



MISSION *Enrich the lives of uninsured adults of Effingham County by promoting healthy Lifestyles and providing free medical care for chronic illness.*

VISION *A strong Community that ensures timely access to quality Healthcare and Collaborative Partners.*

AGENDA BOARD OF DIRECTORS MEETING

August 20, 2025

- Welcome Harriet Snooks
- Invocation/Positive Thoughts Dr. Kerry Freeman
- Approval of June 2025 minutes Board members
- Old/Current Business H Snooks/Dr. Amber Fordham
 - Telehealth Program Implementation
 - ICE Policy review from ProBono Partnership of Atlanta
 - VOTE
 - October Volunteer Appreciation Banquet
 - Food, decorations, board member responsibilities
 - County Commissioner Retreat update
 - Reminder of Dr. Decker’s event this Saturday evening
 - Summary of Executive Report
 - Summary of Medical Director Report
 - County Commissioner update
 - Any comments for 2026 budget?
 - Financial Update S Hendrix
- New Business H Snooks/A Fordham
 - Dr. Willert Lynn
 - Contract
 - Timeframe
 - VOTE
 - Recurring gift campaign
- Comments and questions

TRHC Board meeting will be Wednesday, October 15th @4pm

Two Rivers Health Clinic
Board of Directors Minutes
June 18, 2025

Welcome

The meeting was called to order by Chair Vicki Renfroe at 4:03 p.m.

In attendance: Frances Decker, MD; Carmen Emmanuel; Amber Fordham, RN, MPH, DNP; Kerry Freeman, OD; Susan Harrison, NP; Sandra Hendrix; Holly Lang; Christina Love; Kristen Pierce, PharmD; Vicki Renfroe; Harriet Snooks.

Invocation and Positive Thoughts

Vicki talked to the Board about the importance of meeting guidance, common purpose, working for the greater good and maintaining clarity.

Approval of April Minutes

The April 16, 2025, minutes were reviewed by members present. Holly Lang moved to approve the minutes, and Dr Fran Decker seconded. The minutes were fully approved.

Old/Current Business

- It was noted that there is a fundraiser for a Clinic patient having a thyroidectomy. Donations are made to the Clinic, and then they are given to the patient.
- **Mars Patient Event:** June is not a good time for the event due to issues with the time of year. It was decided that we could host a Christmas themed Movie Night at the Mars Theater on December 4. Patients will select the movie to be shown at Movie Night and Holly's company will underwrite the cost of the event.
- **October Volunteer Appreciation Banquet:** The event can be held at The Parrish House in Rincon, and possible dates could be October 2, 7, 21, or 30. After discussion it was determined that The Parrish House is most likely available on October 2. Vicki suggested that we might be able to use high school culinary students for preparation of the dinner. A possible speaker is Donna Looper, Executive Director of the Georgia Charitable Care Network.
- **Physician Recruitment:** We are still trying to have conversations with Drs. Lawrence Adjei and Slavko Kukucka about volunteering at the Clinic. We will also be contacting PA Mckenzie Rahn, Dr. David Moore, and Dr. Lauren Oglesby to see if they might be interested in volunteering. Others to be considered are surgeon Dr. Alex Winn and maybe a podiatrist or an orthopedist and their mid-

level providers. We plan to ask them to visit the clinic at a time when we don't have a high volume of patients.

- **County Commissioner Update:** Harriet reported on the recent meeting with the Effingham County Commissioners. She also suggested we try to get the local churches involved in the Clinic's work. There will be an important Commission Retreat in August, so we should provide them with shortened talking points to educate them on our needs. For example, the Medical Director position should be salaried. We need to drill down to make the Commission listen closely to us and not to tell us what they want.
- **Summary of Financial Report:** Amber reviewed the Financial Report for April and May. She called attention to a generous donation of \$5000.00 from Chatham Orthopaedic Associates that will be given to the Clinic annually.
- **Summary of the Medical Director Report:** Susan announced that as of May 2025 the Clinic saw 151 patients, which is a significant increase from 121 patients in 2024.
- **Summary of the Executive Director Report:** Amber called attention to the report which is included in the meeting packet.
- **Strategic Committees:** The Fundraising Committee met May 8, 2025. The Committee's Meeting Notes are included in the meeting packet. It was noted that Doug Lanier is no longer on the Clinic Board. Holly and Vicki will act as committee leaders, but we need to recruit a board member who is a patient advocate. Plans will be made for a "Fran Decker Day on August 18 which will be geared toward fundraising. Amber pointed out that Cultivating is an important aspect of fundraising. The Governance Committee will meet on August 12.
- **Update on Partnership with "Ready2Connect" program:** It would be a 12-week session from 12:00 to 2:00 to train CMA's that would be held at the Clinic and at Encompass, led by Destiny Bradshaw.
- **Update on Pro Bono Partnership of Atlanta:** Amber and Sandra Hendrix will meet with PBPA in Atlanta on July 30 for a "Legal Check-up" of our policies and other official documents. After the Legal Check-up they will have a Zoom meeting with Board members to discuss outcomes that might be relevant to the Governance Strategic Plan committee. Vicki is drafting an Executive Director job description for review at the Legal Check-up.

New Business

- **Telehealth Implementation:** Erica Rivera, a PA Student working on her MPH at Georgia Southern, is connecting us to a Telehealth program through her

research. She will create a Triage List, and she noted we could recruit other providers to offer their telehealth services. This is a very good system for mental health patients who could just talk to their provider on the phone. It is possible that we can use Practice Fusion for this.

- **Pastoral Counseling/Mental Health Options:** Would Pastor Perry Fruhling consider seeing patients via his pastoral counseling training? Currently we still use Gateway for mental health referrals.
- **Patient Survey Results:** Amber reviewed the recent survey, noting the prevalence of patients with mental health issues. Also, the survey showed that patients are most interested in areas concerning dental and vision. 70% of those surveyed approve of the implementation of Telehealth.
- **2026 Budget:** Amber has been working on the proposed new budget for the Georgia Baptist Healthcare Ministry Grant application. The budget may have a funded full-time position for Stephanie Atkins and/or a part-time Case Manager position for Barbara Robinson. "Must Haves" expenses include sending patients to specialists, providing transportation for them, and paying the Medical Director physician.
- **Case Manager Position:** This is on the proposed 2026 budget.
- **Lions Club Eye Clinic:** They may have a Tele-optometry Clinic in August. Our Clinic would be the host site with Board members acting as volunteers.
- **Recurring donation for Board Members:** Amber will be setting up a method for offering recurrent donations for Board members as an alternative to using PayPal.

There being no further business, the meeting was adjourned at 5:30 p.m.

The next TRHC Board meeting will be on Wednesday, August 20, at 4:00 pm.

Respectfully submitted,
Christina Love, Secretary

Telehealth Policies for Two Rivers Clinic

1. Eligibility Policy

Only established patients may receive telehealth services unless otherwise approved by a clinician at the clinic.

2. Consent Policy

All patients must provide informed consent before participating in any telehealth visit.

3. Privacy Policy

Telehealth visits must be conducted using secure, HIPAA-compliant platforms to protect patient privacy.

4. Scope of Services Policy

Telehealth may be used for routine follow-up visits, medication management, chronic disease monitoring, and behavioral health appointments. Emergency conditions must be deferred to the hospital emergency room.

5. Licensure Policy

All clinicians providing telehealth services through this clinic must hold a valid and active medical license issued by the Georgia Composite Medical Board, unless exempt under specific provisions.

Providers may deliver telehealth care to patients located in Georgia if one of the following conditions is met:

1. The clinician is fully licensed to practice medicine in the State of Georgia; or
2. The clinician holds an Interstate Medical Licensure Compact (IMLC) license that has been formally recognized and approved by the Georgia Composite Medical Board for the purpose of practicing telemedicine within the state.

No telehealth services may be delivered to a patient physically located in Georgia by a provider who does not meet one of the above requirements.

Additionally:

- All out-of-state providers must comply with Georgia's telemedicine laws and regulations, including patient privacy, documentation, and scope-of-practice guidelines.
- Providers must ensure their license remains in good standing and notify the clinic of any status changes that may affect their eligibility to provide telehealth services in Georgia.

