

Sample Participant Occupancy Agreement

As a participant in the _____ Shelter Plus Care program, I agree to comply with the following requirements: (Provider)

1. ___ I will not abuse alcohol or other substances and will only take prescribed drugs as recommended by my physician.
2. ___ I agree to work on achieving the goals that I have set and to participate in all supportive services indicated in my Supportive Services Plan.
3. ___ I agree to pay my portion of the rent in full and on time.
4. ___ I agree to report any changes in my or my family's income promptly to (provider) and agree to participate in an annual income review.
5. ___ I agree to abide by all terms of the lease for the apartment in which I reside.
6. ___ I agree not to engage in any illegal activities while participating in the Shelter Plus Care program.
7. ___ If my treatment provider recommends inpatient care, my apartment will be held for a maximum of 90 days, provided that my portion of the rent is paid and if circumstances permit.
8. ___ I agree to meet with my Case Manager/Counselor at least monthly at a mutually agreeable time.
9. ___ I agree that no long-term guests will be allowed to stay in my apartment without the prior written permission of (provider). [NOTE: Long-term guests are defined as anyone except a tenant staying overnight more than two nights.]
10. ___ I agree to sign all appropriate release forms.
11. ___ I agree that, before terminating my occupancy of the apartment, I will give (provider) 30 days written notice. I understand that (provider) will give me 30 days written notice -- containing a clear statement of reasons for termination -- before they terminate the agreement. (Provider's) decision to terminate this agreement can be appealed. During the review process, I will have an opportunity to present written or verbal objections before a person other than the person (or subordinate thereof) that made or approved the termination decision. Prompt written notice following the final decision will be provided to me.
12. ___ I have received a copy of this agreement and understand that failure to comply with any of its terms may result in my termination from the Shelter Plus Care program. I have initialed each item to signify my understanding of and consent to each condition.

This agreement will take effect on the date of the signatures indicated below and expires after one month, although it is automatically renewable on a month-by-month basis, unless prior written notice is provided by either participant or (provider).

Agency Staff: _____

Date: _____

Resident: _____

Date: _____

Witness: _____

Date: _____