



MISSION

Kearsarge Neighborhood Partners collaborates with individuals and organizations to create a support network which empowers people to achieve stability in their lives.

Welcome To the KNP Advocate Team!

Welcome!

You are now part of a dedicated team of KNP volunteers that partner with neighbors in need of support in order to empower these individuals and families through immediate and long-term life challenges. The support you provide may involve companionship, identifying resources, prioritizing needs, making referrals, and assisting your designated neighbor to take action on their own behalf to empower, stabilize and improve their situation.

WHO IS AN ADVOCATE? An advocate is a local community member with life or career experience, interest, and time to support and befriend a community member experiencing hardship or need.

WHO ARE OUR "NEIGHBORS In NEED?" Neighbors in need are members of the Kearsarge area experiencing hardship, loneliness, financial challenge, temporary disability and/or undue burden. These neighbors are encouraged to contact KNP directly to request assistance and support as they face these challenges.

Thank you for partnering with us to help build a strong community where everyone has the opportunity to flourish!

Your Team Co- Leaders,

Cindy Benson and Cindy Johnson

ADVOCATE CO-CHAIRS

| | | |
|---------------|--|--------------|
| Cindy Benson | cindybenson@tds.net | 603-321-9231 |
| Cindy Johnson | johnsoncindy1958@gmail.com | 603-848-8848 |

ADVOCATE LEADERSHIP TEAM

| | | |
|----------------|--|--------------|
| Sandi Brownell | sandagale@tds.net | 603-344-9915 |
| Kay Clark | kayclark1974@gmail.com | 603-748-7121 |
| Ron Clark | ronald.clark.vt@gmail.com | 802-777-4220 |

NEIGHBOR INTAKE and OPERATIONS

| | | |
|-----------------|--|--------------|
| Beth Greenawalt | bethg@knpnh.org | 617-833-3928 |
|-----------------|--|--------------|

TABLE OF CONTENTS

Page

3. Values That Guide our Advocate/Neighbor Relationship
Safe Practice Policy
4. Advocate Expectations
Neighbor Expectations
5. Budget Worksheet
6. Budget Worksheet (continued)
7. Initial Intake Form for KNP Neighbor
8. Talking Points for Advocates
9. [Authorization for Release of Personal Information](#)

VALUES THAT GUIDE OUR ADVOCATE/NEIGHBOR RELATIONSHIP:

- We respect human dignity.
- We embrace the transforming power of love and compassion.
- We believe that our whole community benefits when we develop interpersonal relationships and empower individuals and families in times of need.
- We try not to do for others what they have the capacity to do for themselves.
- We recognize the value of reciprocity in our relationships and seek opportunities for those we serve to join us in building community.
- Our focus is primarily with people in the Kearsarge/Sunapee region whose needs match our resources and expertise.

SAFE PRACTICE POLICY

KNP will not be able to partner with Neighbors experiencing or displaying:

- Current domestic violence within the household
- Addictive behavior that interferes with Advocate/Neighbor relationship
- Violent, disrespectful or abusive behavior
- Mental illness better addressed by mental health professionals

ADVOCATE EXPECTATIONS

Advocates will:

- Work in teams of two.
- Adhere to the confidentiality agreement in the **Release of Information Form** and upload completed form in the “Check-in” (Appendix A).
- Commit to monthly meetings.
- Set realistic goals and action steps together with assigned Neighbor.
- Understand the role of professional support and refer as needed.
- Establish and maintain contact with assigned Neighbor on a regular basis, as needed.
- Understand the need to establish personal boundaries with assigned Neighbor.
- Evaluate progress periodically with Advocate Team Leaders.
- Connect assigned Neighbor with appropriate community resources.
- Record each interaction along with time spent through the “Check-In” on the KNP website knpnh.org.
- Document rationale for terminating an Advocate/Neighbor relationship through the “Check-in” on the KNP website knpnh.org.

NEIGHBOR EXPECTATIONS

Neighbors will:

- Initiate contact with KNP In-Take Coordinator requesting Advocate partnership.
- Complete [Release of Information Form](#) (Appendix A).
- Offer information to complete **Initial Intake Form** with Advocate (Appendix B).
- Commit to scheduled meetings.
- Follow up with assigned Action Steps.
- Complete [Budget Worksheet](#) with Advocate if financial assistance is requested (Appendix C).
- Maintain communication with Advocate.

