*CT BOS YHDP Crisis Housing Participant Occupancy Agreement*

**Instructions for utilizing the YHDP Crisis Housing Participant Occupancy Agreement**

***Completing the Occupancy Agreement***

HUD requires all Continuum of Care (CoC) Transitional Housing Projects to execute Occupancy Agreements with participants. Connecticut Balance of State (CT BOS) Youth Homelessness Demonstration Project (YHDP) Crisis Housing is considered Transitional Housing by HUD, and, as such, must execute Participant Occupancy Agreements with all youth upon their entry into a YHDP Crisis Housing Project.

The Agreement must be completed by the youth and an authorized representative of the Crisis Housing Provider Agency at the following times: upon entry into a YHDP Crisis Housing Project and monthly following the expiration of the initial 60-day term.

Each signed agreement must be maintained in the participant’s record. A copy of the Participant Occupancy Agreement and the documents listed in the agreement shall be provided to the participant. To ensure youth engagement and understanding of the terms of the Participant Occupancy Agreement, please be sure that staff review the agreement with youth prior to signing. Please be sure that staff also review with youth all of the documents listed on page three that are provided when a young person enters the program.

***Modifying the Participant Occupancy Agreement***

The Participant Occupancy Agreement contains sections that need to be modified for program use. These sections appear in **red** text, and the applicable information should be entered in the designated space. Additional modifications should be minimized. All additional modifications must conform with HUD, DOH and CT BOS requirements. For questions, please contact the CT BOS Team at ctboscoc@gmail.com.

[**Name of Crisis Housing Provider Agency**]

[**Name of YHDP Crisis Housing Program**]

Participant Occupancy Agreement

This Participant Occupancy Agreement describes the terms of your stay, **Participant’s Name**, while living at **Name of Program**. **Name of Program** is a Crisis Housing program which provides temporary housing assistance to youth (18-24 years old) who meet the Continuum of Care’s definition of homelessness. Temporary housing assistance will, generally, be provided for a maximum time of 60 days. That 60-day period ends on (INSERT DATE). Assistance beyond that date may only be provided on a month-to-month basis and requires renewal of this agreement. During your stay, staff will help you to find permanent housing and/or services of your choice.

**As a participant you understand the following:**

* Your case manager will meet with you regularly -typically, at least weekly. Though your participation in services is voluntary and not a requirement for receiving crisis housing assistance, your active participation is strongly recommended to help you find permanent housing and/or connect you with other assistance.
* Crisis Housing is temporary. Your case manager will work with you to create a housing stability plan focused on helping you to quickly get another safe place to live. Your case manager will help you to develop this plan and update it regularly. Your case manager will review your plan and all updates with you before you sign it. You may choose to make changes to your plan at any time for any reason. The plan is intended to help you get housing, get more money, and achieve your own goals.
* You may move out of the program at any time for any reason. Please let program staff know immediately if you decide to move out. If you decide to move out, your room/bed may be occupied by another person, and you may not be able to return.
* Unless another person is also named in this agreement, only you may stay in the room or bed assigned to you. You cannot invite anyone else to stay with you. You may not take money from anyone to use your room/bed. You may be assigned by the program to share a room with another person.
* You can decide for yourself who you consider to be a member of your family. If you decide to live with another person or people who you consider family and the program cannot accommodate those people, program staff will help you by working with the local Coordinated Access Network to find temporary or permanent housing for your family.
* The program is required to collect certain information and/or paperwork in order to provide you with crisis housing assistance. You must provide any paperwork and/or information that is required by the program’s funders.
* The program is required to help school age children and young adults to receive educational services. It’s up to you to decide if you want to go to school. If you are interested, a program staff person will work with you and/or other members of your family to quickly enroll in school and get services to help you succeed in school.
* If you have a disability and, because of that, you need changes to the Crisis Housing facility or in how this program helps you, please let us know. This is called a “reasonable accommodation.”

**As a crisis housing provider, we may not:**

* Discriminate against you based on race, color, national origin, religion, sex, familial status, disability, age (except minors), veteran status, legal source of income, sexual orientation or gender identity/expression. This includes:
	+ Not denying you equal access to housing assistance based on your actual or perceived sexual orientation, gender identity, or marital status.
	+ Ensuring that you are served in a manner and have access to facilities as consistent with your gender identity.
	+ Not discriminating against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.
	+ Not refusing occupancy and/or services if you have a disability or placing conditions on your occupancy or services because you may require a reasonable accommodation.

**Below are reasons for which you may be required to leave the program:**

* If you decide to live someplace else – the program must be your only residence.
* If you lied or provided any false information and that information impacts whether you are eligible for the program, for example if you lie about your age.
* Absence from the crisis housing project for more than 24 hours without approval from program staff.
* If you engage in a pattern of behavior that threatens the health, safety, or disrupts the lives of other residents.
* If you engage in and/or threaten abusive or violent behavior toward Crisis Housing Provider Agency staff.
* If you possess and/or use a weapon on the premises.
* If you sell, distribute, or manufacture drugs and/or engage in other criminal activity on the premises.
* If you do not provide requested paperwork that is required by funders – staff will make multiple attempts to explain the requirements and will offer you assistance to gather the required items.

If we decide to ask you to leave this program, we will give you a written list of the reasons why. You have the right to appeal this decision. If we ask you to leave, we will also tell you how you can appeal that decision. If you ever feel that you have been unfairly treated by this program, you can file a grievance. If you need assistance determining where or how to file a grievance, you may contact the CT BOS team by email (ctboscoc@gmail.com) or by phone at (917)449-3918.

**You are entitled to certain protections under the Violence Against Women Act (VAWA):**

* We will not ask you to leave because of someone else’s violent or threatening behavior towards you or a member of your family, even if that other person’s behavior disrupts other residents or staff, causes unsafe conditions at the program or results in police involvement.
* We will not ask you to leave if someone who is abusing you or threatening you or a member of your family engages in criminal activity.

If you have been threatened or experienced violence or abuse by another person, the Crisis Housing Provider Agency may ask you to complete a form saying that this has happened. Completing this form will help protect you. You will have at least 14 days to complete this form. If you do not provide the form or other supporting paperwork you may not get the protections that are described above. The information that you provide on this form will be kept strictly confidential unless you give your permission or the law requires that we give the information to someone else.

If you have been threatened or experienced violence or abuse by another person, program staff can connect you to services to help you stay safe.

**The Crisis Housing Provider Agency will provide you with the following documents when you enter the program:**

* YHDP Participant Occupancy Agreement
* CT BOS Participant Bill of Rights
* Lead Hazard Information Pamphlet
* VAWA Notice of Occupancy Rights
* Domestic Violence Incident Certification Form
* Crisis Housing Provider Agency Grievance Procedure
* Program rules

By signing this Participant Occupancy Agreement, you acknowledge that:

* you have received the documents listed above;
* you have read and agree to the terms listed;
* a staff person reviewed all of the materials with you and gave you a chance to ask questions.

A signed copy of this Participant Occupancy Agreement will be provided to you.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Participant Name |  | Participant Signature |
|  |  |  |
|  |  | Date |
|  |  |  |
| Authorized Staff Name |  | Authorized staff Signature |
|  |  |  |
|  |  | Date |