**Eviction Prevention Program 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 Eviction Prevention/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 the EPIC Program Supervisor or the Homeless Prevention Program Manager through the Montgomery County Office of Housing and Community Development.
* 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/Eviction Prevention staff with respect and dignity.
* You have the responsibility to participate in the development of your Eviction Prevention/Housing Stability Plan.
* You have the responsibility to ensure all requested documentation is received by your Eviction Prevention Specialist , including rent receipts, utility payment receipts, paystubs, and other requested documentation.
* You have the responsibility to maintain contact with your Eviction Prevention Specialist through regular phone calls, messages, and face-to-face meetings.
* You have the responsibility to update your Eviction Prevention Specialist with current contact information.
* You have the responsibility to actively work towards the goals outlined in your Eviction Prevention Plan.
* You have the responsibility to meet with your Eviction Prevention Specialist within 30 days after the hearing, and every 30 days after, for a minimum of one year.
* 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.

By my signature, I acknowledge that I have read, understand, and agree to the rights and responsibilities as outlined above.

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| Client Signature: |  | Date: |  |
| EPIC Specialist Signature: |  | Date: |  |