voice Mail (CVM), a program of the **Lower Columbia CAP** (host agency) and Community Voice Mail National, provides voicemail technology to help people in transition and crisis receive messages from potential employers, landlords, health care providers, child care providers, case managers and providers of critical human services. **The purpose of this CVM Agreement is to outline requirements and to operate as a contract between Lower Columbia CAP / Cowlitz-Wahkiakum-Lewis CVM (host agency) and _____ (participating agency) in order to fulfill the ultimate mission of Community Voice Mail.**

Fees

The **Cowlitz-Wahkiakum-Lewis Community Voice Mail** program is a collaborative effort between (participating agency) and **Lower Columbia CAP** (host agency). Participating agency has requested and been assigned **CVM voice mail boxes** at a cost of **\$3.00 per voice mail box per month (Total billing per month: \$_____)**. **There is no charge for your first two months of service (includes Activation month – activations scheduled after the 24th of the month mean the next two months are at no charge).** **Please provide a signed copy of this agreement to your agency's financial director.** NOTE: fees may not be extended to client as would be a violation of CVM mission.

Roles & Responsibilities

The success of this program depends on the cooperation of the above participating agency and the host agency to work together in the following ways:

Requirements of Staff at Participating Agencies

1. Protect the integrity of the Community Voice Mail (CVM) program by determining eligible clients, assign them a CVM voice mailbox, assist them in recording a greeting, setting a security code and train them to retrieve their messages.
2. Obtain client signature on all CVM forms (see Client Agreement of Understanding on Intake/Outcome Form).
3. Maintain strict confidentiality and privacy regarding CVM clients and the messages they receive.
4. When a CVM client completes use of CVM, complete the "Exit & Outcomes" sections of the original CVM Intake/Outcome sheet, a client survey (if applicable), and reset the appropriate voice mailbox with your agency security code to protect the vacant CVM number.
5. Notify the CVM office of new or closed clients by completing all the necessary forms for each CVM client. Fax the forms within 24 business hours to the CVM System Manager at **ATTN Mike Chapman, 360-425-8724**.
6. Upon need, request additional telephone numbers and retraining from the CVM System Manager.

Requirements of Host Agency - CVM Staff

1. Provide excellent service and technical assistance to the local CVM network of participating agencies and clients.
2. Train and retrain participating agency staff.
3. Provide participating agencies with a CVM monthly report showing system activity to promote consistent record keeping among participating agencies.
4. Maintain strict confidentiality and privacy regarding CVM clients and the messages they receive.
5. Update materials, policies, and procedures with feedback from the CVM Participating Agencies and Clients.

Failure to comply with requirements by either party may result in termination of this agreement. Either party may cancel this agreement and, as a result, cancel the official affiliation between the Participating Agency and the Community Voice Mail program.

Participating Agency Name

Signed: Participating Agency Director, Date

Signed: CVM System Manager, Date

Signed: Participating Agency CVM Representative, Date