

CONTINUUM OF CARE PROGRAM ACTIVITIES

During the term of the contract, the Case Management Agency will insure the delivery of the resources and services listed in the Case Management Plan. Alternate resources and services may be delivered when the specific items in the Case Management Plan are not available. The Continuum of Care Housing Program at FWHS has no liability to the family if the resources and services cannot be provided. The lead Case Manager for the participant will develop, oversee and monitor the Case Management Plan.

The case management agency is: MHMR, Clinic: _____ VA FWHS

Salvation Army Samaritan Housing PNS DRC

Contact person: _

Phone: _

During the term of the contract the Continuum of Care Housing Program at FWHS shall provide assistance with housing. Continuum of Care at FWHS will be responsible for the following:

1. Processing certification for housing assistance. Process annual and interim recertifications as necessary. Interim recertifications shall be processed if there is a change in income and/or household composition.
2. Provide housing information to assist with locating and negotiating appropriate housing for the Continuum of Care Housing Participant (and family).
3. Assuring that Supportive Services are provided by the Case Management Agency.
4. Ensure landlord compliance with Rental Agreement, Housing Quality Standards, and Lease Provisions.
5. Process closure of case and cessation of rental assistance should participant fail to comply with Case Management Plan or should the Participant violate the provisions of this contract.

PARTICIPANT RESPONSIBILITIES

The Continuum of Care Housing Program at FWHS is designed to provide housing assistance for participants in the program. As a participant, it is understood that one of the requirements is active participation in the supportive services identified in the case management plan. The case management process is designed to assist the participant in attaining the highest level of self-sufficiency possible to alleviate current homelessness and to prevent future homelessness. Participants will have the opportunity to explore options, learn money management skills, stabilize and improve personal and family matters, increase income and/or learn to live within available income. As a condition of continued participation in the program and continued housing assistance, the Participant shall have the following responsibilities during the term of this contract:

1. Participants must follow the Case Management Plan established between the Participant and the Case Management Agency.
 2. Participant must take all medications as prescribed by their doctor.
 3. Participants must attend all scheduled appointments with the Case Manager (including home visits). If the appointment cannot be kept, the participant is to contact the Case Manager before the appointment time so that the appointment can be rescheduled.
 4. The family will cooperate with the timely completion of all necessary annual and interim recertifications and provide required documentation.
 5. Any CHANGES in income, employment, child care expenses or medical expenses
 6. Substance Abuse (drug and alcohol) is strictly prohibited while in the Continuum of Care Housing Program at FWHS.
 6. Participant will enter into a lease agreement with the landlord. The participant must abide by both the terms of the lease and Continuum of Care at FWHS
- I. Approval
- II. Letter.
7. Participants must maintain their unit in a safe and sanitary manner and in
 8. Compliance with HUD Housing Quality Standards.

5.

RIGHT TO ENTER

The Participant hereby grants to the Continuum of Care Housing Program at FWHS the right to enter the premises at any reasonable time of day during the term of this contract for the purpose of inspection. The Participant further understands that the Case Manager from the Case Management Agency will make regular home visits.

My signature below certifies that I have read, been explained, and understand the requirements listed above. I realize that failure to follow these guidelines could result in dismissal from the Continuum of Care Housing Program at FWHS.

Participant: Continuum of Care Housing Program:

Signature of Head of Family

Signature of Housing Counselor

Signature of Spouse or Co-Tenant

Date Signed

Date Signed (above)

Agency:

Case Management Agency Representative

Date Signed

Official Title

