**Eviction Prevention Intervention Coalition (EPIC) Program Agreement**

As a participant in the Your Way Home EPIC Program, I/We,

Agree (please initial all that you agree with):

\_\_\_\_\_ To be an active participant in the development of my service plan.

\_\_\_\_\_ To work collaboratively with my EPIC Specialist and landlord to maintain my housing.

\_\_\_\_\_ To meet with my EPIC Specialist at a minimum of once per month.

\_\_\_\_\_ To allow my EPIC Specialist to meet me in my home.

I further understand that failure to comply with the above mentioned statements could result in the following:

* A meeting with the members of the EPIC team in regards to whether or not I will continue to receive services.
* A halt in the EPIC team providing financial resources and services to maintain housing or placement into housing.
* Termination of EPIC funding and services.

I agree with the terms and requirements to receive EPIC services. I also understand that providing false information may result in disqualification or termination from the program.

I understand that this is not an entitlement program. Decisions on participation are based on a review of information about a household and whether that household meets the criteria that are outlined in the federal program regulations, the Your Way Home Operations Manual, and the availability of funds.

**I have received a copy of the “Participant Rights and Responsibilities” and “Grievance Procedure.”**

**I have received and reviewed a copy of “McKinney-Vento Information” and “Violence Against Women Act” handouts**.

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Client Signature Date

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Client Signature Date

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EPIC Specialist Signature Date