

8/27/04

Oconee County

* Summary of County Administrator's Proposed Contract

Term of Contract: Three years, (renewable, 12 months notice required for intention to terminate contract, Serves at-will of the Council, may be terminated at any time)

Base Salary: \$110,000
(3% increase in six months, contingent upon a satisfactory evaluation)

401(a) Retirement: 10% of salary
(ICMA or NaCo retirement plan)

Health Insurance: County plan, family benefits paid by County

Life Insurance: Additional Policy, additional (approx.) \$150,000 term life

Disability Insurance: Additional Policy, additional long term disability

Transportation: County Vehicle (reasonable incidental personal use)

Severance package: Six months pay and benefits for termination without "cause", no severance if terminated for "cause"

Professional Memberships, Meetings, Subscriptions: County Association, ICCMA, professional publications etc.

Resignation Notice: Sixty days

Performance Evaluations: By Council at six months, every year thereafter

Moving/Relocation Temporary Living Expenses: Three bids required, maximum of six months of compensation until sale of Griffin, Georgia home, up to six months at \$2,000 per month temporary living expenses

Vacation/ Sick leave: Begin with total of 15 days annual, 10 sick. Thereafter, 15 days leave and 10 sick days per year

Expenses: Reasonable, to be determined by Council, receipts required

Physical: Contract contingent upon physical and drug screening

* Summary overview, see contract for exact terms.

TRANSFER REQUEST FORM

OGONEE COUNTY, SOUTH CAROLINA
BUDGET REVISION FORM

DESCRIPTION REVISION FORM

2004 2005 FISCAL YEAR
General Expense DEPARTMENT NAME
9/28/2004 DATE OF REQUEST
SIGNATURE OF DEPARTMENT DIRECTOR

TRANSFER TO
(Use the "Transfer To" AND the "Transfer From" box when submitting a Description Revision Form OR a Transfer Request Form.)

010-709-05100-20236 LINE ITEM ACCOUNT NUMBER	Specialty Alliance (Sage Creek Center) LINE ITEM DESCRIPTION	\$ AMOUNT TO TRANSFER	10,000.00
EXPLAIN WHY THIS ITEM OR ITEMS IS NEEDED AND WHY IT WAS NOT BUDGETED FOR. Funding for this purpose was requested but was not allocated prior to final and final reading of Budget Ordinance 2004-12.			
WAS THIS ITEM PREVIOUSLY CUT FROM YOUR BUDGET DURING THE BUDGET PROCESS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

TRANSFER FROM
(Use the "Transfer To" AND the "Transfer From" box when submitting a Transfer Request Form. DO NOT use the "Transfer From" box if requesting only a Description Revision.)

010-709-30025-00000 LINE ITEM ACCOUNT NUMBER	Professional LINE ITEM DESCRIPTION	\$ AMOUNT TO TRANSFER	10,000.00
LINE ITEM ACCOUNT NUMBER	LINE ITEM DESCRIPTION	AMOUNT TO TRANSFER	
WHY ARE THERE EXCESS FUNDS IN THIS ACCOUNT? WHAT ITEM WILL NOT BE NEEDED THAT WAS APPROVED DURING THE BUDGET PROCESS? There are no excess funds in this account. This funding will be replaced during Fiscal Year 2004-2005 Supplemental Appropriations.			

[Signature]
8-21-04

APPROVED DENIED

Kerry B. Hamilton, Administrator

APPROVED DENIED

Forrest E. Longwood, Director of Administrative Services & Finance

ROSA CLARK CLINIC

The clinic was approved for \$80,000 of which \$5,000 has been disbursed to them.

A request from Dr. Pruitt has been made to release the funding as they are in the process of hiring a new director.

I recommend releasing funding of \$35,000 and presetting the Internal Control Procedure's as recommendations. In December we would release the remaining \$40,000 once the board has informed Council of the progress with the new director in place.

OCONEE COUNTY, SOUTH CAROLINA

DEPARTMENT OF FINANCE

PHYLLIS E. LOMBARD, CGFD, EPS
Director of Administration
Stewardship Finance

TO: County Council
CC: Harry R. Hamilton, Administrator
FROM: Phyllis E. Lombard, CGFD
DATE: August 27, 2004
RE: Internal Control Documentation Guide

I recognize that Rose Clark Medical Clinic may not have enough staff to abide by all of the guidelines for segregation of duties. However, the practices as entailed in the guidelines will be beneficial for them to follow.

