**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*