CATHOLIC SOCIAL SERVICES
JOB DESCRIPTION

TITLE: Case Manager
PROGRAM: Homeless Family Services
STATUS: Full-time / hourly / non-exempt
SUPERVISED BY: HFS-Complex Care Shelter Program Manager
UPDATED: 5/24/2022

JOB SUMMARY: Case Managers are responsible for assessment, service plan development, and on-going support to assist program participants with achieving self-sufficiency. Case Managers support program participants with developing individualized goals and objectives and connecting them with appropriate community resources.

QUALIFICATIONS:
Must be able to maintain program/guest/agency confidentiality and treat each individual with dignity and respect. Ability to set and observe appropriate personal limits and boundaries. Desire to work with a variety of people, situations, and challenges to carry out the mission and purpose of the program. Excellent interpersonal skills. Demonstrated leadership, dependability, maturity, creativity, discretion, initiative, and flexibility. Ability to work in a team, agency personnel, and community service providers. Ability to handle crisis situations with minimum supervision. Commitment to provide services in a manner that is welcoming and appropriate to the special needs of those affected by trauma. Must be SOAR Certified or able to obtain certification within 90 days of employment.

Education / Experience: High School Diploma or equivalent and a minimum of 2 years working with people experiencing homelessness. Knowledge of housing resources for seniors and adults with varying barriers to permanent housing preferred.

Skills: Excellent written and oral communication, time management skills; computer and data entry skills are required, ability to complete assigned work thoroughly and accurately; proficiency with Microsoft Office and ability to learn other software applications.

RESPONSIBILITIES:

1. Conduct assessment of program participants' current level of self-sufficiency.
2. Assist program participants with developing a service plan, to include goals and objectives, based on needs identified in self-sufficiency assessment.
3. Assist clients in identifying and fulfilling needs.
4. Assist participants through the process of applying for a Medicaid Waiver
5. Assist participants in applying for Social Security Income.
6. Organize or facilitate educational groups based on individual and group needs.
7. Provide mediation and conflict resolution for participants when needed.
8. Thoroughly and accurately document all meetings
9. Work with clients to develop and maintain relevant and meaningful case plans
10. Maintain program participant records in accordance with agency standards.
11. Advocate for participants in housing referrals, specialized counseling, employment, medical and mental health services, transportation and any other needed services.
12. Meet with program participants as prescribed by program guidelines.
13. Maintain current knowledge of, and professional working relationships with, community resources and service providers.
14. Coordinate service provision among different providers as needed.

15. Provide crisis intervention as needed.
16. Complete and maintain client records that document services
17. Must had valid AK driver's license; must have own insured vehicle; flexibility to work varying hours and days of the week
18. Assist in evaluating and updating program policies and procedures.
19. Other duties as assigned.

Physical Requirements: Ability to climb stairs and to lift a minimum of 20 lbs.

Training Requirements: Attend agency and department orientations; First Aid/CPR; De-escalation techniques; blood borne pathogens. Attend all staff meetings and in-service training as required.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities as needed.

Employee Signature_____   Date_____

Supervisor Signature_____   Date_____