



Welcome to Bath Housing

Resident Service Coordinator:

Amy Carmichael

80 Congress Avenue

Bath, ME 04530

(207) 443-3116

What is a Resident Service Coordinator (RSC)?

The RSC works with residents to access the services and resources they want and need for independence and self-sufficiency, life satisfaction and well-being.

The Resident Service Coordinator can help you connect with services and benefits such as:

- Community Health Programs
- Benefits Programs
- Home Health Services
- Homemaking Services
- Mental Health Services
- Legal Assistance
- Transportation
- Job Training Programs
- Volunteer Programs
- Educational Opportunities
- Housing Rights
- Reasonable Accommodations
- General Paperwork questions
- Any other concern that you have pertaining to your housing

The RSC can assist the public housing community by:

- Promoting communication between residents and Bath Housing Management
- Providing relevant educational programs
- Addressing community concerns
- Supporting resident social and recreational initiatives
- Acting as a resident advocate
- Helping to resolve resident conflicts

Please let us know what your interests and talents are. We are here to facilitate and offer support.

Confidentiality

Information you share with the RSC cannot be disclosed outside Bath Housing. In order to share information with outside agencies, family or friends the resident must have a signed release on file. Confidentiality is waived if:

- A resident is a danger to him/herself or others
- There is a lease violation
- The RSC is required to reveal information in a court of law.

Before making any referral for you, the RSC will ask you to sign a release.

If you have any questions call Amy Carmichael, RSC at (207) 443-3116

Resident Service Coordination Release of Confidential Information

I hereby authorize the release of information to be used by the Resident Service Coordinator to link me with programs and services that will assist me in remaining independent and self-sufficient.

_____, the Resident Service Coordinator is authorized to receive information pertaining to benefits or services provided to me. He/She is authorized to provide information to the following service providers, individuals or organizations in order to access or maintain the services I desire or need. This authorization will remain in effect for one year, and expires on _____.

- Area Agency on Aging
- Home Health Agencies
- Hospital Discharge Planners
- Substance Abuse Agencies
- Counseling Providers
- Other _____
- Physician
- Community Action Programs.
- Family Members
- Mental Health Agencies
- Dept. of Human Services
- Other _____

I understand that the use of this information is confidential, and that I may only be shared with those agencies and/or individuals involved in the delivery of services I desire and with State and Federal Agencies who may need this information to monitor the quality of services provided to me. I also understand that I have the right to revoke this consent at any time.

Resident Name _____ Date _____

I, _____, revoke this authorization of confidential information

Resident Name _____ Date _____