6. Documentation Policy

All telehealth encounters must be fully documented in the patient's medical record, including the modality used and confirmation of patient identity and consent.

7. Technology Use Policy

All clinicians and staff at Two Rivers Clinic must use only clinic-approved, secure telehealth platforms and electronic devices for any communication with patients. Personal cell phones or other personal devices may not be used unless they meet the clinic's encryption and security requirements. Patients should be informed that their own devices are not secured by Two Rivers Clinic. Any breach involving a patient's personal device is the responsibility of their mobile service provider, not the clinic.

8. Equity Policy

Telehealth services will be offered to all eligible patients regardless of income, race, ethnicity, language, gender identity, or disability. Accommodation will be provided as needed to ensure equitable access. Clinical decisions regarding telehealth use will be made based on patient needs and at the discretion of the clinician, in alignment with clinic protocols.

Telehealth Visit Procedures – Synchronous (Video & Telephone Only)

Purpose: To provide synchronous telehealth services to patients located remotely (e.g., at home), while the clinician conducts the visit from the clinic using a HIPAA-compliant platform.

I. General Workflow for All Synchronous Visits

1. Verify patient identity by full name and date of birth.
2. Confirm location to ensure patient is in a private and safe environment.
3. Obtain informed consent (verbal or visual) and document it in the patient's chart.
4. Confirm patient understanding of telehealth limitations, risks, benefits, and possible alternatives including in-person follow-up if necessary.
5. Document consent, visit type, and platform used in the encounter note.

II. Telehealth video Visits

Eligible Visit Types:

- Routine or chronic care follow-ups
- Some urgent care (UC) conditions (triaged prior and approved by clinician)
- Medication management
- Behavioral/mental health check-ins

Pre-Visit Setup:

1. Patient Scheduling:

- Patient is scheduled for a video visit and provided instructions for accessing the telehealth platform. (either updated phone and or e-mail)
- Patient is informed of the need for a quiet, private space for the visit.

2. Technology Requirements:

- Patient must have internet access and a device with a camera and microphone.
- The visit will occur using a secure platform provided through Practice Fusion UpDox

Day of Visit – Procedure:

1. Initiate Video Session:

- Clinician logs into the telehealth platform from the clinic.
- Patient connects from home or other remote location.

2. Verify Identity & Location:

- Clinician verifies patient's **full name** and **date of birth**.
- Confirm the patient's **physical location** and that they are in a **private area** where they can speak freely.

3. Obtain Informed Consent (Verbal and Visual):

- Confirm the patient understands:
 - This is a telehealth visit using audio and video
 - The limitations of a remote physical exam
 - The potential risks to privacy, even when HIPAA-compliant platforms are used
 - That an in-person visit may be recommended based on findings
- Consent statement to be used:

“Do you understand and consent to this video-based telehealth visit? You are aware of its limitations, possible risks to privacy, and that an in-person evaluation may be needed if determined necessary by your provider?”

- Patient gives verbal and visual confirmation.

Documentation in medical records (Sample Note Text):

Video telehealth visit conducted with patient located remotely. Patient identity verified by name and DOB. Patient confirmed they are in a private, HIPAA-compliant setting. Verbal and visual informed consent obtained. Patient advised of limitations of remote video exams and possibility of needing in-person evaluation. Visit conducted via [Insert Platform Name]. Patient agreed to proceed. Documentation stored in patient's electronic medical record.

Post-Visit:

- Follow-up instructions given verbally and/or via secure message or patient portal.
- Referral to in-person care made as needed.

I. Procedure for only Phone Visits**Eligible Use Cases:**

- Remote Patient Monitoring (RPM)
- Lab result discussions
- Medication follow-up
- Mental health check-ins
- Weight loss management check-ins

^Patient Requirements (not necessary):

- Must have access to blood pressure or glucose readings (if applicable)

Procedure:

1. Provider calls patient using a secure line.
2. Confirm:
 - Name and DOB
 - Location is private and secure
3. Obtain verbal consent:

"Do you understand this is a telehealth phone visit and consent to proceed?"

Consent statement documented in medical record:

Patient contacted by telephone for telehealth appointment. Patient verified by name and DOB. It is confirmed that patient is in an area where they can speak freely and they are not concerned about patient confidentiality. Patients agree to telehealth appointment for consultation and is aware of limitations of telehealth along with risks, benefits, and alternatives. Patient agrees to proceed

4. Inform patient of limitations (e.g., no visual exam) and alternatives.
5. Document:
 - Verbal consent given

- That the patient was instructed to be in a HIPAA-compliant area
- Use of remote monitoring data (e.g., BP/glucose)
- Plan for lab/med/mental health follow-up

ICE RAID PREPAREDNESS FOR EMPLOYEES

Is it an I-9 Audit or is ICE Looking to Make Arrests for Immigration Violations?

The U.S. Immigration and Customs Enforcement (“ICE”) may visit a worksite to conduct an I-9 audit or to arrest employees who ICE believes lack immigration status or violated the terms of their immigration status. The division of ICE known as Homeland Security Investigations conducts I-9 audits, while generally ICE’s Enforcement and Removal Operations conduct arrests for immigration violations. If ICE is performing an I-9 audit, it will provide a Notice of Inspection (NOI), which will be reviewed and handled by your supervisor/manager.

Typically, as an employee, you will encounter ICE raids where the agents’ primary objective is making an arrest. Below is a checklist that can help make these encounters as seamless as possible.

ICE Enforcement and Removal Action (Known as “ICE Raids”)

- **Handling ICE or Customs and Border Protection (“CBP”) Agent Arrival**
 - Your employer should designate an immigration point person to handle ICE’s arrival.
 - Designate a specific staffer (or staffers) as authorized and responsible for handling contacts with law enforcement officers. Train all other staff to inform immigration or other law enforcement officers that only the designated individual is authorized to review a warrant or to consent to their entry into private areas. Train staff to decline to answer questions about a patient unless they are authorized to do so by the designated staff member.
 - The immigration point person should be advised as soon as possible about ICE presence in the building.
 - The immigration point person should follow the guidelines below.
 - If, however, the immigration point person is unavailable, employees should step in the shoes of an immigration point person:
 - Employees should ask agents if they have a warrant.
 - If no warrant is presented, deny access to employees, documents, and non-public areas. An appropriate response to an ICE agent is: “I do not want to answer any questions, please leave your contact information.”
 - **If there is no warrant:**
 - **Plain view.** Without a warrant, officers may also look at anything that is in “plain view” in a public area. An object is in “plain view” if it is obvious to the senses. For example, an immigration official may visually inspect anything—including papers and files—that are clearly visible from the visitors’ side of the reception desk. Unless they have a warrant, however, they may not move an object in plain view to expose other portions of it or anything under it.¹ The plain view doctrine extends to sounds within “plain

¹ See generally *Arizona v. Hicks*, 480 U.S. 321 (1987).

hearing” as well.² Therefore, any speech officers overhear with their unassisted ears while standing in a public area—even if what they overhear comes from a private area—is also considered to be in plain view.

- **“Probable cause.”** Health care providers may refuse to consent to a warrantless search of the facility’s private areas. Nevertheless, officers may search private areas and seize items found there if they have “probable cause” to believe that the search may reveal that unlawful activity is occurring, has occurred, or will occur. An officer has “probable cause” if the facts and circumstances justify a reasonable person’s conclusion that people or things connected with unlawful activity will likely be found in a particular place.³
- If a warrant is presented, ***carefully review its details:***
 - ❖ Unless ICE has a Search and Seizure Warrant (“**Judicial Warrant**”) signed by a federal district court judge, ICE can only enter public areas of the worksite. **See Appendix A.**
 - ❖ If ICE has an administrative arrest warrant – Form I-200 (Warrant for Arrest of Alien) or Form I-205 (Warrant of Removal/Deportation) – ICE must still obtain consent to enter non-public areas of the worksite. **See Appendix B.**
 - ❖ If ICE presents a **Judicial Warrant**, the employee **MUST** carefully review its details, and confirm that it is a judicial warrant, issued by a federal court and signed by a judge. The **Judicial Warrant** must:
 - Describe the worksite’s building as the place to be searched.
 - Include the correct date
 - Be issued within the past 14 days
 - Be signed by a judge or magistrate judge
 - **REMEMBER:** If it is an administrative warrant (issued by DHS/ICE/CBP), it does not grant access to non-public areas.
 - ❖ The bottom line

<u>Judicial Warrant</u>	<u>Administrative</u>
<u>Warrant</u>	

² See, e.g., *United States v. Baranek*, 903 F.2d 1068 (6th Cir. 1990).