Please contact me if I can be of further assistance.

INTERNAL CONTROL DOCUMENTATION GUIDE

The material, which follows, was designed as an aid in reviewing internal controls. It consists of controls and suggestions for items, which are recommended for the operation of a non-profit organization.

GENERAL

The following questions relate to the internal accounting controls of the overall organization.

1. Duties for key employees of the organization are defined.
2. An organization chart, which sets forth the actual lines of responsibility.
3. Written procedures are maintained covering the recording of transactions.
 - a) Covering an accounting manual
 - b) Covering a chart of accounts
4. Procedures, chart of accounts, etc., provide for identifying receipts and expenditures of association dues or contributory funds by contributor.

Account Number Guide: (example)

001-049 Cash	150-299 Assets	575-599 Equity
050-099 Checking	300-399 Credit Cards	600-799 Income
100-149 Savings	400-575 Liability	800-999 Expense

5. The accounting system provides for accumulating and recording expenditures by cost category shown in the approved budget.
6. The organization maintain a policy manual covering
 - a) Approval authority for financial transactions and
 - b) Guidelines for controlling expenditures, such as purchasing requirements and travel authorizations.
7. There are procedures governing the maintenance of accounting records.
 - a) Subsidiary records for accounts payable, accounts receivable, etc., are balanced with control accounts on a regular basis.
 - b) Journal entries are approved and explained or supported.
 - c) Accrual accounts provide adequate control over income and expense.
 - d) Accounting records and valuables are secured in limited-access areas.
8. Duties are separated so that no one individual has complete authority over an entire financial transaction.
9. The organization uses an operating budget to control funds by activity.

10. Controls are in place to prevent expenditure of funds in excess of approved, budgeted amounts. For example, purchase requisitions are reviewed against remaining amount in budget category.
11. The organization has obtained fidelity bond coverage for responsible officials.
12. Financial reports are prepared for required accounting periods.

CASH RECEIPTS

The following conditions are indicative of satisfactory controls over cash receipts.

1. The individual responsible for the cash receipts function does not sign checks or reconcile the bank accounts and is not responsible for non-cash, accounting records, such as accounts receivable, the general ledger, or the general journal.
2. Receipts are deposited promptly and intact.

INCOMING MAIL

1. Remittances are listed on a control sheet or other mechanical device for comparison with the bank deposit tickets.
2. Check remittances are restrictively endorsed by the person opening the mail.

3. The person receiving cash does not have the authority to sign checks and reconcile bank accounts and does not have access to accounting records other than cash receipts.

BILLINGS AND RECEIVABLES

The following conditions are indicative of satisfactory control over billing and receivables.

1. Detailed receivable records are periodically balanced with the general ledger control accounts.
2. An aged trial balance of receivables is periodically prepared and follow-up action is taken on overdue balances.
3. There are procedures to control the receipt of funds for miscellaneous transactions, such as
 - a) the sale or rental of property and equipment and
 - b) income from investments.
4. There are controls over advances to and receivables from employees.

PURCHASING, RECEIVING AND ACCOUNTS PAYABLE

The following conditions are indicative of satisfactory control over purchasing, receiving, and accounts payable.

1. Pre-numbered purchase orders are used for all items of cost and expense.

2. There are procedures to insure procurement at competitive prices.
3. Invoices are matched with purchase orders and receiving reports.
4. When accrual accounting is required, the organization has adequate controls, such as checklists for statement-closing procedures, to insure that open invoices and uninvolved amounts for goods and services received are properly accrued or recorded in the books or controlled through worksheet entries.
5. There is adequate segregation of duties in that different individuals are responsible for
 - a) purchase
 - b) receipt of merchandise or services, and
 - c) voucher approval.

CASH DISBURSEMENTS

The following conditions are indicative of satisfactory controls over cash disbursements.

1. Duties are adequately separated; different persons prepare checks, sign checks, reconcile bank accounts, and have access to cash receipts.
2. All disbursements are properly supported by evidence of receipt and approval of the related goods and services.
3. Blank checks are not signed.
4. Un-issued checks are kept in a secure area.

