Adopted: 2/18/2021 with the Whistleblower policy still under review

Employee Handbook

REVISED 2/18/2021

Mission Statement

Friends In Need Health Center, Inc. is a faith-based, 501 © (3), non-profit, that seeks to provide professional medical and dental healthcare to the uninsured and under-insured of Northeast Tennessee and Southwest Virginia.

Goals

1. Show the love of God to those seeking healthcare without regard to whether they can pay or not.
2. To seek funding from all resources, (state, federal, and local) to continue the mission of Friends In Need Health Center, Inc..
3. To enlarge the scope of services to better serve the patients seeking healthcare at FINHC.

Section 1. Introduction

1.1 Purpose of this Handbook

The purpose of this Handbook is to familiarize you – the employee – with the policies, rules and other key aspects of Friends In Need Health Center, Inc (the "Company"). The information in this handbook supersedes all rules and policies that may previously have been expressed or implied, in both written and oral format. Compliance with this Handbook is compulsory for all employees. The Company reserves the right to interpret this Handbook's content as it sees fit, and to deviate from policy when it deems necessary.

1.2 Changes of Policy

Friends in Need Health Center, Inc. reserves the right to change this Handbook's content, at any time and our sole discretion. Its provisions may not be altered by any other means, oral or written. You will receive written notice of any changes we make to the employee handbook and are responsible for understanding and complying with all up-to-date policies. If you are confused about any information defined herein, please contact the Human Resources Manager.

1.3 Employment Forms

All new employees are required to complete and submit the following forms. Starred (*) forms can be found at the end of this manual. All others have been or will be provided separately.

At-Will Employment Agreement and Acknowledgement of Receipt of Employee Handbook*

Employment Eligibility Form I-9

On the day of hire, each new employee is legally obligated to complete the Employment Eligibility Verification Form I-9 and submit documents to verify identity and employment eligibility within the next three (3) business days. The same policy applies to re-hired employees whose I-9's are over three (3) years old or otherwise invalid.

Exempt vs Non-Exempt

Most employees are non-exempt meaning they are entitled by law to at least minimum wage and premium pay for overtime. Exempt employees are not subject to these laws. Exempt status is defind by standards set by state law and the Federal Labor Standards Act (FLSA). This class of employee is usually an executive, an administrator, or a highly paid specialist such as a programmer.

Regular vs Temporary

Regular employees work a regular schedule, either on a full-time or part-time basis. To be considered full-time, an employee must work at least 32 hours per week. A temporary employee is a person we hire for a short period (usually 3 months at maximum) to assist with a project.

Independent Contractors & Consultants

Independent contractors and consultants are not Company employees, but rather self-employed professionals whom we hire for specific projects. Unlike employees, they do not operate under Company direction, and control their own methods, materials and schedules. They are not eligible for Company benefits.

Performance and Pay Review

FINHC recognizes that you like to know how you are doing on the job. Therefore, in addition to the day-to-day feedback, a need exists to occcasionally review all phases of your work performance. Your supervisor will evaluate your performance periodically. You are encouraged to participate in your performance evaluation by expressing your opinion, asking questions, and making suggestions concerning your job.

The purpose of these performance evaluations is to provide both you and FINHC with a periodic evaluation of your performance on the job, to identify any areas where you can improve your performance, and to highlight the areas of exceptional job performance. The performance evaluation allows you to discuss your goals and express your comments and any concerns regarding your job.

The performance evaluation also gives you a formal opportunity to have a personal two-way discussion with your supervisor, and to learn how you can improve your on the job performance, and what FINHC can do to help you. FINHC uses the performance evaluation process to assist its employees in attaining maximum development of their individual talents and abilities.

The President of the Board of Directors will conduct the review of the Executive Director. The Executive Director, Medical Director or Dental Director will review all other employees. The employee's job description will be reviewed periodically and changes made as needed. The Executive Director, will develop pay changes for employees based upon their position in the salary range, the general salary movement in other community agencies, and the general economic conditions of FINHC. The President, with consultation from the Administration Committee will develop pay changes for the Executive Director.

Section 4. Rights and Policies

The following section summarizes your legal rights as an *employee* of Friends In Need Health Center, Inc. Questions about any policy detailed in this section may be addressed with a Human Resources representative.