³ See, e.g., *Brinegar v. United States*, 338 U.S. 160 (1949); *Carroll v. United States*, 267 U.S. 132 (1925).

Feature	Judicial Subpoena	Administrative Subpoena
Issuing Authority	A federal or state court judge	ICE, CBP, or USCIS officials
Legal Force	Must be complied with	Not immediately enforceable
Purpose	Requires testimony or document production for court cases	Used in immigration investigations to gather information
Consequences for Non-Compliance	Contempt of court charges	May lead to court enforcement but does not carry immediate penalties
Example Document	U.S. District Court Subpoena	DHS Form I-138

a. Managing the Search and Seizure Process

- ❖ Employees **MUST** cooperate within the limits of the warrant.
- ❖ They **CANNOT** interfere with officers' search and seizure within the scope of the warrant, **OR** provide false or misleading information.
- ❖ They **CAN**
 - Accompany ICE agents as they move around the worksite to record details of the search, including items taken and persons spoken to or detained.
 - If agents want access to locked facilities, unlock them — otherwise, agents will forcibly gain entry into locked closets or cabinets.
 - Provide ICE agents access to the facility in accordance with the federal search warrant.
 - Object to any searches outside the scope of the warrant, ask the ICE agent to make note of the objection, and refer ICE to the company's legal counsel.
 - The designated staff member should *pay close attention and object* if officials go beyond the scope of their authority to search or seize objects as specified in the warrant. For example, if the warrant states that officials may search the emergency room, they may not use this warrant to search private patient examination rooms.
 - Protect privileged documents to the extent possible.
 - If agents try to take something vital to your business, explain why it is vital and ask for permission to photocopy it before it is taken.

- If materials are attorney-client privileged or protected by privacy laws, request that those documents not be inspected until you speak with an attorney.
 - Document any information or materials they take. Ask for a copy of the list of items agents seized during search.
 - Inform other employees that it is their choice whether to remain silent and request legal representation.
 - Record names of the ICE supervising agents assigned to the case. This can be done by asking for a business card, or name and badge number.
 - Record any interactions with the agents, but employees must announce that they are doing so. Employees should remain a reasonable distance from such incidents so as not to interfere.
 - Request a copy of the warrant and any inventory of seized items.
 - Gather details on where detained employees are being taken.
 - Notify legal counsel or an immigration attorney for assistance and guidance.
 - Request an accommodation to retain or copy of confidential or critical business documents, if agents attempt to seize these documents.
- ❖ **Employees SHOULD NOT**
- Attempt to provide their own information or provide any information about other employees, their schedules, whereabouts, etc.
 - Make statements without legal counsel present.
 - Consent to entry into areas without a warrant. If immigration officers ask permission to enter a private area or attempt to do so, the designated person should state explicitly that they do not consent to the officer(s) entering without a warrant.

b. Documentation and Evidence Collection

- ❖ **Employees SHOULD**
- Establish a written policy designating private areas. Establish a written policy identifying which areas of the clinic are closed to the public. Limit access to private areas to people who are receiving or providing care, or who are otherwise necessary, such as a parent accompanying a child who is receiving care. To the extent possible, access to private areas intended for patients and their family members should be restricted to essential medical personnel (e.g., doctors and nurses), excluding all other staff and visitors during business hours. For example, the clinic's waiting room may be open to the public, but individuals must be invited to enter examination rooms, offices, and medical records areas. Alternatively, the waiting room may be open only to patients and people accompanying them, while the public must remain in areas outside the building. Consider visually separating areas where patients receive treatment from public waiting rooms.
 - Beware of what is in "public view." Be cautious of what information is in open view of the public, such as files and

computer screens visible from the visitors' side of the reception desk.

- Avoid collecting immigration status information. Avoid asking for patients' immigration status and, if you must collect such information for a purpose such as Medicaid enrollment, avoid including that information in the patient's medical and billing records.
- Provide educational materials. Provide posters and educational materials advising patients that they have the right to refuse to answer questions from immigration agents and other law enforcement and to insist that they have a lawyer present if they are questioned.
 - Make available in your reception area know-your-rights cards that patients can hand to officers while remaining silent.⁴ These cards help people assert their rights and defend themselves against constitutional violations. Patients have the right to have a lawyer be present during any interview while in custody of law enforcement. Also, advise patients never to run from immigration officers, because this can give an officer probable cause to pursue and arrest them.
- Keep detailed records of all interactions, searches, and seizures. Employees should record information that answers the following questions:
 - Date of enforcement action?
 - Time action began and ended?
 - Describe the enforcement action:
 - How many agents?
 - What agency conducted the action (i.e., ICE, local police or state police)?
 - Names and/or badge numbers of the agents.
 - How did their uniforms identify them?
 - Why did they say they were there?
 - Did you ask to see a warrant?
 - Did the agents present a warrant?
 - If not, did you deny them consent to enter? What did you say?
 - How did they react if you denied them consent to enter?
 - Was the warrant an administrative warrant, signed by an immigration official?
 - If it was an administrative warrant, did you tell the agents that your organization has a policy of denying access to nonpublic areas in the absence of a judicial warrant? What did you say?

⁴ <https://www.ilrc.org/red-cards-tarjetas-rojas; Artwork for Printing Your Own Red Cards - Spanish.pdf>

- How did the agents react if you denied them consent to enter based on an administrative warrant?
 - Did the agents present a judicial warrant, signed by a judge?
 - If so, was a supervisor alerted? Who?
 - Please describe the warrant:
 - What was the date of the warrant?
 - What items or persons were the subjects of the search?
 - What areas were identified to be searched?
 - Which judge signed the warrant?
 - Did you allow the agents entry based on a judicial warrant?
 - If so, did you or another staff member accompany them on their search? Who?
 - Did the agents stay within the areas they were authorized to search by the warrant? If not, what other areas did they enter? Did they look in closed closets, cabinets, or drawers? Did they ask permission first?
 - Did they keep anyone from moving around freely? Who?
 - Request a copy of the warrant and any inventory of seized items.
 - Gather details on where detained employees are being taken.
 - Notify legal counsel or an immigration attorney for assistance and guidance.
 - Request an accommodation to retain or copy of confidential or critical business documents, if agents attempt to seize these documents.
- ❖ **Employees SHOULD NOT**
- **Disclose patient information.** Health care providers have no affirmative legal obligation to inquire into or report to federal immigration authorities about a patient's immigration status. The Health Insurance Portability and Accountability Act (HIPAA) privacy law generally prohibits the use or disclosure of personal health information without a patient's consent, except when required by law.⁵ Some HIPAA exceptions, including the permission to disclose information requested by law enforcement officials for law enforcement purposes, allow for personal health information to be shared under some circumstances, but its release is generally not required.⁶

⁵ While immigration status or evidence of foreign birth are not, by themselves, considered personal health information (PHI) protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), federal guidance includes a catch-all category for "any characteristic that could uniquely identify the individual." 45 C.F.R. § 160.103. Moreover, Social Security numbers and patients' addresses are considered PHI. See 45 C.F.R. § 164.512(f)(1).

⁶ See 45 C.F.R. § 164.512(f). State laws vary, however, as to whether health care facilities are required to report undocumented status. See, e.g., Arizona's HB 2008. Arizona Revised Statutes §§1-501, 1-502 requires persons administering public benefit programs to report any violations of federal immigration law they encounter.

