

GENERAL RELIEF HOUSING SUBSIDY AND CASE MANAGEMENT PROGRAM AGREEMENT

GRHCM Instructions: Review and complete each statement below with the participant and initial each statement with the participant as indicated. Provide the original copy to the participant and maintain a signed copy in the case folder. For any statement, not applicable to the participant, please indicate "N/A."

Case Name: _____ **Case Number:** _____

GR Homeless Case Manager Name: _____

GR Homeless Case Manager's Telephone Number(s): _____

Participant Instructions: Please read each statement below and initial, indicating you agree. You will be given a copy of this form. Please retain all GR Housing Subsidy and Case Management paperwork for your records.

PARTICIPANT AGREEMENT	PARTICIPANT Initials	GRHCM Initials
1. I understand the GRHSCMP allows a total of 90 days , beginning from the date I sign this agreement, to locate and accept housing.		
2. I understand my contribution of the rent \$_____ will be deducted from my GR cash grant and paid directly to my landlord. This is known as the <i>Direct Rent</i> process.		
3. I understand DPSS will pay a rent subsidy (up to \$475) <i>directly to my landlord</i> .		
4. I understand that I will be ineligible to participate in the GRHSCMP after three disengagements. Disengagement means I voluntarily withdraw participation after being placed in housing through this program and/or my GR case was terminated and/or there was a break in aid.		
5. I understand if I move from my subsidized housing, I must contact my GR Eligibility Worker and/or my GR Homeless Case Manager within 24 hours . Failure to make this contact may delay me from receiving my full GR cash grant and my share of the rent (Direct Rent) will continue to be paid to the previous landlord.		
6. I understand and agree to maintain ongoing contact with my GR Homeless Case Manager, and if I lose contact with my GR Homeless Case Manager, I may lose my housing subsidy.		
7. I understand that I will only be allowed a maximum of three relocation requests in a lifetime in the GRHSCMP.		
8. I understand I have the right to stop participating in the GRHSCMP at any time and I will contact my GR Homeless Case Manager if I decide to withdrawal from the program.		
9. I understand that my GRHSCMP housing subsidy will terminate when I am no longer eligible to receive GR cash benefits or if I am unable to contribute \$100 from my GR grant.		

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Participant Instructions: Please select the option below that best applies to you and read each statement. If you agree, please initial after each statement. If you don't understand the agreement, please ask for an explanation.

POTENTIAL SUPPLEMENTAL SECURITY INCOME (SSI) AGREEMENT	PARTICIPANT Initials	GRHCM Initials
I understand if I am approved for Supplemental Security Income (SSI) benefits; DPSS will deduct all GR Housing Subsidies paid by DPSS on my behalf from my initial SSI check.		
I understand and agree to participate in all activities/requirements necessary to obtain SSI.		
I understand that my rent subsidy may be terminated if my SSI Application is denied at the SSI Appeals Hearing level.		

VETERAN AGREEMENT	PARTICIPANT Initials	GRHCM Initials
I understand and agree to continue any activities or requirements in pursuing my Veterans Benefits (VB).		
I understand when I receive my VB, I must contact/notify my GR Eligibility Worker and/or GR Homeless Case Manager within five calendar days from the date of receipt.		
I understand the housing subsidy will stop if my application for VB is denied at the VB Appeals Hearing Level.		

EMPLOYABLE AGREEMENT	PARTICIPANT Initials	GRHCM Initials
I understand and agree to continue participating with the GROW activities or requirements to receive a housing subsidy.		

My signature below indicates I have read and understood all the statements I initialed above, and I have received a copy of the form for my records.

Participant's Signature: _____ **Date:** _____

(COUNTY USE ONLY)

GR Homeless Case Manager's Signature: _____ **Date:** _____