



**Navigator & Client Agreement**  
**Our Promise. Your Commitment.**

*A partnership that will change your work and life*

WorkLife Partnership is excited to help you work toward achieving your work-life goals! We are here to support your success, and we look forward to helping you identify resources **to support your stability at work and at home.**

**WorkLife Partnership Navigator**

**I am your partner** in your goal for better employment and a better life. I will do everything within my capacity to connect you to the resources and services that can help you address your basic needs, increase your knowledge of resources available, support your financial goals and embrace opportunities in both work and life. **As part of this commitment, I will:**

- Meet with you in person or over the phone to better understand your short- and long-term needs to increase or improve work and home stability.
- Create a customized plan to address your needs.
- Communicate with you regularly to help keep you on track with your plan.
- Encourage your independence and provide you with practical skills for greater work and life stability.
- Keep the details of your personal situation confidential.
- Be on time, communicate professionally and demonstrate respect at all times.
- Send you a survey at the end of service requesting your feedback on your experience working with WorkLife Partnership. Your response will be anonymous and will not impact your employment or the services you receive from WorkLife Partnership.

---

Navigator Signature

---

Date

**Client**

**I understand I am responsible for my own success.** I will take the steps necessary to communicate my interests and goals, and will actively follow up with and learn more about navigator provided resources in order to strengthen my stability at work and at home. **As part of this commitment, I will:**

- Present my situation as honestly and accurately as possible.
- Collaborate with my Navigator to develop a plan that addresses my temporary needs by accessing available resources through my employer or the community.
- Contact agencies and other resources directly to obtain the services and resources that are recommended in my plan.
- Conduct myself in a professional and respectful manner with WorkLife Staff and other resource providers.
- Communicate with and respond to my Navigator within **48 hours** of contact. I understand the follow up communication is essential for Navigators to understand if the services provided supported my need.
- Be on time, communicate professionally and demonstrate respect at all times. If an emergency or change comes up, I will reschedule **24 hours prior** to my appointment if at all possible.

---

Client Signature

---

Date



### Preferred Methods of Contact

By filling in one or more of the options below, I grant WorkLife Partnership (WLP) permission to contact me via these method(s) regarding WLP services, being referred to community partners, and/or seeking my feedback about my experience with WLP. I understand I can opt out of email or text message communications at any time by contacting my WLP Navigator.

Email \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

### Client Release of Information

By means of this document, I (client), \_\_\_\_\_, voluntarily give my consent to WorkLife Partnership to release information to and receive information from (agency / person) \_\_\_\_\_, either verbally or in writing.

#### Type and Purpose of Information which may be released:

Coaching session dates, times, durations, and locations; resource and / or financial literacy plans; client safety information.

#### Purpose, Duration, and Revocation of Release

This Release of Information form is specifically for the purpose and information identified herein, and does not constitute consent for release of any other information.

I understand that I may, at any time, revoke this Release of Information form, except to the extent that action has already been taken. Revocation may be by written notice, or by marking "Revoked" on this form with my signature and date.

If the information to be released pertains to diagnosis and treatment for alcoholism and/or drug use, I understand that the confidentiality of this information is protected by Federal Law 42 C. R. S. part 2. Federal law prohibits re-disclosure of this information by the recipient without further written consent.

I understand that this agency has the legal obligation and responsibility to release information to appropriate agencies in order to protect me from harming myself and/or others. I give consent to release information necessary to protect me and/or others.

I also release all agencies and employees of these agencies from all liabilities and all claims pertaining to the release and disclosure of such information.

\_\_\_\_ Revoked. I do not authorize WorkLife Partnership to share my information with other agencies.

\_\_\_\_\_  
Printed Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Parent/Guardian Name  
(If client is under the age of 18)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Signature Date