**Rapid Re-Housing Program Agreement**

As a participant in the Your Way Home Rapid Re-Housing 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 Housing Stability Coach, Housing Locator, and landlord to maintain my housing.

\_\_\_\_\_ To meet with my Housing Stability Coach at a minimum of once per month.

\_\_\_\_\_ To allow my case manager 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 Rapid Re-Housing team in regards to whether or not I will continue to receive services.
* A halt in the Rapid Re-Housing team providing financial resources and services to maintain housing or placement into housing.
* Termination of Rapid Re-Housing funding and services.

I agree with the terms and requirements to receive Rapid Re-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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
Housing Stability Coach/Case Manager Signature Date

**Rapid Re-Housing Client Rights and Responsibilities**

Client’s Rights

* You have the right to be treated with respect and dignity at all times.
* You have the right to participate in the development and review of your Housing Stability Plan.
* You have the right to Your Way Home services that are informed and directed by your own needs and goals.
* You have the right to receive services free from pre-requisites, judgments, biases, prejudice, or any other conditions not based on basic program eligibility.
* 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 2 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 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 be referred to legal representation, self-help, and /or advocacy support services.

Client’s Responsibilities

* You have the responsibility to treat Your Way Home staff with respect and dignity.
* You have the responsibility to participate in the development of your Housing Stability Plan.
* You have the responsibility to ensure all requested documentation is received by your Housing Stability Coach, including rent receipts, utility payment receipts, paystubs, and other requested documentation.
* You have the responsibility to maintain contact with your Housing Stability Coach/Housing Locator through regular phone calls, messages, and face-to-face meetings.
* You have the responsibility to update Your Way Home staff with current contact information.
* You have the responsibility to actively work towards the goals outlined in your Housing Stability Plan.
* You have the responsibility to have at least one face to face visit with your housing stability coach on a monthly basis.
* 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, eligibility, 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 conduct in criminal activity directly related to domestic violence, dating violence, sexual assault, and/or stalking towards another household member.

**Rapid Re-Housing Client Exit/Termination 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 as outlined in Client Rights & Responsibilities, 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. 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 to the Program Manager within 10 business days of your termination letter:

Program Manager, Your Way Home  
P.O. Box 311  
Norristown, PA 19404  
Fax: 610-278-3636

Your formal grievance must include specific reasons why the Program Manager 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 Program Manager 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 10 business days.

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

A denial of your appeal does not affect eligibility for other Your Way Home programs.