- Two states (Florida and Texas) are currently requiring hospitals to ask patients about their immigration status and to report the aggregate amount of uncompensated care provided to undocumented patients. Providers' obligation to provide care under EMTALA and other applicable laws is not affected by a patient's decision not to provide their status.⁷
- **Warrants and consent.** Health care providers *may refuse* to provide information about patients to law enforcement officials *unless* the request for information is pursuant to a warrant issued by a judge or magistrate for a specifically identified individual or another order issued by a court.⁸

c. Post-Raid Review and Next Steps

- ❖ Employees **SHOULD**
 - Conduct a debriefing with the immigration point person to document the event.
 - Provide necessary support to affected employees.
- ❖ The employee **SHOULD**
 - Keep detailed notes of the interaction so that the immigration point person and management can comply with all instructions provided by ICE.

FAQs

Q 1: Does an ICE officer have the right to appear unannounced at an employer's worksite?

A: Yes, an ICE officer may come unannounced to the workplace with a Notice of Inspection (NOI) requesting an employer's I-9s. Almost all NOIs are accompanied by an administrative subpoena issued by DHS. After receiving an NOI, an employer must provide its I-9 forms and any supporting documentation (such as U.S. passports, green cards, driver's licenses) and Social Security cards for current employees and usually terminated employees for the last 1-2 years within a minimum of 3 business days. When ICE serves an NOI, it will provide the employer with the NOI. The employer should ask for the contact information for the agent serving the NOI. Employers should never waive the 3-day period to produce I-9s. Often, the NOI will allow the employer more than 3 business days to supply the I-9 forms and other records. Even if only 3 business days are listed on the NOI, most ICE offices will allow additional time, anywhere from 3-10 extra days.

Q 2: When can ICE enter non-public areas of the workplace?

⁷ Florida *see* Florida SB 1718 Section 5, codified as Florida Statutes §395.3027; and Texas *see* Executive Order of Governor Greg Abbott, EO-GA-46-HHSC (August 8, 2024).

⁸ See 45 C.F.R. §§ 164.512(e), 164.512(f)(1)(ii)(A).

A: For ICE to enter non-public areas of a workplace, ICE must have the employer's consent or a search warrant signed by a federal judge. If ICE presents an administrative warrant – Form I-200 (Warrant for Arrest of Alien) or Form I-205 (Warrant of Removal/Deportation) issued by DHS – for the arrest of an employee, then the officer is still only allowed into public areas of the workplace.

Q 3: Does ICE have the right to interview employees and/or supervisors without prior notice?

A: Yes, ICE may try to speak with employees but, without a warrant, the employer can refuse to make employees available. However, employers generally have no control on what ICE does outside of the workplace (or even in a public area such as a parking lot).

Q 4: Can a company have their representative present for interviews?

A: Although an employer can request to have a representative present if ICE insists on interviewing an employee, ICE may not grant this request for non-supervisory employees.

Q 5: Does the ICE agent have the right to review and/or take any records from the workplace on the spot? Does an employer have the right to demand that requests for documents be made in writing?

A: If it is an I-9 audit, the investigator cannot take the records from the workplace. If there is an ICE or other agency action that is not an I-9 audit, such as an actual arrest/investigation, the employer should insist on seeing the warrant and subpoena for any documents. A subpoena issued by a federal judge may allow ICE access to documents immediately. Request a copy for your records.

Q 6: At what point should legal counsel be contacted?

A: Employers are encouraged to contact legal counsel at the earliest possible time. Employers should contact legal counsel when preparing for a possible worksite visit from ICE so they can create a policy and plan of action. If ICE is conducting an investigation, ensure the relevant points of contact are notified immediately. It is best if all conversations and communications are coordinated through legal counsel as those conversations are privileged.

Q 7: What if ICE is at the worksite to arrest employees?

A: During the first Trump administration, ICE conducted raids/targeted enforcement operation to confiscate employer's business records, including computers, and detained or arrested unauthorized workers and/or lawful workers who were otherwise alleged to have violated immigration or criminal laws. If ICE is at the worksite to arrest employees for potential immigration violations, request to view ICE's arrest warrant. If ICE has an arrest warrant, it must gain consent to enter non-public areas of the worksite. Do not consent to ICE speaking to employees on premises; instead, politely ask them to stop. However, do not physically interfere with an ICE agent who is conducting a worksite visit.

Definitions

Judicial Warrant: Issued by a judge and must be specific in scope (date, location). It will have a captioned heading and should be signed by a federal judge.

Administrative Warrant: Issued and signed by DHS and has no legal authority. Signed by a DHS official. That is what is typically seeing during raids.

Subpoena: A subpoena is a written request for information. A subpoena is not a court order, is typically not signed by a judge, and always gives a certain amount of time to comply. Failure to respond to a valid subpoena may result in a contempt of court finding. Upon receipt of a subpoena, nonprofits should take note of the date it was served, method of service, and deadline for responding. Nonprofits should then promptly engage counsel and instruct staff to preserve potentially relevant documents.

Date

Appendix A (Judicial Warrant)

UNITED STATES DISTRICT COURT

for the

[Empty box for court name]

United States of America

v.

)
)
)
)
)
)

Case No.

Defendant

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay

(name of person to be arrested)

who is accused of an offense or violation based on the following document filed with the court:

- Indictment Superseding Indictment Information Superseding Information Complaint
- Probation Violation Petition Supervised Release Violation Petition Violation Notice Order of the Court

This offense is briefly described as follows:

Date:

Issuing officer's signature

City and state:

Printed name and title

Return	
This warrant was received on (date) _____, and the person was arrested on (date) _____	
at (city and state) _____	
Date: _____	Arresting officer's signature
	Printed name and title

Appendix B (Administrative Warrant)

Warrant of Removal/Deportation

File No: _____

Date: _____

To any officer of the United States Immigration and Naturalization Service:

_____ (Full name of alien)

who entered the United States at _____ on _____
(Place of entry) (Date of entry)

is subject to removal/deportation from the United States, based upon a final order by:

- an Immigration Judge in exclusion, deportation, or removal proceedings
- a district director or a district director's designated official
- the Board of Immigration Appeals
- a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:
Section 241(a)(5) of the Immigration and Nationality Act(Act), as amended.

I, the undersigned officer of the United States, by virtue of the power and authority vested in the Attorney General under the laws of the United States and by his or her direction, command you to take into custody and remove from the United States the above-named alien, pursuant to law, at the expense of the appropriation. "Salaries and Expenses Immigration and Naturalization Service 2002," including the expense of an attendant if necessary.

(Signature of INS official)

(Title of INS official)

(Date and office location)

Endnotes

1. Lawyers Alliance for New York, Guidance to Nonprofits Regarding Immigration Enforcement, (Dec. 23, 2024), https://lawyersalliance.org/userFiles/uploads/legal_alerts/Guidance_to_Nonprofits_Regarding_Immigration_Enforcement.pdf.
2. Littler, Immigration Compliance and Enforcement ICE Checklist, (Jan. 2025), https://www.littler.com/sites/default/files/documents/immigration_ice_checklist_0.pdf
3. U.S. Citizenship and Immigration Services, Self-Audits and Correcting Mistakes, <https://www.uscis.gov/i-9-central/completing-form-i-9/self-audits-and-correcting-mistakes#:~:text=Employers%20may%20only%20correct%20errors,%2D9%2C%20Employment%20Eligibility%20Verification>.
4. Public Counsel, FAQs on Nonprofit and Small Business Rights with Respect to
5. Immigration and Customs Enforcement (ICE), <https://publiccounsel.org/wp-content/uploads/2025/01/1.23.25-Immigration-Enforcement-Alert-003.pdf> (last visited Apr. 25, 2025).
6. Fisher Phillips, Employer DHS/ICE Raid Preparedness Action Plan Checklist,
7. https://www.fisherphillips.com/a/web/bJbdtmrkGFyaqeBomidjFe/fisher-phillips-employer-dhs_ice-raid-preparedness-action-plan-checklist.pdf (last visited Apr. 25, 2025).
8. Luminus, Understanding Immigration Enforcement Documents – Warrants and Subpoenas, <https://www.beluminus.org/warrants/> (last visited Apr. 25, 2025).
9. Jackson Lewis P.C., When Ice Knocks, https://pbpatl.org/wp-content/uploads/2025/01/Immigration_When_ICE_Knocks-003-004.pdf (last visited Apr. 25, 2025).
10. Motion Law, Judicial vs. Administrative Warrants, (Jan. 23, 2025), <https://www.motionlaw.com/the-difference-between-judicial-and-administrative-warrants/>.
11. ACLUS Pennsylvania, Guiding Principles and Best Practices for Welcoming School Policies, https://www.aclupa.org/sites/default/files/welcoming_schools_and_safety_protocol.pdf (last visited Apr. 25, 2025).