4.1 *Equal Opportunity Employment Policy*

The Company provides equal employment opportunities to all applicants, without regard to unlawful considerations of or discrimination against race, religion, creed, color, nationality, sex, sexual orientation, gender identity, age, ancestry, physical or mental disability, medical condition, or characteristics, marital status, or any other classification prohibited by applicable local, state or federal laws. This policy is applicable to hiring, termination and promotion, compensation, schedules and job assignments, discipline, training, working conditions, and all other aspects of employment with Friends In Need Health Center, Inc. As an employee, you are expected to honor this policy and to take an active role in keeping harassment and discrimination out of the workplace.

Statement of Inclusion

Friends In Need Health Center, Inc., believes that all are children of God and deserves to be treated with respect, dignity, and compassion. All who enter into FINHC, will be treated also with fairness, kindness, and integrity.

4.2 *Accommodation for Disabled Employees*

We are happy to work with otherwise qualified disabled employees in order to accommodate limitations, in accordance with the Americans with Disabilities Act (ADA). It is up to the employee to approach his or her supervisor with this request, and to provide medical proof of his or her needs upon the Company's request.

We are also happy to accommodate employees diagnosed with life-threatening illnesses. Such employees are welcome to maintain a normal work schedule if they so desire, provided that we receive medical papers proving their working cannot harm themselves or others and their work remains at acceptable standards.

4.3 *Employment of Minors*

Our policy on employment of minors adheres to all FLSA standards, including the following:

Minimum employment age (14 for non-agricultural work)
Maximum weekly hours for employees under 16
Minimum hazardous job employment age (18)
Minimum wage standards for students, apprentices, disabled employees, and employees under the age of 20.

4.4 *Employment of Relatives*

The employment of relatives can prove problematic, particularly in situations where relatives share a department or a hierachial relationship. The Company will not hire relatives to work in any potentially disruptive situation. An employee must inform us if he or she becomes a co-

Family Bereavement Leave

Any regular full-time employee who experiences a death in the immediate family is granted emergency paid leave of up to three (3) working days. The length of the bereavement leave will be determined by the Executive Director based on individual circumstances. Compensation will be paid at the employee's base rate of pay for the actual time lost. "Immediate family" includes employee's spouse, children, parents, grandparents, grandchildren, brothers, sisters, and parents of the employee's spouse. If circumstances demand that additional time be taken, unpaid leave may be granted by the Executive Director.

Legally Required Absences

Employees will be granted leave (without pay) for absences with are legally required, such as testifying at a trial or other legal proceedings, if subpoenaed. Employees are required to provide reasonable advance notice of any need for such leave.

Jury Duty

Employees who are summoned to report for jury duty must deliver the summons to the Executive Director on the next working day after receiving it. Employees will be excused for the entire day in which jury service lasts beyond noon. On any days in which jury service is completed before noon, employees will only be excused for that portion of the day actually served, and must notify the Executive Director of their availability to report to work. Employees will be paid their usual compensation for any absences due to jury duty service.

Personal Leave

FINHC will grant personal leave of absence for compelling personal reasons for up to 30 days. Personal leave must be requested and granted in advance and will be unpaid. Requests for personal leave must be approved by the Executive Director. It is not always possible to maintain an employee's position during personal leave. In these circumstances, as determined in FINHC's sole discretion, the employee on leave may be replaced.

Notice of Leave

Employees whose medical leave can be anticipated (e.g., leave for elective surgery or pregnancy) are required to provide to the Executive Director advance written notice of the anticipated start of their leave as soon as the need for leave is known, but in any event not less than two (2) weeks in advance of the anticipated commencement date of the leave. FINHC may excuse the requirement of advance notification, on a case by case basis, for good cause shown, in the sole judgment of FINHC.

Work-Related Sickness & Injury

Employees eligible for Worker's Compensation rendered unable to work because of a work-related injury or illness will receive an unpaid leave or the period required. For eligible employees, the first 12 weeks will be treated concurrently as a family and medical leave under FMLA.

Employees are not eligible for holiday benefits if the holiday occurs during an unpaid leave of absence or for personal reasons.

Paid Time Off

FINHC has established a Paid Time Off ("PTO") policy to provide eligible employees with a period of rest and relaxation without loss of pay or benefits, and to prevent loss of earnings that may be caused by accident, illness, or by other emergencies.

