

Kentucky Family Planning

Title X Expectations Acknowledgement Form

Title X family planning project staff can use this form to acknowledge that they have read and understand certain key Title X requirements, as referenced below.

Name: _____ Position: _____ Date: _____

1. I am aware that the Title X project may not perform, promote or support abortion as a method of family planning (including advocacy or during pregnancy options counseling), Compliance of prohibition of abortion includes avoidance of participation in the arrangement of transportation or making an appointment for a client to obtain an abortion. Coercion or endeavoring to coerce any person to undergo an abortion or sterilization may result in a penalty. (Initial) _____
2. I am aware that family planning services are to be provided solely on a voluntary basis. A client's acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in, any other program that is offered by the grantee or subrecipient. (Initial) _____
3. I am aware family planning services are to be provided regardless of where a patient lives, or without referrals from other providers. (Initial) _____
4. I am aware that services must ensure client confidentiality. Information obtained by staff about an individual receiving services may not be disclosed without the individual's documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality. I must inform the client of any potential for disclosure of their confidential health information to policyholders other than the client. (Initial) _____
5. I am aware to provide notice of any change in family planning services within 30 days to implementation of change. Notice of change should be reported to familyplanning@ky.gov. (Initial) _____
6. I am aware of the policies and processes that exist to access language translation services for clients when needed. (Initial) _____
7. I am aware that any work subject to copyright that was developed or acquired with federal funding may be used by federal government and federal government may authorize others to use the work for federal purposes. The federal government has the right to obtain, reproduce, publish, or otherwise use the data produced under this award; and authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes. (Initial) _____
8. I am aware to acknowledge federal funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents, such as tool kits, resource guides, websites, and presentations. When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance. Email familyplanning@ky.gov for further guidance when applicable. (Initial) _____
9. I am aware that Title X family planning services must be provided without regard to religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status. (Initial) _____
10. I am aware that to the extent practical, Title X projects shall encourage family participation. However, Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services. (Initial) _____

Sources:

1. Title X Statutes, Regulations and Legislative Mandates <https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates>
2. [Title 42: Public Health PART 59—GRANTS FOR FAMILY PLANNING SERVICES Subpart A—Project Grants for Family Planning Services](#).