Two Rivers Health Clinic

TRHC 2025 Volunteer Banquet sign up - 10/2/2025

Created By: Amber Fordham

Dates are in mm/dd/yyyy. Times are shown in EDT.

food - secure food for event. Arrange delivery or pick up of food.			
(2)	Name:	Email:	Phone:
	Name:	Email:	Phone:
Decoration prep - Decide on theming and get needed items			
(3)	Name:	Email:	Phone:
	Name:	Email:	Phone:
	Name:	Email:	Phone:
set up/decorate - Help on the day of to get event set up and decorate event space			
5:00PM - 6:30PM (4)	Name:	Email:	Phone:
Parrish House	Name:	Email:	Phone:
	Name:	Email:	Phone:
	Name:	Email:	Phone:
Clean up - clean up after event			
8:00PM - 9:00PM (4)	Name:	Email:	Phone:
Parrish House	Name:	Email:	Phone:
	Name:	Email:	Phone:
	Name:	Email:	Phone:

Speaker:

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**Two Rivers Health Clinic
Executive Director Report
August 20, 2025**

Tasks completed:

1. Stats (Jun and Jul, 2025)

- a. Total followers - 666 (632 at end of May)
- b. New Likes - 34
 - i. Page views - 21,242 (12,360 in Apr and May)
- c. Page reach (number of people who saw page content) – (approximate)
 - i. 4401
- d. Most popular posts
 - i. Reach - 1154 - 7/15/2025 - Vision clinic flyer
 - ii. Interactions - 6/4/2025 - 20 - post a partnership with NAFC to provide Covid vaccine

2. Clinic updates

- a. Clinic held weekly except for holiday weeks
 - iii. All clinics will be 4 hour clinics in 2026
 - iv. Increase in number urgent care patient and telemedicine visits
 - 1. Now tracking
 - v. Have had an overall increase in interest in the clinic
 - 1. Some are not things we can help with for various reasons
 - a. Sending them to appropriate resources
 - vi. Looking at adding a nurse ONLY volunteer day for telehealth purposes
 - vii. Spoken with Quory Brown (NP) and McKenzie Rahn (PA)
 - 1. McKenzie shadowed on 8/19/2025
 - 2. Waiting to hear from Quory about shadowing
 - viii. Dr. Lynn will be providing physician oversight, will not see patients at this time
 - ix. Specialists frequency (see handout)

b. Labcorp

- 1. Not adjusting additional labs for us
- 2. Requested an increase in amount that we are allowed each month but they denied the request
 - a. Need to be frugal about doing “extra” tests

c. volunteers

- a. 3 new volunteers have shadowed - 2 reception/1 MA
- b. Would still like to add one more physician volunteer to see patients.
 - i. To pick up where Dr. Decker left off
 - ii. Be able to spread out mid-level supervisor duties
 - 1. Dr. Adjei interested in maybe helping after first of the year
 - 2. Dr. Oglesby interested maybe helping after first of the year

3. Interns

- a. Summer 2025 interns

**Two Rivers Health Clinic
Executive Director Report
August 20, 2025**

- x. Erica Rivera - GSU
 - 1. Policy and procedures for implementation of telehealth
- xi. Nia Miles - GSU - MPH
 - 1. social media/Americare Roadmap
- xii. No interns for fall but Foram, who was intern last summer would like to volunteer with us after she gets green card

4. GRANTS/Fundraising

- a. Received 2 - \$2000 stipends for hosting Erica and Nia
 - b. Kaiser Permanente - Focuses on Chronic Disease Management
 - xiii. Awarded \$7500 (received entire amount)
 - 1. increase hours for NP
 - 2. Increase supplies for those with Diabetes and Hypertension
 - 3. Increase \$ for specialty providers
 - c. Georgia Baptist Healthcare Ministry Foundation
 - i. Applied for \$23,500
Will hear back in December
 - d. United Way Received \$9933 for FY 25-26 - get monthly payments through June 2025
 - I. switching to every 2 years grant cycle
 - II. UW has been focusing on internal improvements
 - e. GCCN - Applied \$13298
 - I. Should hear maybe by mid September
 - II. Reimbursable grant - get reimbursed for spending once we submit documentation
- for
- f. Walmart changed platforms
 - i. Received total of \$4750 from 4 different store
 - g. Other grants
 - i. Truist - money for case management
 - ii. KFC Wishes - health and nutrition grant

5. Other Progress

- 1. Continuing to refer to Effingham Eye - Going well
- 2. Dentistry at Towne Center - Spoke with Dr. Durham
 - a. Have a patient agreement now that patients must sign
 - i. Is doing one case plan at a time but is doing more in depth services
- 3. Lions Club - still working as screening org for those needing glasses.
 - a. Tele-optometry clinic August 26th
 - i. Most of our patients have already been seen by Eff Eye care and have appointments to get glasses at this event
- 4. Pro Bono partnership of Atlanta - Sandra and Amber attended. Went well. Covered a lot of ground.

**Two Rivers Health Clinic
Executive Director Report
August 20, 2025**

5. Numbers for benefits received by patients (through July 2025): \$130,374.90

- a. Clinic visits - \$47,389.36
- b. Labs - \$34,589.24
- c. Specialty services - 3251.38
- d. In house pharmacy - \$17,737.65
- e. Good Pill - tbd at end of year
- f. Giving Health - \$20,426 (QT 1 and QT 2)
- g. MedBank - TBD at end of year
- h. Effingham Eye - \$6250
- i. Durham Dental - TBD at end of year
- j. Medical Pantry - \$731.27

7. Other items

- 1. Family Connection to do "Do You Know Your Neighborhood?" Resource events
 - a. Hurricane Awareness on September 8th at EEMA building
- 2. Working on NAFC policy committee
- 3. Pro Bono Partnership of Atlanta
- 4. Meeting with Tim Calanan and Phil Keifer
 - a. Retreat now scheduled for October
 - i. One page primer
 - 1. Case Manager
 - 2. Space
 - 3. Physician Pay
- 5. Clarence Morgan Award - Dr. Decker to receive from United Way
- 6. ESL and Nutrition classes started back up for fall
- 7. Georgia Lighthouse Foundation even August 26th, 9am-2pm

Ongoing Collaborative Partners

- | | |
|--|--|
| 1. United Way | 10. Georgia Baptist Healthcare Ministry Foundation |
| 2. Georgia Charitable Care Network | 11. Effingham Health system |
| 3. National Association of Free and Charitable Clinics | 12. Direct Relief |
| 4. Effingham Family Connection | 13. Ready 2 Connect |
| 5. Effingham Eye Care | 14. Lions Club |
| 6. Dentistry at Towne Park West | 15. Labcorp |
| 7. MedBank Foundation | 16. GROW Initiative GA |
| 8. Specialist Referral Sources | 17. Georgia Lighthouse Foundation |
| 9. Effingham Magazine | 18. Americare - Roadmap |

Specialty	number	2025	2024	2023	2022
Breast surgery	1	1			
Cardiology	1		5	1	
behavioral health	1		1	1	
pulmonary	1		2		2
podiatry	1		2		
ophthamology	1		1		
ENT	1		1		
urology	1		2		1
Ortho	2		3	1	2
imaging	2		3	3	1
derm	2		2		3
Dental	7		8		
GI	7		2	2	2
womens health	9		17	3	1
telehealth	10		23	5	
eye care	23		25	25	
Diabetes				1	3
general surgery			2	2	1
wound care			1		
ER			1		
oncology			1		
Neurology			1		
rheumatology				1	