All regular full-time employees are eligible for PTOs. Employees begin accuring PTOs beginning with the first day worked, but must work a full month before received PTO for the month (there will not be credit for a partial month). Accured PTOs will be posted to the employees account at the end of each month.

PTOs will be accured at the following rate:
Up to 5 years of employment – 10 hours per month (15 days per annum)
After 5 years of employment – 12 hours per month (18 days per annum)
After 10 years of employment – 14 hours per month (21 days per annum)

PTO time does not accure during any period of medical leave. Employees on leave do not receive holiday pay. Employees on leave are prohibited from work for another employer or seeking other employement while on leave.

No more than an annual amount of PTO accrual, (120 hours for a new hire), can be carried over to the next year. Any amount beyond that will go into your emergency bank.

Employees who have resigned without giving proper notice, or who have been terminated for gross misconduct will not be paid PTO.

An extended illness bank (EIB) has been established by Friends In Need in order to provide a separate bank of paid time off for use solely in the event of serious personal illness or injury. PDO hours that remain unused at the end of a calendar year will automatically be converted to EIB hours, up to a maximum of 720 hours. Once an employee reaches 720 hours in the EIB, no further amounts may be added, and unused PDO will be forfeited.

EIB must be used for absences for serious personal illness or injury which qualify under the Medical Leave Policy, but do not qualify for short-term disability coverage. EIB may also be used for absences of more than three (3) consecutive work days for personal illness or injury of the employee which does not qualify for Medical Leave upon presentation of a medical excuse documenting the reason for the absence, duration of the absence and authorization to return to work.

An employee who separates from employment with FIN voluntarily or involuntarily will not receive any payout of EIB.

*In the event two employees have requested PTO covering the same period, then the first one to submit will get the time slot off.

Personal Conduct

As a Corporate staff member, there is no separation between public and private life. The result is that an employee's private behavior affects his or her ability to carry out the job. Therefore, discretion in the personal as well as professional lives of the Corporate staff is fundamental to both spirital integrity and the opportunity for ministry.

Employees of FINHC are expected to act and perform their duties at the highest levels of ethical and professional standards.

FINHC employees may not accept gifts or special payments in exchange for any service rendered in the course of their normal job duties, unless it is approved in advance by the Executive Director. Unless otherwise designed by the Executive Director, donated items must be used exclusively for the use provided, and should not be used by staff members for personal use.

FINHC employees should avoid any actual or apparent conflict of interest and advise the Executive Director. This applies to all situations, including but not limited to those that may affect fund development and to family and friend relationships with donors and or volunteers.

Attitude

The personality of FINHC is reflected in the personality of the workers. Volunteers are a significant part of FINHC's image. We all strive to treat fellow volunteers, staff, and clients in a friendly and Godly manner.

Personal Appearance

Employees and volunteers are expected to be appropriately groomed and dressed for their particular work situation. Dress and behavior are an important expression of professionalism. Employees and volunteers represent FINHC to clients and to the public.

Media Relations

In case of a major crisis with the ministry that attracts media attention, the Executive Director should be notified immediately. Only those designated should discuss the situation with the media; all other employees should simply refer the media to those listed above.

Staying Safe

Safety in the workplace is the Company's number one priority. FINHC realizes that accidents can not only cause personal injury, pain and hardship, but are also expensive. FINHC makes every effort to provide a safe workplace, equipment and work procedures. All employees are expected and required to practice safety at all times.

If you observe any unsafe conditions or work practices, you should report them to your supervisor or the Executive Director IMMEDIATELY. Do not take any risks on the assumption that "it probably won't cause harm this time". The one exception taken could result in personal tragedy or harm to you or a fellow employee.

Friends In Need Health Center, Inc. reserves the right to access and review electronic files, messages, Internet use, blogs, "tweets", instant messages, text messages, email, voice mail, and other digital archives, and to monitor the use of electronic communications as necessary to ensure that no misuse or violation of Company policy or any law occurs.

Security: Confidential Information

FINHC has developed certain information that is unique to FINHC. Keeping such information confidential plays an important part in our success as an agency. FINHC protects confidential information by restricting employee and visitor access to certain designated agency areas to only those who have business in these areas.

All employees are expected to protect confidential information at all times, consistent with HIPAA regulations. Even information that may seem unimportant to you should not be divulged under any circumstances. Confidential information includes, but is not limited to patient records, employee files, payroll records, accounts payable.