5. Bank accounts are reconciled monthly.
6. The board of directors or trustees authorizes all bank accounts and endorser's of checks.
7. Petty cash vouchers are written in ink and are required for each fund disbursement.
8. Petty cash is reimbursed by check and disbursements are reviewed at that time.

PAYROLL

The following conditions are indicative of satisfactory controls over payroll.

1. Written authorizations are on file for all employees, covering rates of pay, withholdings, and deductions.
2. The organization has written personnel policies covering job descriptions, hiring procedures, promotions, and dismissals.
3. Adequate timekeeping procedures, including the use of time clocks or attendance sheets and supervisory review and approval, are employed for controlling paid time.
4. Other key payroll and personnel duties, such as timekeeping, salary authorization, and personnel administration, are adequately separated.
5. Procedures are adequate for controlling

- a) overtime wages,
- b) overtime work authorization, and
- c) supervisory approval of overtime.

PROPERTY AND EQUIPMENT

The following conditions are indicative of satisfactory control over property and equipment.

1. The organization has established policies covering capitalization and depreciation.
2. Executive authorization and approvals are required for originating expenditures for capital items.
3. There are detailed records showing the asset values of individual units of property and equipment.
4. Detailed property records are periodically checked by physical inventory.
5. Differences between book records and physical counts are reconciled and the records are adjusted to reflect shortages.

OCONEE COUNTY, SOUTH CAROLINA
FISCAL YEAR 2004-2005 BUDGET ORDINANCE 2004-12
FUND 10, GENERAL FUND - EXPENDITURES

<u>ACCOUNT NUMBER/DESCRIPTION</u>	<u>APPROVED</u>
401 CHARITY MEDICAL	
60 OTHER OBJECTS	
010-401-60083-00000 ROSA CLARK MEDICAL CLINIC	80,000
010-401-60583-00000 MEDICALLY INDIGENT ASSISTANCE ACT <small>\$180,754 per DHHS notification dated 03/10/04, FY04 #09 5247,498</small>	180,754
010-401-60881-00000 EMERGENCY GRAVEL	4,000
60 OTHER OBJECTS	<u>264,754</u>
401 CHARITY MEDICAL	<u>264,754</u>

Rosa Clark Medical Clinic Association, Inc.
210 South Oak Street
Seneca, SC 29678
Clinic (864) 882-4664
Pharmacy (864) 882-7397
Fax (864) 882-4478
E-mail missrosa@belisouth.net

February 11, 2004

Mr. Harry R. Hamilton, Interim Supervisor Chair
Oconee County Council
415 Pine Street
Walhalla SC 29691

Dear Mr. Hamilton (Interim Supervisor Chair) & Oconee County Council:

The Rosa Clark Medical Clinic Association, Incorporated is requesting \$100,000 for this year's budget. As you, Mr. Hamilton and the council realize we are hurting like everyone else. The costs to run the clinic are extraordinary. All agencies are having difficult times with finances. The free clinic provides wonderful and professional care to the indigent residents of Oconee County, also providing free medication. By doing this, we are giving relief for the people receiving this help. They do not have to worry or go without medication.

We are very proud and honored to be a part of this; as I know each of you are.

Also, we have requested the money allotted for the Oconee County Law Enforcement Center used for the inmates paying outside pharmacies with money the clinic could be using. The indigent program Rosa Clark Clinic uses can help the inmates receive medication which are free.

Thank you,



Sundie Stone
Administrative Director

OCONEE COUNTY PROCUREMENT OFFICE

115 South Pine Street
 Wallburg, SC 29691

Claim For Payment

Vendor 18140

Payable To Rosa Clark Clinic

Address _____

Item No. 10-401 6008 Date 7/21/04

Description	Price
<u>Ordered by Tracy A. [Signature]</u>	<u>[Signature]</u>
<u>Transmission</u>	<u>\$ 5,000.00</u>
<u>Board of [Signature]</u>	
<u>Attestation</u>	

ALLA * SOUTH CAROLINA 29691

018140 CHECK NO. 128571

ITEM NUMBER	INVOICE AMT.
1-00000	\$5,000.00
\$5,000.00	

ENDORSEMENT

NO.: 128571

07/30/2004

\$5,000.00

FILE COPY

I hereby certify that, to the best of my knowledge and belief, the articles and/or services specified herein are necessary and for the exclusive use of Oconee County, and I hereby approve this purchase.

