**STATEMENT OF AGREEMENT**

East Texas Food Bank (ETFB)

and

Your Agency Name

Effective Date: xx/xx

**Introduction**

This Statement of Agreement (SOA) between East Texas Food Bank and Your Agency Name relates to the Referral Partner Program (RPP) which establishes a comprehensive referral and follow-up system between the two parties. It is ETFB’s goal to connect clients with appropriate supplemental services to offer them the opportunity to make progress towards self-sufficiency and become stronger members of the community.

**Roles and Responsibilities**

The food bank’s Referral Specialist (RS) may connect the client with the partner organization upon assessing the client’s need for the organization’s services. This referral process may include the RS contacting the referral partner directly and/or the RS will provide client with referral partner contact information. All food bank and partner organization staff involved with the RPP will comply with the Health Insurance Portability and Accountability Act (HIPAA), and follow existing laws and regulations regarding client privacy and Protected Health Information (PHI). In case of a data breach, such as emailing client confidential information without encryption, the partner organization will contact the Referral Specialist immediately and no later than 24 hours.

Client complaints will be shared with food bank leadership. If the problem cannot be resolved, then Feeding Texas leadership will attempt to resolve and may be escalated to HHSC if necessary. Clients who feel they have been discriminated against by an employee of any HHSC agency, food bank employee, and/or referral partner staff may file a complaint of discrimination with the Civil Rights Office within 180 days of the date the alleged discriminatory action took place.

HHSC Civil Rights Office

701 W. 51st Street, Mail Code W206

Austin, TX 78751

1-888-388-6332

[HHSCivilRightsOffice@hhsc.state.tx.us](mailto:HHSCivilRightsOffice@hhsc.state.tx.us)

**Contact Information**

The following is the points of contact information for both parties on this SOA. Each party agrees to inform the other within 10 days of any changes to this information.

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| **Referral Specialist (RS) Name** | **Amanda Foust** |
| **RS Phone** | **903-617-2044** |
| **RS Email** | [**afoust@easttexasfoodbank.org**](mailto:afoust@easttexasfoodbank.org) |
| **Food Bank Name** | **East Texas Food Bank** |
| **Food Bank Address** | **3201 Robertson Road, Tyler, TX 75701** |
| **Food Bank Website** | [**www.easttexasfoodbank.org**](http://www.easttexasfoodbank.org) |

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| **Referral Partner Contact Name** |  |
| **Title** |  |
| **Phone** |  |
| **Email** |  |
| **Partner Agency Name** |  |
| **Partner Agency Address** |  |
| **Partner Agency Website** |  |

**Signature**

|  |  |
| --- | --- |
| **East Texas Food Bank**  **Signature Authority** |  |
| **Printed Name** | **Amanda Foust** |
| **Title** | **RPP Specialist/Client Benefits Manager** |
| **Date of Execution** |  |
| **Agency Name**  **Signature Authority** |  |
| **Printed Name** |  |
| **Title** |  |
| **Date of Execution** |  |