**Monthly Summary
June 2025**

Intake			
New	Waiting	Processed	Total
5	0	5	5

Monthly Caseload	
Current	Previous Year
156	121

Total Number of Clinics For the Month:

Clinic Date	low Up/urgent c	New Patient	No Show	Reschedules/CXL	Intake	TOTAL
Tuesday, June 3, 2025	3/1	1	0	0	1	6
Thursday, June 12, 2025	6/0	1	0	2	1	8
Tuesday, June 17, 2025	8/2	0	1	2	0	10
Thursday, June 26, 2025	10/0	3	1	6	3	16
telemed visits						27
						40 number visits

Number of Patients	Specialist Type	Name of Specialist	Need
6	eye care	Effingham Eye Care	basic eye exam
1	medication assistance	Medbank Foundation	meds
2	womens health	ECHD	pap
5	Dental	Dr. Durham	Dental care
1	Breast surgery	St Joes breast surgery	nodules on breasts
1	Cardiology	Dr. Botner	recent heart attack
1	Ortho	Chatham Ortho	back problems
1	behavioral health	RH behavioral	Assessment for autism
1	telehealth	Giving Health	cold/sinus symptoms

Clinic Date	Dr.	NP/PA	RN	Receptionist	Dietician	Intake	Total Hrs	Value
6/3/2025		0	4	3	0	1	13.5	\$ 696.29
6/12/2025		3	0	9	6	1	19	\$ 1,057.63
6/17/2025		2	3.5	2.75	2	0	13.75	\$ 883.40
6/26/2025		3	6.5	7	0	3	26.5	\$ 1,509.81

Monthly Summary

July 2025

Intake			
New	Waiting	Processed	Total
7	0	7	7

Monthly Caseload

Current	Previous Year
163	121

Total Number of Clinics For the Month:

Clinic Date	Low Up/urgent c	New Patient	No Show	Reschedules/CXL	Intake	TOTAL
Tuesday, July 1, 2025	0/0	3	0	2	3	6
Thursday, July 10, 2025	8/1	1	3	0	1	10
Tuesday, July 15, 2025	8/0	1	0	2	1	9
Thursday, July 17, 2025	0	2	0	0	2	4
Thursday, July 24, 2025	5/1	0	2	1	0	6
telemed visits						25
60 number visits						

*patient are currently waiting for 6-8 weeks for a new pt appt

Number of Patients	Specialist Type	Name of Specialist	Need
5	eye care	Effingham Eye Care	basic eye exam
4	medication assistance	Medbank Foundation	meds
1	womens health	ECHD	pap
1	Ortho	Chatham Ortho	shoulder

Clinic Date	Dr.	NP/PA	RN	Receptionist	Dietician	Intake	Total Hrs	Value
7/1/2025		4	3.5	4	0	3	14.5	\$ 673.97
7/10/2025		3.5	6.5	4.25	0	1	19.75	\$ 1,270.52
7/15/2025		0	4	3.5	1	1	13.5	\$ 669.07
7/17/2025		0	2.5	3	0	2	7.5	\$ 404.40
07/24/2025		3.25	2.25	3.25	0	0	12	\$ 842.79
		419.25	164.25	175.5	97.3375		175	\$ 5,241.25
Intern							7.5	\$ 224.63
telemedicine								

1 Neurology Savannah Neurology history multiple injuries from MVA with pain

Volunteer Hours						TOTAL	\$ 9,326.62
	Month		Total Hrs				
	July						
Total patient encounters (visits, calls, emails, texts, refills, etc)							
	Month		Total Contacts				
	July		60				
Intake Statistics							
	Month	pts contacting TR	intakes done	scheduled for app	pts lost to follow	Did not qualify	
	July	11	7	7	1	3	

2025 TRHC Operating Budget
 Board Approved Oct 2024, Amended to include events through July 2025

Income			Received/ spent	
Individuals	8,000	Unrestricted	2077.94	
GCCN Grant	15,800	Restricted	9102.54	
UWCE Grant	14,698	Restricted	7992.07	
Businesses, Clubs, Churches	14,000	Unrestricted	16830.5	
Foundations	29,000	Restricted	21150	
Other Misc/Grants	27,000	restricted/unrestricted	25864.5	includes partial use (\$20,000) of bequest by Dr. Decker, \$ given in 2024
In Kind donations (equipment, etc)	2,000	Unrestricted	605.54	Chamber supplies
In kind clinic volunteer hours value	57,003	N/A	47389.36	
SUB TOTAL minus VOL HRS	110,498		83623.09	
GRAND TOTAL	167,501			
Expenses				
Administrative				
Dues (State, National, GCCN Mgt, Affiliations)	1,500		1233.38	
Insurance (Brd & Office Liability)	1,500		1839.34	
Adm Office Rent	6,600		3850	
Non-Medical Off. Supplies	500		708.08	
Postage	300		73	
Payroll, Prog Accounting, CPA	730		799	
Meetings, Conferences, Trainings	1,500		1797.13	
Advertising	2,000		1996.61	
Miscellaneous business	1,000		1146.93	includes 10 year anniv. Swag
Events	2,000		80.77	\$781.99 for paper charts and tabs -this is the FIRST time we have had to reorder since c
SUB TOTAL	17,630		13524.24	
Payroll				
Nurse Practitioner	21,840	PFL/UW/Grants		12hr/wk at \$35/hr
Employer SS/Med Tax NP	2,184			
Employer SS/Med Tax NP	29,640	PFL/UW/Grants		30hr/wk at \$19/hr
Ex Director	2,964			
Employer SS/Med Tax Ex Dir	23,400	PFL/UW/GCCN		30hr/wk at \$15/hr
P & V Coord	2,340			
Employer SS/Med Tax P & V	74,880		29960.37	
SUB TOTAL SALARY	7,488		7207.13	
SUB TOTAL TAXES	82,368		37167.5	

Clinic/Patient Expenses			
Referrals to Specialists/XRAYS/Labs	8,000		6249.23
Medications	500		92.08
Clinic Supplies	2,000		1269.72
Volunteer hours expended	57,003		47389.36
SUB TOTAL	67,503		7611.03
*SUBTOTAL minus Vol hours	10,500		
GRAND TOTAL	167,501		

Banking Summary June 2025 - Jun 2025

6/1/2025 through 6/30/2025

8/20/2025

Page 1

Category	6/1/2025- 6/30/2025
INCOME	
Church Donation	760.00
Individual Donation	597.52
intern stipend	2,000.00
UW Designated Funds	1,000.00
Walmart Community Grant	1,500.00
TOTAL INCOME	5,857.52
EXPENSES	
Clinic Supplies	165.04
Lab Fees	312.80
Net Salary	
Payroll Fee Gusto	67.00
TOTAL Net Salary	67.00
Professional Fees	105.00
Rent	550.00
Salary	4,126.27
Specialty Fees	606.00
Tax Payroll	908.90
TOTAL EXPENSES	6,841.01
OVERALL TOTAL	-983.49

Beginning Balance \$105,455.82

Ending Balance \$104,472.33

Banking Summary July 2025 - Last month

7/1/2025 through 7/31/2025

8/20/2025

Page 1

Category	7/1/2025- 7/31/2025
INCOME	
Church Donation	2,830.00
Individual Donation	106.83
UW Designated Funds	1,827.81
Walmart Community Grant	3,250.00
TOTAL INCOME	8,014.64
EXPENSES	
Advertising (Business)	280.00
Clinic Supplies	237.28
GCCN Fee	459.00
Lab Fees	1,171.18
Misc. Expense (Business)	152.26
Net Salary	
Payroll Fee Gusto	67.00
TOTAL Net Salary	67.00
Rent	550.00
Salary	4,615.31
Tax	
State	16.94
TOTAL Tax	16.94
Tax Payroll	980.43
TOTAL EXPENSES	8,529.40
OVERALL TOTAL	-514.76