Tracy A. [Signature]
 Department

[Signature]
 Authorized Signature

ROSA CLARK CLINIC
 210 S OAK ST
 SERENCA, SC 29578

OCONEE COUNTY TREASURER * ADMINISTRATIVE ACCOUNT * WALHALLA * SOUTH CAROLINA 29691
ACCOUNTS PAYABLE 864-718-1800 **DATE** 07/30/2004 **VENDOR NO** 018140 **CHECK NO** 128571

INVOICE DATE	INVOICE NUMBER	ACCOUNT NUMBER	INVOICE AMT
04/05 ALLOCATION	07/29/2004	010-401-60083-00000	\$5,000.00
TOTALS			\$5,000.00

PLEASE SIGN THIS CHECK - BANK WILL NOT PROCESS WITHOUT ENDORSEMENT

OCONEE COUNTY TREASURER
ADMINISTRATIVE ACCOUNT
WALHALLA, SOUTH CAROLINA 29691

COMMUNITY FIRST BANK
WALHALLA, SOUTH CAROLINA 29691

07/21/04

NO.: 128571

07/30/2004

\$5,000.00

PAY: FIVE THOUSAND DOLLARS AND ZERO CENTS

TO THE ROSA CLARK CLINIC
ORDER 210 S OAK ST
OF SENECA, SC 29679

Connie S. Bond

⑈ 128571 ⑆ ⑆ 053202130⑆ 500100829⑆

OCONEE COUNTY FINANCE DIRECTOR'S OFFICE
415 SOUTH PINE STREET
WALHALLA, SOUTH CAROLINA 29691

Connie S. Bond, Treasurer

ROSA CLARK CLINIC
210 S OAK ST
SENECA, SC 29679

FOOTHILLS ALLIANCE (Rape Crisis Center)

Requested \$25,000 in the 2004-2005-budget process, which was denied.

They received \$20,000 in the 2003-2004 budget.

I recommend if approved for funding by council that a transfer (attached) from General Expense Professional to Foothills Alliance be approved. This money would be put back into Professional General Expense during the supplemental process.

TRANSFER REQUEST FORM

OCONEE COUNTY, SOUTH CAROLINA
BUDGET REVISION FORM

DESCRIPTION REVISION FORM

BUDGET YEAR: 2004-2005
 DEPARTMENT NAME: General Expense
 SIGNATURE OF DEPARTMENT DIRECTOR: _____
 DATE OF REQUEST: 8/20/2004

TRANSFER TO
 (Use the "Transfer To" box when submitting a Description Revision Form OR a Transfer Request Form.)

LINE ITEM ACCOUNT NUMBER	D10-705-95100-20235	Footbridge Alliance (Race Crisis Center)	\$	AMOUNT TO TRANSFER	25,000.00
LINE ITEM DESCRIPTION					

EXPLAIN WHY THIS ITEM (OR ITEMS) IS NEEDED AND WHY IT WAS NOT BUDGETED FOR:
Funding for this purpose was requested but was not allocated prior to this year resulting of Budget Ordinance 2004-12.

WAS THIS ITEM PREVIOUSLY IN YOUR BUDGET DURING THE BUDGET PROCESS? YES NO

TRANSFER FROM
 (Use the "Transfer To" AND the "Transfer From" box when submitting a Transfer Request Form. DO NOT use the "Transfer From" box if requesting only a Description Revision.)

LINE ITEM ACCOUNT NUMBER	010-705-38025-00010	Professional	5	AMOUNT TO TRANSFER	25,000.00
LINE ITEM DESCRIPTION					

WHY ARE THERE EXCESS FUNDS IN THIS ACCOUNT? WHAT ITEM WILL NOT BE NEEDED THAT WAS APPROVED DURING THE BUDGET PROCESS?
There are no excess funds in this account. This funding will be required during fiscal year 2004-2005 Supplemental Appropriations.

APPROVED DENIED

 Nancy P. Hamilton, Administrator

APPROVED DENIED

 Patricia E. Lambert, Director of Adult Services & Finance

TRANSFER REQUEST FORM

OCONEE COUNTY, SOUTH CAROLINA
BUDGET REVISION FORM

DESCRIPTION REVISION FORM

2004 2005: _____ General Expense DEPARTMENT NAME: _____ SIGNATURE OF DEPARTMENT DIRECTOR: _____ DATE OF REQUEST: 8/26/2004
 FISCAL YEAR: _____

TRANSFER TO
 (Use the "Transfer To" box when submitting a Description Revision Form OR a Transfer Request Form.)