Employees may not disclose or use proprietary or confidential information except as their jobs require. Anyone who violates this guideline will be subject to discipline and possible legal recourse. Any breach of security should be reported promptly to the Executive Director.

The Company has established the following policies, practices, and procedures as it pertains to safeguarding information and the use of equipment. It is everyone's responsibility to adhere to these directives.

- It is your responsibility to maintain the confidentiality and integrity of Friends In Need business, patient and donor information.
- Voice mail, email, user Ids, and all passwords are the property of the Company for use in connection with Company business and shall not be shared with anyone. You are personally responsible for all activity that occurs with any user ids that are assigned to you and any passwords designated by you. Computer codes and passwords may be changed by the user as necessary, however, all computer codes and operating system or network passwords must be provided to the Executive Director and/or Network Administration, who will maintain a central list.
- The equipment is provided to you to conduct Friends In Need business. This equipment includes, but is not limited to: computers, telephones, fax machines, and copiers. Excessive use of this equipment for personal reasons is not permitted.
- Internet access is provided to help the Company conduct daily business. You are not to access inappropriate web sites (example: pornographic, gambling, etc). The Company is not responsible for materials viewed or downloaded by users from the Internet.
- You are not to access other email systems (such as Hotmail, Yahoo, AOL, etc) from Company owned systems. This is to protect the Company from the introduction of computer viruses. Your Company assigned email address is to be used for business purposes only. Usage of chat lines and Instant Messaging services is prohibited. Inappropriate transmissions by email, telephone, computers, voicemail, fax machine or other Company property may be grounds for disciplinary action. Additionally, you are

Flexibility will be provided in circumstances demand immediate attention. If cell phone use interferes with operations in any way, an employee's cell phone privilege may be rescinded and disciplinary action, up to and including termination, may be used. Friends In Need will not be liable for the loss of personal wireless phones brought into the workplace.

Employees who receive Company cell phones should strive to use them for Company business only. All phones must be shut off during meetings.

Whistleblower Policy

Friends In Need requires the Director, volunteers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. Employees and representatives of the organization must practice honesty and integrity in fulfilling their responsibilities and comply with all applicable laws and regulations. Each employee or volunteer of Friends In Need has an obligation to report questionable or improper accounting or auditing matters and violations and suspected violations of Friends In Need ethics policies.

This policy is intended to encourage and enable volunteers and employees to raise concerns within Friends In Need for investigation and appropriate action. With this goal in mind, no director, volunteer, or employee who in good faith, reports a concern shall be subject to retaliation or, in the case of an employee, adverse employment consequences. Moreover, a volunteer or employee who retaliates against someone who has reported a concern in good faith is subject to discipline up to and including dismissal from the volunteer position or termination of employment.

6.2 *Rules & Policies*

Personnel Records

In order to maintain valid employee records, the employee must inform his or her supervisor of any change of name, address, telephone number, or marital status within 30 days of a change. Incorrect information should be brought to the attention of the Executive Director.

Organizational Chart

Attached is our organizational diagram for Friends In Need Health Center, Inc. All employees should become familiar with the supervisory structure of FINHC. Employees should follow the supervisory scale when questions or problems arise. Employees shall always start with their immediate supervisor and work up.

Formal Complaint Resolution

Recognizing that employee formal complaints may arise, the following are the Corporation's guidelines for resolution of formal complaints:

1. All formal employee complaints are to be brought to the attention of the employee's immediate supervisor within ten working days of the occurrence which is the subject of the complaint. It is the hope that most, if not all; employee complaints will be resolved through a free exchange of communication between employee and supervisor. A Formal Complaint Form will be prepared by the grieving employee's supervisor immediately upon receiving the complaint from the employee (See

medical condition, sex, sexual preference, or gender identificaion. Harassment and discriminatory behavior among employees or contractors wil result in disciplinary action, with the possibility of termination. Discrimination and harassment by customers or other business associates should be immediately reported to your supervisor, at which point the Company will investigate and take corrective action.

Smoking

FINHC provides and promotes a smoke free environment for patients, visitors, and personnel. Smoking is not permitted in any part of FINHC clinics, including outside the building entrances. You may smoke in your own vehicle.