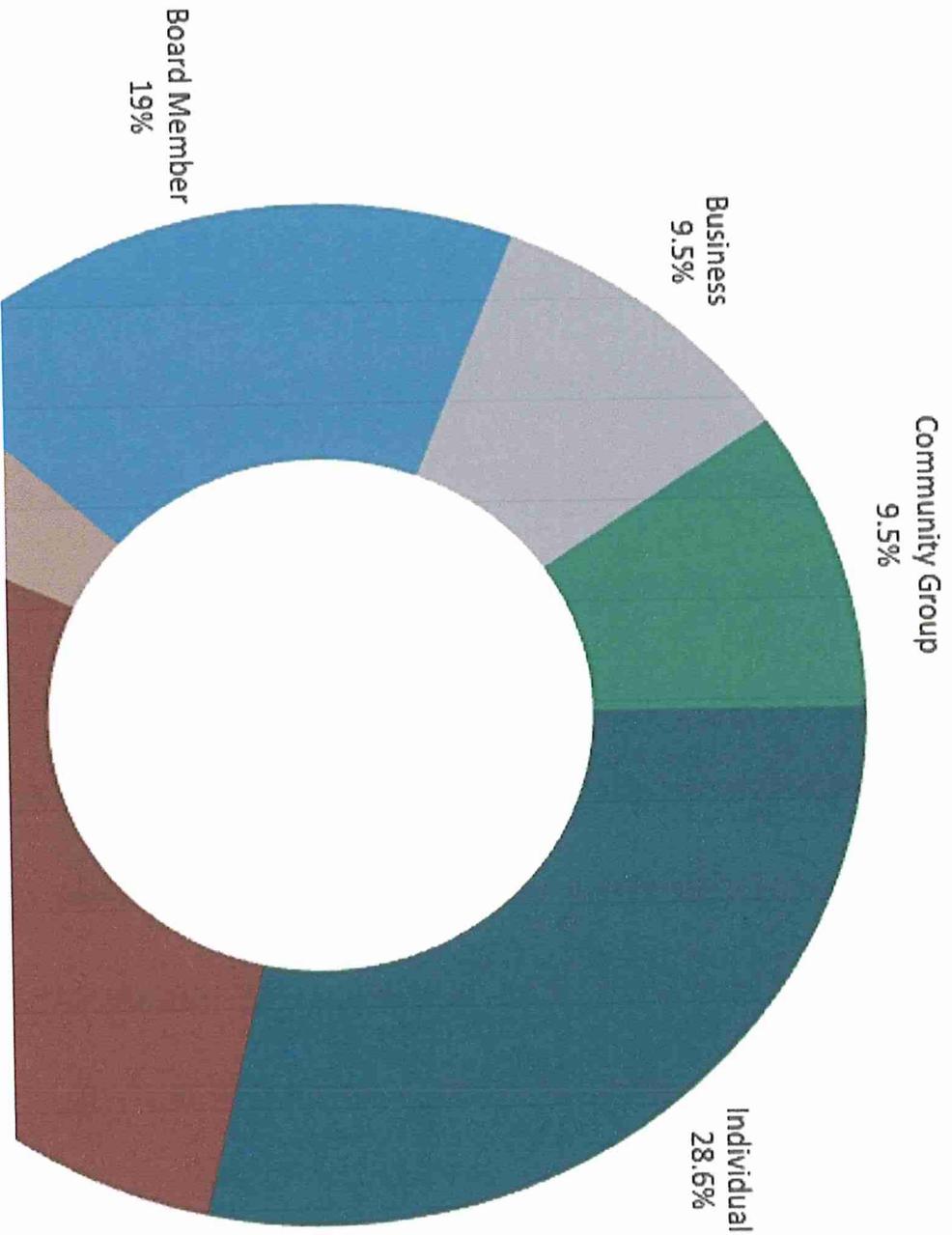
Beginning Balance \$104,472.33

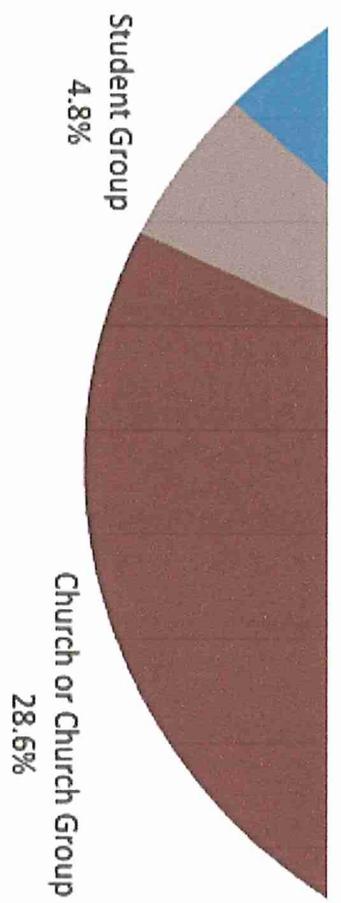
Ending Balance \$103,957.57

CY2024 Donations

Name	City	State	Donor Type	Donation Type
Chris Love	Rincon	GA	Board Member	Regular
Guyton Christian Church	Guyton	GA	Church Group	Regular
Preston and Lynn Weitman	Springfield	GA	Individual	One-time
J.A. Donny Burns and Leette Burns	Springfield	GA	Individual	One-time
Jean Rahn	Springfield	GA	Individual	One-time
Tara and Tim Aiken	Bluffton	SC	Individual	One-time
Lori Correll	Springfield	GA	Community Group	One-time
Top Ladies of Distinction, Effingham Chapter	Springfield/Clyo	GA	Church	One-time
Laurel Hill Lutheran Church WOW	Clyo	GA	Individual	One-time
Serena Harden	Springfield	GA	Business	Regular
Dasher Insurance	Springfield	GA	Board Member	One-time
Frances Decker	Clyo	GA	Individual	One-time
Thomas G and Kathy F Allen	Clyo	GA	Church	One-time
Mizpah Church Inc	Springfield	GA	Church	Reoccurring
Bethel Lutheran Church	Springfield	GA	Church	Reoccurring
St. Boniface Catholic Church	Springfield	GA	Church	Reoccurring
Holly Lang	Springfield	GA	Board Member	One-time
Virginia and Ronald Clary	Springfield	GA	Board Member	Regular
Springfield Oaks Church Meds Groups	Springfield	GA	Church Group	One-time
South Effingham High School Student Group	Guyton	GA	Student Group	One-time
John and Angela McKay	Guyton	GA	Individual	One-time
Pati Rud	Guyton	GA	Individual	One-time
Norma and Ashley Morgan	Clyo	GA	Individual	One-time
Friends of Jon Burns c/o RTA Strategy	Roswell	GA	Individual	One-time
Edwards Interiors	Rincon	GA	Business	One-time

Guyton Womens Club	Guyton	GA	Community Group	One-time
Claudette and Jennifer Reiser	Guyton	GA	Individual	One-time





Previous Donor?	Amount Change	Notes
Yes	N/A	
Yes		

The church was giving but stopped when there were issues with the check being delivered to us.

Passed away.

Yes	Same
Yes	Decrease

Shaping Effingham's Future: State of the County Luncheon

1 message

Thu, Aug 14, 2025 at 11:23 AM

Effingham County Chamber of Commerce <info-effinghamcountychamber.org@shared1.ccsend.com>
Reply-To: skraut@effinghamcounty.com
To: trhc.amber@gmail.com

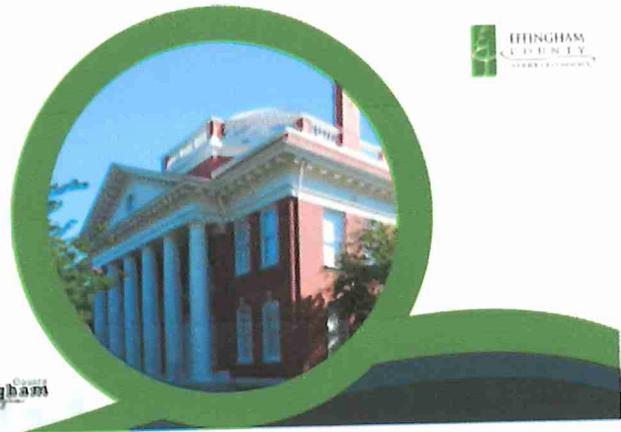
STATE OF THE COUNTY

Gather. Engage. Create Opportunity.