LINE ITEM ACCOUNT NUMBER	010-703-95100-20235	Fordville Alliance Trade Crisis Center	LINE ITEM DESCRIPTION		\$	AMOUNT TO TRANSFER	20,000.00
EXPLAIN WHY THIS ITEM (OR ITEMS) IS NEEDED AND WHY IT WAS NOT BUDGETED FOR: Funding for this purpose was requested but was not allocated prior to final approval of Budget Ordinance 2004-12							
WAS THIS ITEM PREVIOUSLY CUT FROM YOUR BUDGET DURING THE BUDGET PROCESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							

TRANSFER FROM
 (Use the "Transfer To" AND the "Transfer From" box when submitting a Transfer Request Form. DO NOT use the "Transfer From" box if requesting only a Description Revision.)

LINE ITEM ACCOUNT NUMBER	010-703-30025-00000	Professional	LINE ITEM DESCRIPTION		\$	AMOUNT TO TRANSFER	20,000.00
LINE ITEM ACCOUNT NUMBER			LINE ITEM DESCRIPTION			AMOUNT TO TRANSFER	
LINE ITEM ACCOUNT NUMBER			LINE ITEM DESCRIPTION			AMOUNT TO TRANSFER	
WHY ARE THESE EXCESS FUNDS IN THIS ACCOUNT? WHAT ITEM WILL NOT BE NEEDED THAT WAS APPROVED DURING THE BUDGET PROCESS? There are no excess funds in this account. This funding will be replaced during fiscal year 2004-2005 Supplemental Appropriations.							

APPROVED DENIED

Kevin R. Hamilton, Administrator

APPROVED DENIED

Phyllis E. Lombard, Director of Admin Services & Finance

OCONEE COUNTY, SOUTH CAROLINA
 FISCAL YEAR 2004-2005 BUDGET ORDINANCE 2004-12
 FUND 10, GENERAL FUND - EXPENDITURES

<u>ACCOUNT NUMBER/DESCRIPTION</u>	<u>APPROVED</u>
DIRECT AID (#705)	
010-705-95100-20200 COOPERATIVE EXTENSION SERVICE	5,000
010-705-95100-20201 SC ASSOCIATION OF COUNTIES	10,555
010-705-95100-20202 OMH AMBULANCE SERVICE	150,000
010-705-95100-20203 ANDERSON OCONEE SPECI/HEARING	2,200
010-705-95100-20204 OC PUBLIC DEFENDER CORPORATION	100,000
010-705-95100-20205 OC BOARD OF DISABILITIES & SP NEEDS	75,000
010-705-95100-20206 AND-DC-ACKINS MENTAL HEALTH CNTR	60,000
010-705-95100-20207 CITY OF SENECA	152,640
010-705-95100-20208 CITY OF WALHALLA	34,190
010-705-95100-20209 CITY OF WESTMINSTER	64,890
010-705-95100-20210 TOWN OF SALEN	3,482
010-705-95100-20211 TOWN OF WEST UNION	5,280
010-705-95100-20216 SENIOR SOLUTIONS (COUNCIL ON AGING)	37,819
010-705-95100-20217 APPLICAN COUNCIL OF GOVERNMENTS	27,951
010-705-95100-20220 MASTER IN EQUITY (CONTRACT)	16,056
010-705-95100-20221 LAKEVIEW RESI HOME	1,500
010-705-95100-20226 SC UPPER Piedmont HERITAGE ASSOC.	28,000
010-705-95100-20228 OCONEE HERITAGE CENTER MUSEUM <small>5301,600 funded in FY03 Sept 03</small>	127,500
010-705-95100-20239 HELPING HANDS (CONTRACT) <small>Emerg shelter for abused/neglected children of OC</small>	35,000
705 DIRECT AID	
	998,020

No FY05 FUNDING FOR
 FOOTWALLS RAPE CRISIS CENTER

*Proposed
 11/23/04*

*Mlb
 08/25/04*

*REVIS YEARS
 FUNDING
 11/23/04*



Foothills Alliance... Bridging the Journey

Foothills Child Advocacy Center - Foothills Prevent Child Abuse - Foothills Rape Crisis Center