BUDGET WORKSHEET

| <u>Income</u> | <u>Amount per Month</u> |
|--|-------------------------|
| Work (take home pay) | \$ |
| Contributions from others in the house | \$ |
| Tax Refunds | \$ |
| Money you are owed | \$ |
| Other financial assistance | |
| a. | \$ |
| b. | \$ _____ |
| Total Income | \$ |

| <u>Expenses</u> | <u>Amount per Month</u> |
|---------------------------------------|-------------------------|
| Electric Bill | \$ |
| Taxes and home insurance | \$ |
| Car insurance | \$ |
| Cell Phone/home phone | \$ |
| Internet/TV | \$ |
| Propane | \$ |
| Oil | \$ |
| Wood | \$ |
| Health Insurance | \$ |
| Uncovered Medical/Dental Expenses | \$ |
| Food – Groceries | \$ |
| Food – eating out or take out | \$ |
| Clothes/Shoes/Coats/Hair, etc | \$ |
| Gifts | \$ |
| Car Mileage/year (miles x \$.55/mile) | \$ |
| Car loan payments | \$ |
| Rent | \$ |
| Credit card Payments | \$ |
| Other loan payments | \$ |
| Other expenses _____ | \$ _____ |
| Total Expenses | \$ |

Savings/Checking Account

\$

Money Owed

Amount

Credit Card Debt

\$

Back Rent

\$

Snow Plowing Bill

\$

Overdue Electric Bill

\$

Car Loan

\$

Other debts owed _____

\$ _____

Total Debts

\$

Initial Intake Form for KNP Neighbor
KNP Advocates seek to EMPOWER our Neighbor by
LISTENING - PARTNERING - CONNECTING

This form is to be filled out together by Advocate and Neighbor and uploaded to the database through the “check-in” at knpnh.org.

Today’s Date: _____

Name of Neighbor: _____

Phone number (cell or land-line): _____

Do you text? _____

Physical Address (rental or home ownership?) _____

Mailing Address: _____

Email: _____

What is/are your immediate need(s)? _____

Please list goals with Neighbor and Advocate partner(s)?

1. _____
2. _____
3. _____

A regular check-in is encouraged. How, when and where would the Advocate(s) and Neighbor like to do this?

Advocate Signature Date

Neighbor Signature Date

TALKING POINTS FOR ADVOCATES

Advocates will:

- Help you connect with the appropriate agencies in our community.
- Help you set realistic goals.
- Maintain confidentiality.
- Always treat you with respect.
- Encourage and support you to the best of our ability.

Neighbors are expected to:

- Set realistic goals and follow up with action steps.
- Always treat advocates with respect.
- Complete resource information and budget sheets with Advocate.
- Have regular contact with Advocate (as agreed).

Additional Talking Points for Advocates:

- How can we help you?
- How did you find out about KNP?
- What led you to reach out to KNP?
- Are there any long-term or chronic medical issues?
- How have you coped with these challenges?
- Are you connected to:
 - NH Healthy Families
 - Social Security (either currently collecting benefits or have applied for Disability)
 - KREM
 - CAP
 - Other sources of income
 - Hospital social worker—Concord, New London, Dartmouth etc.
 - VNA
 - Food Pantry
 - Mental health services
 - Veterans Administration
- Do you have support from family in the area?
- Do you have a PCP? Where is the practice?
- Do you work with a social worker or counselor?
- Do you have medical insurance?
- Are you a veteran?

Authorization for Release of Personal Information

| | |
|--------------------------------------|---------------|
| PRINT NAME | DATE OF BIRTH |
| STREET ADDRESS, CITY, STATE, and ZIP | |
| PHONE NUMBERS (CELL AND HOME) | |

_____ I understand that information about my situation and my interactions with Kearsarge Neighborhood Partners (“KNP”) will be documented on a database and accessible to a limited number of KNP volunteers on a “need to know” basis.

In addition, I hereby authorize Kearsarge Neighborhood Partners (“KNP”), or any employee or representative of Kearsarge Neighborhood Partners, PO Box 1442, New London, NH 03257 to share and discuss information with Authorized Representatives of the following Service Organizations who may also be involved in my care. Said information may be personal, financial, or otherwise deemed confidential. **(Please select approved Service Organizations).**

_____ **All Organizations Listed**

- _____ (CAP) Community Action Program
- _____ COA Chapin Center
- _____ Food Pantries
- _____ KREM
- _____ Loaves and Fishes
- _____ New London Hospital
- _____ Newport Health Center
- _____ School Officials
- _____ ServiceLink Concord
- _____ Town Welfare
- _____ VNA – Visiting Nurses Association
- _____ Warner Connects

Please Add Any Unlisted Service Organizations

Note:

- You have the right to withdraw your permission at any time. To withdraw your permission simply notify your Kearsarge Neighborhood Partners Representative.
- This release shall expire one (1) year from the date of the signature appearing below unless permission is taken back sooner.
- A photocopy, fax or electronic copy of this release shall be as valid as the original.

Signature of Person or Person’s Authorized Representative: _____

Title: _____

Date: _____

Witness: _____

[This form can also be accessed on the KNP website [here.](#)]