Drugs & Alcohol

Good performance on the part of our employees in crucial to Friends In Need Health Center, Inc's success. It is the desire of the Corporation to provide a safe work environment for our employees. Therefore, we have adapted the following Drug and Alcohol Policy. For this reason, we strictly forbid employees to do the following while at work:

Drinking alcohol and selling, purchasing or using illegal drugs at work. An "Illegal Drug" is any drug that has not been obtained by legal means. This includes prescription drugs being used for non-prescribed purposes.

Possession of any non-prescribed controlled substance, including alcohol and legal but illegally obtained prescription drugs.

Reporting for work intoxicated. We reserve the right to test employees for substance abuse. Illegal drugs, illegal drug metabolites, or excessive alcohol in your system will result in disciplinary action up to and including termination.

The Company cares about the overall health and well-being of its employees. Any employee who feels that he/she is developing a substance abuse problem is urged to seek help. The Company will grant time off (within reason) for rehabilitation. Be advised, however, that this will not excuse a substance-related offense. In some cases, completion of Company-approved rehabilitation program may serve as an alternative to termination.

6.3 ***Disciplinary Action***

The company takes disciplinary matters very seriously and will be used for any unacceptable action or behavior. These may include:

Excessive lateness and/or absence
Improper or indecent conduct
Poor communications
Uncooperative attitude
Abuse, perfunctory or unauthorized use, or unauthorized possession of Company Property
Unauthorized use or disclosure of Company information
Possession and/or use of illegal drugs, weapons or explosives

the allotted time, written documentation of this is also placed in the employee's personnel file. (See Attachment 3 for FINHC Discipline Form.

4. A review of the situation will be made six months following resolution. Review will be done by the Executive Director and Supervisor.

Failure of a supervisor to document sessions related to an employee's unsatisfactory performance may result in a reprimand to the supervisor.

**Confidentiality will be maintained during this process by all those involved.

Workplace Inspections

At Friends In Need Health Center, Inc. we have a responsibility to protect our employees and our property. For this reason, we reserve the right to inspect the following, at any time, with or without notice.

Offices
Computers and other equipment
Company vehicles
Any personal possessions brought into Company premises, such as handbags, briefcases, and vehicles.

ATTACHMENT 2

Friends In Need Health Center, Inc.

EMPLOYEE FORMAL COMPLAINT FORM

It is the purpose of the Formal Complaint Procedure to establish a method whereby grievances/complaints of employees will be resolved fairly and effectively. The filing of a grievance/complaint will in no way prejudice the status of the employee.

EMPLOYEE: _____ DATE: _____

DEPARTMENT: _____ JOB TITLE: _____

STATEMENT OF GRIEVANCE/COMPLAINT (Background/activity leading to complaint, including dates. Attach additional pages if needed.):

_____

_____

_____

REMEDY REQUESTED:

_____

_____

_____

_____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

IMMEDIATE SUPERVISOR REVIEW

IMMEDIATE SUPERVISOR SIGNATURE _____

IMMEDIATE SUPERVISOR NOTIFIED: DATE _____ TIME _____

ACTION TAKE BY IMMEDIATE SUPERVISOR: _____

_____

_____

_____

_____

DATE/TIME ACTION TAKEN: DATE_____ TIME_____

COMPLAINT RESOLVED: YES ( ) NO ( )

FINAL DISPOSITION

LEVEL OF FINAL ACTION TAKEN: Immediate Supervisor ( ) Second Level Supervisor ( ) Executive Director ( ) Board of Directors ( )

STATEMENT OF FINAL ACTION:_____

_____

_____

_____

_____

_____

Initial one of the following statements:

( ) I have been notified of the final action taken in this matter and I agree to and I am satisfied with the result of the final disposition.

( ) I have been notified of the final action taken in this matter and I do not agree and I am not satisfied with the results of the final disposition.

SIGNATURE OF EMPLOYEE:_____

DATE_____ TIME_____

SIGNATURE OF FINAL SUPERVISING AUTHORITY:_____

DATE_____ TIME_____

ATTACHMENT 4

Friends In Need Health Center, Inc.

