

Department of Family and Support Services
Human Services Division
2024 Scope of Services ~ Public Benefits Outreach & Education
January 1, 2024 – December 31, 2024

A Delegate Agency receiving an award from the City of Chicago Department of Family and Support Services (DFSS) Human Services Division must complete and submit all required documents as requested in the Award Notice letter:

Submit to Program Coordinator:

- 1) Scope of Services
- 2) Budget
- 3) Indirect Cost Letter
- 4) Lease Agreement(s)

Submit to Contract Liaison:

- 1) Agreement Signature Page
- 2) Current Certificate of Insurance
- 3) Economic Disclosure Statements (EDS)
Certificate of Filing

PROGRAM MODEL: PUBLIC BENEFITS OUTREACH & EDUCATION
AGENCY INFORMATION

ADMINISTRATIVE CONTACT INFORMATION

Agency: _____ Ward: _____

Administrative Office Site Address: _____

Program Director

Name: _____

Phone # (ext): _____

Email: _____

Executive Director

Name: _____

Phone # (ext): _____

Email: _____

Reporting Contact

Name: _____

Phone # (ext): _____

Email: _____

Fiscal Contact

Name: _____

Phone # (ext): _____

Email: _____

BUDGET ALLOCATION

Budget Term: January 1, 2024 – December 31, 2024

Program Name: _____

PO Number: _____

Grant Amount: _____

Department of Family and Support Services
Human Services Division
2024 Scope of Services ~ Public Benefits Outreach & Education
January 1, 2024 – December 31, 2024

PROGRAM OPERATIONS

List of Program Sites

| Site Name | Address | Zip | Ward | Community Area |
|-----------|---------|-----|------|----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

Number of staff positions supported by this contract:

Full-time: _____

Part-time: _____

Number of new staff positions created by this contract:

Full-time: _____

Part-time: _____

List the positions supported and/or assigned to this contract:

| Title | Percent of time dedicated to Program |
|-------|--------------------------------------|
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Department of Family and Support Services
Human Services Division
2024 Scope of Services ~ Public Benefits Outreach & Education
January 1, 2024 – December 31, 2024

SECTION A – GOALS AND OBJECTIVES

Program Goals

The objective of the Public Benefits Outreach and Enrollment (PBOE) program is to conduct outreach, education, screening, application assistance, and follow-up support between the applicant household and government agencies to access federal, state and/or local government issued public benefits or programs. Screening individuals for eligibility can result in obtaining such benefits as medical coverage to include Medicare and Medicaid, TANF (Temporary Aid to Needy Families), and SNAP (Supplemental Nutrition Assistance Program). Benefits translate into dollars. For example, in one scenario a single eligible person can obtain \$192 in SNAP benefits and have Medicare premiums paid by Medicaid resulting in a minimum of \$100 deducted from the monthly social security pension payment. Within the Department of Family and Support Services (DFSS) Strategic Plan, a goal for the PBOE program is for 33% of eligible households to obtain one or more benefits.

Target Population

The Target Population consists of those individuals/families that meet eligibility requirements of public benefit programs.

SECTION B – PERFORMANCE MEASUREMENT

Overview

DFSS is committed to moving beyond measuring *how many* people receive services, to focus on whether Chicago residents are *better off* after receiving services. As part of this outcome-oriented approach, DFSS has implemented a Strategic Framework that guides how the department measures, reports on, and reviews its priorities and outcome goals, and uses them to drive contracting, improve decision-making, and encourage greater collaboration.

Performance Indicators

- To track progress toward achieving goals discussed in Section A and access success of the program, DFSS will monitor a set of performance indicators that include but are not limited to:
- Number of clients/households assessed.
- Number and name of public benefits received.
- Number of outreach activities.
- Dollar value of benefits received.

Data Reporting

Delegate agency will be expected to collect and share data with DFSS according to the format, frequency, and submission protocol specified by DFSS. The parties recognize that reliable and relevant data is necessary to create a common understanding of performance trends, ensure compliance, evaluate program results and performance, and drive program improvements and

Department of Family and Support Services
Human Services Division
2024 Scope of Services ~ Public Benefits Outreach & Education
January 1, 2024 – December 31, 2024

policy decisions. As such, DFSS reserves the right to request/collect other key data and metrics from delegate agencies including client-level demographic, performance, and service data on a format specified by DFSS.

- Delegate agency agrees to the following reporting requirements: Delegate agency must agree to enter data information in either or both of the following data systems: STARS (Single Tracking And Reporting System) and HMIS, and if screening homeless individuals or families, (Homeless Management Information System) and/or any other funder's required systems. If required, training will be provided.
- Monthly and/or Quarterly Reports detailing services provided. Format will be provided.
- Monthly Report summarizing where clients/households learned of the availability of PBOE services at respective location (Center/Outreach Site).
- Monthly Meetings with DFSS staff, if required.
- Participant Recruitment Plan including broad geographic areas as well as specific outreach sites within the specific DFSS Community Service Centers' service area.
- Brief, End-of-Year Report highlighting delegate agency's strengths, weaknesses, and suggestions to DFSS to increase program goal.

