

# HUD Rapid Rehousing Program

## Program Participation Agreement and Requirements

I, \_\_\_\_\_, understand that my household has been accepted into the Rapid Rehousing Program. While on the program, I agree that my household will follow the program participant requirements. I understand that if my household violates and of the program participant requirements, this will be grounds for termination of assistance.

While receiving leasing assistance:

1. The participant will give correct information and report any changes to their case manager.
2. The participant will develop an individualized housing and service plan with their case manager. Case management services can be provided for up to 24 months.
3. The participant will actively work on their individualized housing and service plan with support from their case manager, including meeting with their case manager in their home at least once per month.
4. The participant will participate in completing a Full SPDAT with the case manager as needed throughout the active participation of the program.
5. The participant's household size and composition will determine the housing unit size.
6. Financial assistance will not exceed 24 months. If maximum of financial assistance is utilized all rental and expenses will be the responsibility of the participant.
7. The participant will be responsible for any housing expenses outside those covered in the monthly rent payment by the program Fair Market Value.

\_\_\_\_\_  
Participant (Signature)                      Date

\_\_\_\_\_  
Case Manager (Signature)                      Date

\_\_\_\_\_  
Participant (Print)

\_\_\_\_\_  
Case Manager (Print)

## Confidentiality

Although your confidentiality in this project is protected, information gathered in this program will not be shared with anyone else except in these instances below, which must, by law, be reported to the appropriate authority or significant person:

- You sign a release permitting disclosure of information.
- You are threatening to seriously harm yourself or another person
- I suspect that a child or vulnerable adult is being abused (or has been abused).
- You are unable to take care of your basic needs.
- Under some circumstances when I am ordered by the court to disclose information.
- You are threatening serious harm to yourself or another person, it may be necessary for the interviewer to warn an intended victim, notify the police or take the steps to seek hospital based treatment.

In addition, I understand I have the right to report any concerns regarding my participation in the HUD RRH program to the local service agency (Northwest Michigan Community Action Agency).

---

Participant (Signature)                      Date

---

Case Manager (Signature)                      Date

---

Participant (Print)

---

Case Manager (Print)