**Permanent Supportive Housing Program Agreement**

As a participant in the Your Way Home Permanent Supportive Housing Program, I/We,

Agree (please initial all that you agree with):

\_\_\_\_\_ To be an active participant.

\_\_\_\_\_ To work collaboratively with my case managers, permanent supportive housing provider, and landlord to maintain my housing.

\_\_\_\_\_ To meet with support providers or participate with monthly outreach contacts.

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

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

I agree with the terms and requirements to receive Permanent Supportive Housing 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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
Permanent Supportive Housing Provider Date

**Permanent Supportive Housing Rights and Responsibilities**

Participant’s Rights

* You have the right to be treated with respect and dignity at all times.
* You have the right to supportive services that are informed and directed by your own needs and goals.
* You have the right to receive services at times and locations that are convenient to you.
* You have the right to open communication with Your Way Home staff; our goal is to return your phone calls or emails within 5 business days.
* You have the right to review your program file or receive a summary of your program record with a written and signed request.
* You have the right to the safety, security, and confidentiality of all information obtained as a result of program enrollment and to ensure privacy at all times.
* You have the right to protection from any and all forms of abuse (physical, verbal, sexual, psychological), harassment, humiliation, threats, retaliation, neglect, exploitation (financial or other), and any other forms of mistreatment as a result of program participation.
* You have the right to make complaints regarding services received through Your Way Home by contacting immediate program supervisors, the Community Housing Coordinator at the Office of Mental Health, or the Your Way Home Program Manager.
* You have the right to be informed of Your Way Home’s eligibility and program criteria and any changes made to these criteria.
* You have the right to access and a referral to legal representation, self-help, and /or advocacy support services.
* You may have additional rights per the Violence Against Women Act. These rights are provided in a separate document.

Participant’s Responsibilities

* You have the responsibility to treat Your Way Home staff with respect and dignity.
* If you do not wish to receive supportive services, you have the responsibility to cooperate with monthly outreach contacts.
* You have the responsibility to participate with the annual recertification process. This includes providing documentations (such as income) and participating in a Service Prioritization Decision Assistance Tool assessment.
* You have the responsibility to update Your Way Home staff with current contact information.
* You have the responsibility to ask questions about your services so that you better understand them.
* You have the responsibility to make and keep appointments, to be on time, and to call more than 24 hours in advance if you must cancel an appointment.
* You have the responsibility to abide by all terms as stated on your lease.
* You have the responsibility to take advantage of all services or mainstream benefits that you are eligible for such as; UTAP, LIHEAP, CAP, SNAP benefits, Medical Assistance, etc.

You may be discharged from services under the following circumstances:

* You achieve housing stability and are no longer in need of Your Way Home services.
* You no longer meet eligibility criteria.
* You falsify documents or falsify information regarding housing status or household composition and/or income.
* You do not meet the responsibilities outlined in this document.
* You exhibit harassment or threats towards any Your Way Home staff member, volunteer, or community participant.
* You move to another county, state, or country or if your whereabouts are unknown.
* You do not abide by the terms stated on your lease.
* You have three or more lease violations in a six month period.
* You cause property damage.
* You do not stay current with your rent and utilities.
* You attempt to operate a business from the unit.
* You conduct in solicitation and/or harassment of your landlord or neighbors.
* A landlord refuses to renew a lease with you more than twice.
* You are evicted while on the program. (In Master Lease situations: The subsidy administrator is evicted by the unit owner.)
* You are absent from the unit for more than a week without informing the program.
* You are going to be absent from the unit for more than three months.

**Permanent Supportive Housing Grievance Procedure**

Your Way Home wants you to be satisfied with the services we provide and will make every effort to informally resolve any concerns you may have. Per your rights, you are free to contact your case manager’s direct supervisor at any time to discuss concerns you may have.

You may also pursue a formal grievance should you be exited from your program or if you are unable to have your concerns resolved by the PSH program supervisor. A staff member, family member, friend or advocate may represent you during your grievance process.

The first step in filing a formal grievance is to submit the grievance in writing within ten (10) days of your discharge to the Montgomery County Office of Housing and Community Development:

Your Way Home Program Manager

P.O. Box 311

Norristown, PA 19404

Your formal grievance or complaint must include specific reasons why the Housing Coordinator should reconsider your participation in the program and any supporting documentation.

You will be notified within one business day that your grievance has been received.

After reading and/or listening to your concerns, the Housing Coordinator will make a determination in writing within 5 business days. You will be provided a copy of the determination and the reasons leading up to the determination within 30 business days.

Your Way Home is prohibited from retaliating against you for filing a grievance or complaint. Throughout the grievance process, we will monitor for retaliation and protection of your rights.