March 30, 2004

Mr. Harry Hamilton, Supervisor
Oconee County Council
415 S. Pine Street
Walhalla, SC 29691

Dear Mr. Hamilton:

On behalf of the staff, the board of directors, and especially the Oconee County residents we serve, please let me extend our deepest gratitude to Oconee County government for supporting Foothills Alliance (formerly the Rape Crisis Center). The scope of the Alliance's services to Oconee County grew tremendously during the past year as we responded to the needs of your residents. Unfortunately there were more children and adults in your county needing crisis intervention services for sexual assault or serious physical abuse than ever before. We also serve Oconee's abused children through our Child Advocacy Center.

We worked very closely in 2003 with the 10th Circuit Solicitor's Office, your local county DSS staff, the Oconee County Sheriff's office investigators, and law enforcement officials from the city municipalities to help prosecute crimes against Oconee's children. In addition, we partner with Oconee Memorial to provide an advocate at the emergency room for every sexual assault case, both adults and children. We could not provide these services if we did not receive annual financial support from Oconee County government.

During the past year, we provided the following services:

- In 2003, we made available a 24-hour-per day, 365 days-per year crisis line services to Oconee County residents and the same around-the-clock service to abuse victims at the emergency room of Oconee Memorial.
- We provided crisis intervention and professional rape crisis counseling services to 191 Oconee residents and their families. This number includes children and adults.
- The Alliance offered long-term professional therapy by a licensed therapist to each of the 191 residents of Oconee County, children and adults.
- During 2003 we coordinated the cases of 39 sexually abused children from Oconee County. These children were referred to us by DSS or by Oconee County law enforcement. With the Alliance's direction, each of these cases has stayed on track for the child to receive extended services and the perpetrator to be prosecuted when possible.

624 North McDuffie Street - Anderson, South Carolina 29623

(864) 238-0223 - (800) 686-8282 - Fax: (864) 231-8593 e-mail: alliance@fohillsouth.org

- We provided 70 educational programs to 1,271 children in the Oconee County Schools, preparing them to be better informed about abuse and to be safer in their communities.
- Our therapists each spent two days per week in Oconee County providing support services to individuals and to groups who have suffered abuse.
- We partnered with the Collins Children's Home of Seuca to provide services to Oconee's residents. The Collins Home provides free space for counseling and therapy for the Alliance's clients, allowing us to spend our financial resources on people rather than rent.

Because of the precarious nature of our funding from the state Department of Public Safety and the increased need for services in Oconee County, Foothills Alliance asks that Oconee County consider providing \$25,000 toward our anticipated expenses for FY 2004-2005.

If I can answer any questions, provide additional information, and in any way better inform the Oconee County Council regarding our need, please let me know. I would be happy to personally appear before the council with our request if it would better ensure their consideration of the Alliance's need.

Again thank you for your continued support.

Sincerely,



Fay DeDrown
Executive Director (PO)

Please join us for a vigil on April 2, 2004, at 12 noon on the Oconee County Courthouse steps to honor our abused children and adults during Prevent Child Abuse Month and Sexual Assault Awareness Month.

OUR MISSION

Foothills Alliance provides prevention, intervention, and support services to abused children and adults in Anderson and Oconee Counties and serves as their advocate in our community.

FREE SERVICES

24 HOUR SEXUAL ASSAULT CRISIS HOTLINE

SEXUAL ASSAULT COUNSELING

PROFESSIONAL THERAPY

ADVOCACY AT EMERGENCY ROOM/
LAW ENFORCEMENT COURT

CHILD AND ADULT CRISIS ADVOCACY

COMMUNITY EDUCATION AND AWARENESS

PARENTING SUPPORT GROUPS

CHILD ABUSE PREVENTION EDUCATION

SEX OFFENSE CLASSES

SUPPORT GROUPS FOR ADULT
ADOLESCENTS AND YOUTH

FORENSIC INTERVIEWS OF ABUSED CHILDREN

FORENSIC MEDICAL EXAMINATION
OF SEXUALLY ABUSED CHILDREN

LEARNING ENRICHMENT
FOR AT-RISK CHILDREN

MENTORING PROGRAMS

CAMP RETREATS

MULTI-COUNTY COORDINATION OF
CHILD SEXUAL ABUSE CASES

VOLUNTEERS ARE WELCOME!

