**Reminder of Participant Responsibilities**

**Permanent Supportive Housing**

**Enter Program Name.**

Date: Click here to enter a date.

Participant’s Name

Participant’s Address

City, St, Zip

This notice is a reminder of your participant responsibilities that ensure safety or continued eligibility in the program. Continuing with the behavior(s) listed below can result in being exited from the program.

**Things that can lead to a program exit that we are addressing with you:**

[ ]  Relocation outside of the tri-county region (Orange, Seminole, Osceola)

[ ]  Not notifying the program of changes in income or household composition within 15 days of change

[ ]  Not providing accurate documentation needed to verify program eligibility within 15 days of request

[ ]  No contact with your Case Manager for over 30 days after attempts to make contact

[ ]  Not allowing Case Management into home for monthly home visits

[ ]  Failure to make timely rent payments

[ ]  Not allowing workers into your unit for scheduled inspections or maintenance repairs

[ ]  Verbal abuse towards program staff, property staff, or neighbors

[ ]  Committing fraud or bribery, including failure to report on all household income or household composition or provide other documentation needed to determination program eligibility

[ ]  Abandonment of housing unit for over 30 days and whereabouts are unknown

[ ]  Permitting a person to reside in your unit who is not approved by the program

[ ]  Harassment consisting of unwarranted or unwelcome contact towards program staff, property staff, or neighbors

[ ]  Threatening or abusive behavior by you, a guest, or someone staying with you; Threatening or abusive behaviors may be verbal or non-verbal and can occur explicitly or implicitly towards program staff, property staff, or neighbors

[ ]  Drug related or violent criminal activity taking place in or around your unit, by you or your guests

We will always try working with you on a solution. However depending on the severity of the situation, we may have to exit you from the program sooner than later.

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Program Staff Printed Name Date

The program staff above has discussed and reviewed my participant responsibilities with me. I have been able to ask questions and discuss my case. I understand that if I continue with any of the above items, that I may be exited from the program.

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Participant Signature Date

*CC: upload in HMIS*