Employee Incident Report

Date _____

Employee

Name _____
Title/position _____

Manager

Name _____
Title/position _____

Incident

Date _____
Time _____
Location _____

Description of incident

_____
_____
_____
_____

Employee explanation

_____
_____
_____
_____

Witnesses

Name _____ Phone # _____
Name _____ Phone # _____

Action to be taken

o Verbal warning
o Written warning
o Probation
o Suspension
o Dismissal
o Other

Photo's
Yes ( ) No ( )

Actions Taken _____
_____
_____
_____

By signing this document, you acknowledge that you have read and understood the information contained herein

_____ Employee

_____ Date

_____ Manager

_____ Date

ATTACHMENT 5

ANNUAL EMPLOYEE EVALUATION

FRIENDS IN NEED HEALTH CENTER, INC.
1105 W. STONE DR. #5
KINGSPORT, TN 37660

DATE

Employee Name: Probationary Employee Yes ( ) No ( )

Evaluation Period: to

Review Date:

Supervisor's Name:

Customer/Client Relations:

Functional Area	Description	Employee Rating	Manager Rating
a) Telephone Skills	Personable skills answering the phone; being courteous and respectful to the customer/client and fully addressing their needs.		
b) Problem Resolution	Solves customer/client problems; clearly defines and understands the problem and fully resolves the problem to the customers' satisfaction.		
c) Salesmanship	Sells to the customer according to their requirements and needs; clearly defines and understands the customers' requirements and closes the sale which results in a lifetime customer.		
d) Initiative	Goes out of their way to satisfy customers/clients;		
e) Proactiveness	Contacts customers/clients proactively; proactively works with customers/clients to prevent problems, answer unasked questions and develop their relationship and loyalty to the company.		
f) Politeness	Displays politeness to the customer/client; always says thank you, please, and speaks in a polite tone and manner.		
g) Personal Appearance	Proper attire and grooming when meeting with a customer/client; attire matches or exceeds customer/clients' attire, is appropriate for the environment, neatly groomed giving an appearance of professionalism and respect for the customer/client.		
Employee's Self-Observations			
Strengths			
Areas to Grow			
Manager's Observations			
Strengths			
Areas to Grow			
Manager's Recommendations			
1)			
2)			

III. Interpersonal Skills:

Functional Area	Description	Employee Rating	Manager Rating
a) Interaction with Coworkers	Works well with co-workers, respects others, and has the respect of others.		
b) Interaction with Supervisors	Works well with Supervisors, respects their authority and interacts in a professional manner.		
c) Interaction with Clients	Works will with Clients resulting in established and committed relationships with the clients.		
d) Motivational Skills	Ability to motivate others which results in the desired outcome (perform a task, change of attitude, etc.)		
e) Leadership	To have a vision and to effectively communicate it to others resulting in a change in human behavior.		
Employee's Self-Observations			
Strengths			
Areas to Grow			
Manager's Observations			
Strengths			
Areas to Grow			
Manager's Recommendations			
1)			
2)			

Signature Page

Please print and sign once all sections are completed. The Supervisor will file both electronic and printed copies with the HR Department.

I am signing this form to indicate that I have received it and completed my portion. My signature does not necessarily indicate that I agree with the contents.

_____ _____

Employee's Signature Date

_____ _____

Supervisor's Signature Date

Friends In Need

Sarah C. Wells, BSW, CSWM
Executive Director

Physical location:
1105 WE. Stone Dr. #5
Kingsport, TN 37660

Mailing address:
P.O. Box 2441
WEB Site: www.friendsinneed.org
Email: execdirector@finhc.org
Office - 423.224-5091
Fax - 423.224-5693

CONSENT FOR DRUG/ALCOHOL TESTING

If you are offered and accept employment with Friends In Need Health Center, Inc., in the interest of safety for all concerned, you will be required to submit to random urine and/or blood tests for drug and/or alcohol use.

I, _____, have been fully informed of the reason for this urine/blood test for drug and/or alcohol (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my employer and become part of my record.

I hereby authorize these test results to be released to Friends in Need Health Center, Inc.

Signature:

_____ Date: _____

Witness:

_____ Date: _____

* All complaints of discrimination and harassment are to be put into writing and given to the Executive Director, Sarah C. Wells execdirector@finhc.org (423) 676-6007.

FIN
Friends In Need

1105 West Stone Drive Kingsport, TN. 37660 (423) 246-0010

Thank you for expressing an interest in becoming a patient of Friends In Need Health Center. Friends In Need is a faith based organization providing medical and dental care for qualified residents. We are able to provide services thanks to the generous contributions from donors and volunteers. We also rely on fees for services charged to our patients on a sliding scale that is based on income and number of dependents.