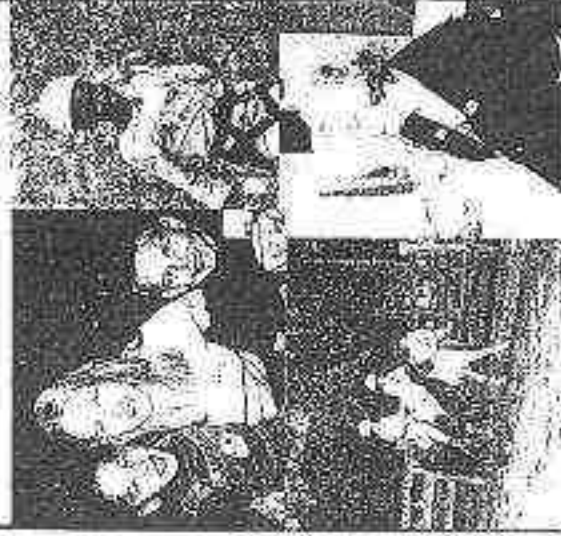
Volunteers are a part of our Foothills Alliance programs. Without these people, we wouldn't be able to do as much as our volunteers, the staff, and donors are able to meet the needs of the region. Volunteers are invited to participate through a variety of opportunities. Foothills Alliance

NO PRIOR EXPERIENCE IS NEEDED!
WE WANT YOU!

Volunteers who Foothills Alliance provides training opportunities to help you serve the community in the community.

FOOTHILLS ALLIANCE

PREVENT CHILD ABUSE
CHILD ADVOCACY CENTER
SEXUAL TRAUMA CENTER



608 NORTH MC DUFFIE STREET
ANDERSON, SC 29621

(864) 231-7273

(800) 585-5952

www.foothillsalliance.org

YOU CAN MAKE A DIFFERENCE

Foothills Alliance depends on the help of our supporters. We need the best people to help us make a difference. You can make a difference by helping our community work through the issues of domestic violence.

We need help to make a difference in our community. We need you to help us make a difference. We need you to help us make a difference. We need you to help us make a difference.

Foothills Alliance is a 501(c)(3) organization. We are a 501(c)(3) organization. We are a 501(c)(3) organization. We are a 501(c)(3) organization.



Foothills Alliance is a 501(c)(3) organization.

FOOTHILLS ALLIANCE™

PREVENT CHILD ABUSE • CHILD ADVOCACY CENTER • SEXUAL TRAUMA CENTER

PREVENT CHILD ABUSE

Prevent Child Abuse, helps keep children safe in Anderson County by

bringing

parents

together for

support and

encourage-

ment while

teaching them the best possible parent-

ing skills. As a result of good parenting

abuse and neglect of Anderson

County's children can be eliminated.

Prevent Child Abuse support groups

are also available to grandparents, grand-

mothers, or anyone interested in raising a

child. During adult support group

meetings children are provided separate

activities that promote learning.

Parent support groups meet through-

out Anderson County. For more

information, call 1-811-7273.



CHILD ADVOCACY CENTER

Family Child Advocacy Center is a child-friendly, non-sequential facility serving sexual abuse child victims and their families in Anderson County.

The center provides

support to child victims and their families

through the investigation of child sexual abuse

and the provision of legal services and

referrals to social services.

Additional services include:

• Work with law enforcement agencies

• Support for the investigation of child sexual

abuse and the investigation of the cause and preven-

tion of child sexual abuse.

• Forensic medical examinations

• Family therapy

• Referrals to counseling and other

services

• Victim advocacy



Family Child Advocacy Center, 251 West 11

SEXUAL TRAUMA CENTER

FootHills Sexual Trauma Center is a multi-service agency specializing to the needs of child and adult sexual trauma survivors in Anderson County. Our services

include:

• 24-hour crisis services

• Forensic medical examinations

• Crisis services including:

• 24-hour crisis services

• Hospital emergency

• Home and accompaniment for victims at local

• Hospitals

• Home care services

• Support group meetings

• Family counseling and other

• Services

• Referrals to other agencies

• Support group meetings

• Family counseling and other

• Services

• Referrals to other agencies

• Support group meetings

• Family counseling and other

• Services

• Referrals to other agencies



Rape Crisis Hotlines
1-864-231-7273 1-800-585-8952