Data Usage

DFSS reserves the right to use data related to delegate agency performance, including, but not limited to data submitted by the delegate agency for the following:

- a) To review program performance and develop strategies to improve program quality throughout the term of the contract.
- b) To guide DFSS Human Services program development, inform policies and procedures, advise internal contract decisions such as payment rates, contract extensions or renewals, and appraise proposals submitted by the delegate agency in response to any future solicitations by DFSS for goods or services.
- c) Any other purposes identified by DFSS.

Meetings

Regular reviews of and conversations around program performances, program results and program data, particularly related to the goals outlined in this agreement, will allow DFSS and the delegate agency to employ real-time information to track performance, identify good practices, and swiftly, collaboratively, and effectively address any challenges experienced by the target population.

At such meetings, the data will be reviewed to:

- a.) Monitor progress, highlight accomplishments, and identify concerns;
- b.) Collaboratively design and implement operational changes to continuously improve processes and outcomes; and

Department of Family and Support Services
Human Services Division
2024 Scope of Services ~ Public Benefits Outreach & Education
January 1, 2024 – December 31, 2024

- c.) Develop strategies to broader system changes to improve service delivery and coordination between services.

Meetings shall include at a minimum the DFSS Human Services Deputy Commissioner, or designee, and the delegate agency's chief executive officer, or designee. Delegate agency or DFSS may be represented by additional representatives as each party deems appropriate. DFSS may request the attendance of additional parties as it deems appropriate. Representatives from the delegate agency will attend all meetings as requested by DFSS.

SECTION C – CORE ELEMENTS

Program Requirements

Delegate agency will perform the following services, provide and/or maintain the described information:

- Provide PBOE Services at the DFSS' six Community Service Center locations listed below:
 - Englewood Center, 1140 W. 79th Street, Chicago, IL 60620
 - Garfield Center, 10 S. Kedzie Avenue, Chicago, IL 60612
 - King Center, 4314 S. Cottage Grove, Chicago, IL 60653
 - North Area, 845 W. Wilson Avenue, Chicago, IL 60640
 - South Chicago, 8650 S. Commercial Avenue, Chicago, IL 60617
 - Trina Davila, 4312 W. North Avenue, Chicago, IL 60639
- Plan for participant recruitment including broad geographic target areas as well as specific outreach sites within that geography, including specific DFSS Community Service Centers.
- Maintain method of assessing families to determine the type of public benefits that are applicable.
- Maintain a list of public benefit programs to include tax credits, childcare benefits, nutritional programs, health insurance programs, or cash benefits that will be part of the screening.
- Plan for maintaining contact with the household while public benefits applications are pending.
- Method of assessing and referring individuals/families to additional supportive services and other City, state, or federally funded programs.
- Serve Limited English proficiency households, including specific language capacity targeted by community service centers.
- Describe public relations approaches to reach eligible participants.
- Provide a program budget that reflects the cost per participant and the total number of households/individuals that will be assisted between January 1, 2024, and December 31, 2024.
- Plan to document the dollar value of benefits received through this program.
- Provide staffing pattern to address coverage of six Community Service Centers

**Department of Family and Support Services
Human Services Division**

**2024 Scope of Services ~ Public Benefits Outreach & Education
January 1, 2024 – December 31, 2024**

- Conduct and report on Outreach and Education events that include holding community events, distributing informational materials, and networking with local government offices such as Aldermanic Offices.

Department of Family and Support Services
Human Services Division
2024 Scope of Services ~ Public Benefits Outreach & Education
January 1, 2024 – December 31, 2024

DESCRIPTION OF PROGRAM AND ACTIVITIES

Provide a program summary describing your Public Benefits Outreach and Enrollment Program operating at full capacity to both address the needs of the target population and maximize performance outcomes. If relevant, describe coordination and interface with other partners and programs.

Department of Family and Support Services
Human Services Division
2024 Scope of Services ~ Public Benefits Outreach & Education
January 1, 2024 – December 31, 2024

Planned Performance Outcomes

Work Program for Year January 1, 2024 – December 31, 2024

| (1) Program/Sub-program Activities: Describe the activities that will accomplish program deliverables | (2) Program Deliverables: State what quantifiable units will be used to measure the progress of the proposed program. Example: classes held | (3) Planned Output by Quarter and Year Total: List the projected quantifiable units for each program deliverable. | | | | | (4) Performance Measures |
|--|---|--|-------------------|-------------------|-------------------|-------|--------------------------|
| | | 1 st Q | 2 nd Q | 3 rd Q | 4 th Q | Total | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |

Signature of Authorized Agency Official and Date: _____

Signature of DFSS Official and Date: _____

Department of Family and Support Services
Human Services Division
2024 Scope of Services ~ Public Benefits Outreach & Education
January 1, 2024 – December 31, 2024

SECTION D – SUBMITTAL AND APPROVAL

ACKNOWLEDGEMENT

By checking this box your agency certifies that it has read and understands Sections A, B, C, and D of this document.

| | |
|--|--|
| a) Applicant signature <i>(Original must be signed in blue ink)</i> | |
| b) Name (typed) | |
| c) Date submitted | |
| | |
| d) DFSS Staff signature | |
| e) Name (typed) | |
| f) Date approved | |