How To Apply:

Please complete all sections, on all pages of the application.
BRING in Completed Application along with documentation (items needed are listed below) between the hours of **9 a.m. - 4 p.m. Monday through Thursday.**
New patient enrollment is managed on a first come, first serve basis.
If the application is not completely filled out and acceptable eligibility documentation is not provided, you will be asked to return on another day with complete application and any missing documents.

Acceptable Documentation:

Uninsured Individuals/Families with no medical/dental will need to provide documents below in order to assist us in determining the percentage you will pay for services at Friends In Need Health Center.

- Proof of Residency (ex. Utility Bill, Telephone Bill, or Cable Bill- something that can verify your address)
- A copy of recent pay stubs for the past 30 days for all income earners in your household. The statement should show year-to-date income, and taxes withheld. If you are self employed you must bring your bank statement showing deposits from income earned.
- A copy of previous years filed income tax returns, signed and dated (with Schedule C, if self employed)
- A copy of any letters you may have regarding Food Stamps, SNAP, TANF, or any other public assistance.
- A copy of all documents verifying Disability Income, Social Security Income, Pension Payments, Child Support, or any other income for members of your household/family.
- Photo Identification (Drivers License), and Social Security Cards for all applicants

* **Individuals** receiving **only Disability or Social Security Income** may submit the documentation listed above to be considered for **Dental Only Services** at Friends In Need.

We at Friends In Need look forward to serving your health care needs. Please call us, if you have any questions.

Sincerely,

Friends In Need Health Center, Inc.

Application for Friends In Need Health Center, Inc.

☐ New Application ☐ Update of Existing Patient

Have you ever been seen at Friends In Need? ☐ Yes ☐ No

Are you a patient of Healing Hands, Crossroads Medical Mission, Providence Clinic, Health Department? ☐ Yes ☐ No

Second Applicant:

Full Name _____ Relationship to Applicant: _____

Date of Birth_____ Age___Sex ___ Social Security Number_____

Address _____ City _____

State _____ Zip Code_____Email _____ County in which you live _____

Home Telephone Number_____ Cell Telephone Number _____

Are you employed? ☐ No, please indicate why? (homemaker, disabled, unemployed, retired) _____

☐ Yes : Applicants Employer _____

Employer Address _____

Employer Telephone Number_____ How long have you worked there? _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Race: ☐ White ☐ Asian ☐ Black/African American ☐ American Indian/Alaska Native
☐ Native Hawaiian ☐ Other Pacific Islander ☐ Refused to report

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unreported/refused to report

Do you have the following health insurance and/or access to the following health insurance?

TennCare/Medicaid: ☐ Yes ☐ No Veteran's Benefits: ☐ Yes ☐ No

Medicare Part A: ☐ Yes ☐ No Medicare Part B: ☐ Yes ☐ No

Medical Insurance: ☐ Yes ☐ No Dental Insurance: ☐ Yes ☐ No

Are you applying for our medical services? ☐ Yes ☐ No

Are you applying for our dental services? ☐ Yes ☐ No

Do Not Write Below This Line – For Staff Only –

Number of People in Household	Percentage	Approval	Date
	Medical % _____ Dental % _____		

Conflict of Interest Policy
for
Friends in Need Health Center, Inc.

Article I
Purpose

The purpose of the conflict of interest policy is to protect this tax-exempt organization's (Organization) interest when it is contemplating entering into a transaction or excess arrangement that might benefit the private interest of an officer or director of the Organization or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Article II
Definitions

1. Interested Person

Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

a. An ownership or investment interest in any entity with which the Organization has a transaction or arrangement,

b. A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement, or

c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that aren't insubstantial.

A financial Interest isn't necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Article III
Procedures

1. Duty to Disclose

In connection with any actual or possible conflict of interest an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the

FRIENDS IN NEED HEALTH CENTER CONFLICTS OF INTEREST POLICY

BOARD MEMBER/OFFICER ANNUAL STATEMENT

I, _____, affirm that:

1. I have received a copy of the FRIENDS IN NEED HEALTH CENTER Conflict of Interest Policy;
2. I have read and understand the policy;
3. I agree to comply with the policy; and
4. I understand that the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.
5. Disclosures:

   A.

   B.

   C.

   D.

_____ Date_____

Board Member Signature

_____ Date_____

Signature of President

_____ Date_____

Signature of Executive Director