**Continuum of Care Housing Program**

P.O. Box 430 \* Fort Worth, TX 76101 \* (817)333-3400

**Contract of Participation**

The Contract of Participation for the Continuum of Care Housing Program is between: Fort Worth Housing Solutions-Continuum of Care Housing Program, the Case Management Agency, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Head of Household.

**PURPOSE OF CONTRACT**

The purpose of this contract is to state the rights and responsibilities of the Participant, Case Management Agency and the Continuum of Care Housing program at FWHS. The Case Management Plan, completed by the Case Management Agency with the Participant, adds particular supportive service requirements in addition to those stated in this Contract. Failure to comply with the Case Management Plan will be considered a breach of this contract and termination of rental assistance will be initiated. All parties in writing must approve any changes or additions to any portion of this Contract.

**TERM OF CONTRACT**

This contract will be effective on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date Approval Letter issued). The term of this contract is until:

I. The Participant and the Continuum of Care Housing program at FWHS agree to terminate the contract;

* 1. The Continuum of Care Housing Program at FWHS or Case Management Agency determines

that the Participant has not fulfilled his/her responsibilities under this contract and/or the case management plan.

* 1. The Participant withdraws from the Continuum of Care Housing Program at FWHS.
	2. Expiration of the Continuum of Care Housing Program at FWHS or lack of funding.

**PARTICIPANT AND CONTINUUM OF CARE PROGRAM ACTIVITIES**

1. The Participant and the initially assigned Case Manager will develop a case management plan designed to help the family reach its goals. The Case Manager will assist directly or refer to other resources for services such as goal setting, career counseling, personal/family counseling, parenting skills, medical assistance, financial management, educational/training resources, life skills training, housekeeping or any other area identified as a need. When the Participant has no income, the Case Management plan should include a method for establishing income within nine months.
2. Together the Participant and the Case Manager will develop a budget that is suited to the participant's needs. The participant is expected to use this budget as a guide and consult with the Case Manager before making any changes. With the guidance of the Case Manager the participant will prioritize their household spending and learn to maintain accurate records. If additional financial assistance is needed, the participant MUST contact the Case Manager prior to applying for assistance through any outside agency. The Case Manager will verify the crisis situation and direct the participant to appropriate resources such as churches or other social service agencies when appropriate.
3. The participant is encouraged to become or remain employed. If problems arise on the job, the Case Manager is to be contacted for direction, referral and/or intervention.