Presented by



Community Partners



Join us for the Effingham County Chamber's annual **State of the County Luncheon**—a signature gathering where members, business leaders, and community stakeholders come together to hear directly from the people guiding our county's future. Presented by Effingham Magazine - a division of J. DeSUR Marketing Group - this 90-minute program is designed to provide meaningful updates, spark dialogue, and highlight the progress, challenges, and opportunities shaping Effingham today and in the years ahead.

You'll hear brief presentations from:

- **Effingham County Government**
- **Effingham County School District**
- **Effingham County Industrial Development Authority (ECIDA)**

The program also features a moderated panel discussion with municipal leaders from Rincon, Springfield, and Guyton—offering a unique look at how our communities are working together to address shared challenges and leverage new opportunities.

From infrastructure and education to workforce development and long-term planning, you'll leave with valuable insights into the progress and vision driving Effingham forward. Registration is \$35 for Chamber members and \$50 for Prospective members; lunch is included.

Wednesday, September 24 | 11:30AM-1:00PM | New Ebenezer Retreat Center

SEATING IS LIMITED - REGISTER, NOW!

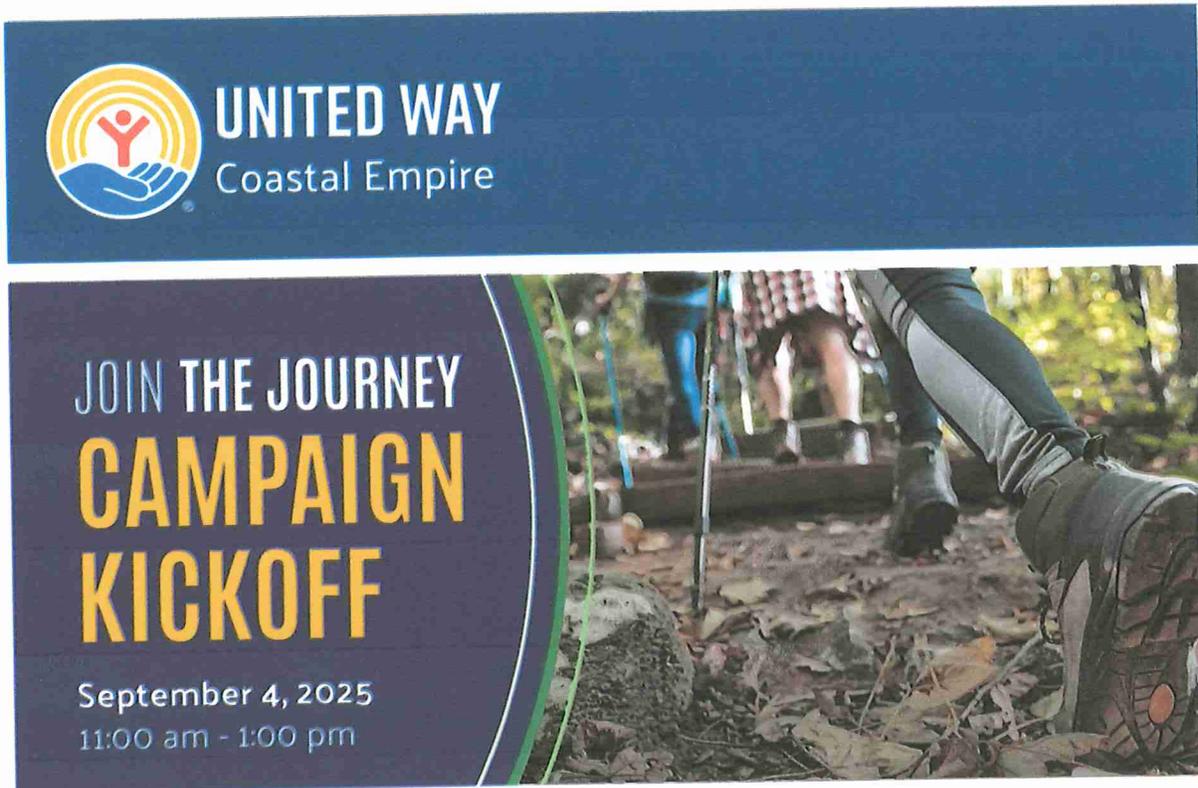
Thank you to our generous sponsors!

Campaign Kickoff: You're Invited!

1 message

United Way of the Coastal Empire <uwce@uwce.org>
Reply-To: tbraford@uwce.org
To: trhc.amber@gmail.com

Tue, Jul 15, 2025 at 10:39 AM



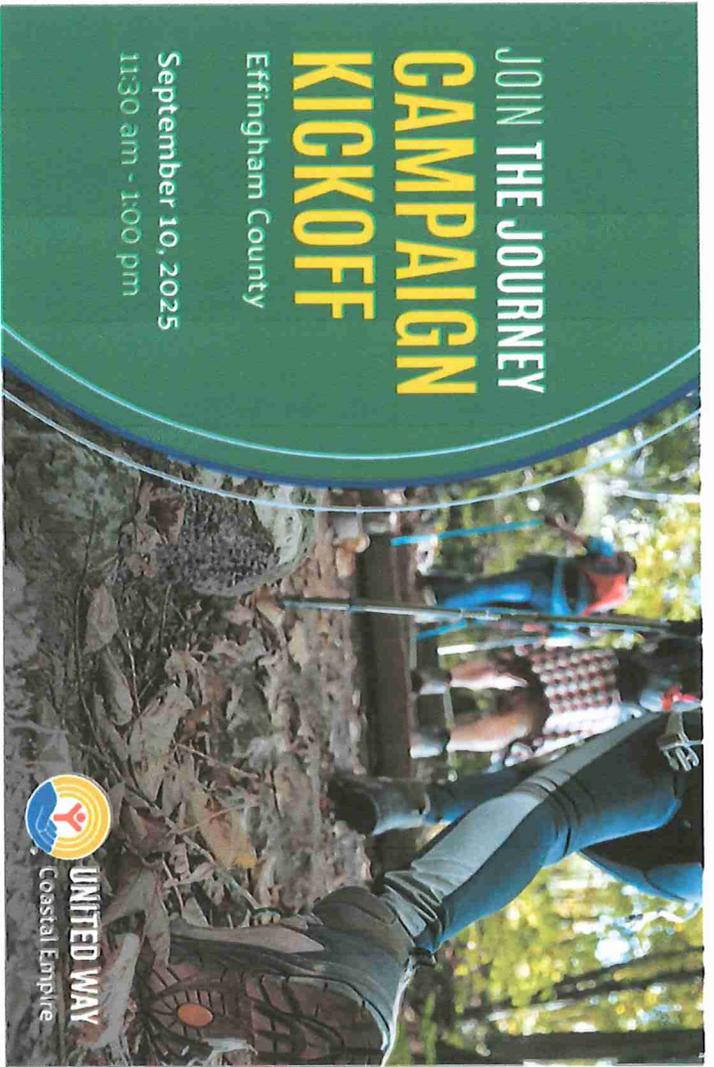
Celebrate the caring power of our community at the 2026 Campaign Kickoff! Join hundreds of community members, including leaders representing the region's most generous companies, dedicated partners, impactful nonprofits, and supportive volunteers, as we come together to share in the excitement of this year's United Way of the Coastal Empire Community Fund Campaign!

Date: Thursday, September 4
Location: Savannah Convention Center (1 International Drive, Savannah)

Time: 11:00 A.M. – 1:00 P.M.
11:00 A.M. Networking & Check-in
11:30 A.M. Doors Open
12:00 P.M. Program Begins

\$75 Per Person | \$700 Per Table

Reserve your seats today



JOIN THE JOURNEY
CAMPAIGN
KICKOFF
Effingham County

September 10, 2025
11:30 am - 1:00 pm



SPONSORED BY:



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