Section B

CITY OF PHILADELPHIA
OFFICE OF SUPPORTIVE HOUSING

Client Name: SS NO: XXX-XX-22

OSH Case #:

Intake Worker: SH/BH :
Service Agreement Date:

This is a service agreement between the above-named client and the Office of Supportive Housing.

A. The Office of Supportive Housing agrees to provide the following services and programs to help enable the client reach self-sufficiency and independence:

- Temporary shelter for a period ordinarily not to exceed six months.
- Information regarding Behavioral Health needs, Shelter Fee and Savings Plan, and other aspects of OSH rules and procedures.
- Ongoing case management services, including Behavioral Health Case Management Services.
- Rental assistance for relocation or eviction prevention for eligible clients.
- Housing assistance to obtain permanent and/or transitional housing.
- Referrals to and supportive services for special populations such as children, clients with handicaps, protective service needs, disabilities, veterans etc.
- A savings program to enable client to save a percentage of income toward housing.

B. The client agrees to fulfill the following contractual items as a condition of receiving service:

- To abide by all shelter facility rules, OSH protocols and rules, and to comply **with all aspects of the case management service plan**.
- To participate in the Behavioral Health Programs, if needed, such as Life Skills, and other similar supportive services programs.
- To fully participate in drug testing and referral process for treatment as needed or required by OSH or the shelter provider. I understand the results of the drug tests will be shared with shelter and Behavioral Health staff to insure the development of a comprehensive service plan.
- To apply for income and/or employment as appropriate.
- To fully participate in the OSH Shelter Fee & Savings Plan, this will be explained during the Intake process.
- To make and keep all required referrals, treatment, and clinic appointments.
- To cooperate with OSH and other housing services providers and to make a full-faith effort on own initiative to obtain suitable housing. (Sign and review the OSH Housing Placement Addendum to Service Agreement)
- If my children are with me in shelter, to provide adequate care and supervision as required by the shelter provider. (Review and Sign OSH Children's Service Agreement).
- To participate in the Division of Social Services "Cross Agency Response for Effective Services" (DSS CARES) by completing consent forms that will assist DSS departments in developing collaborative service plans and service delivery. The consent form allows the City Social Services agencies to share information when applicable, which will help all agencies provide you with comprehensive services.
- To abide by the Good Neighbor's Policy, respecting the individuals and property of the shelter and surrounding community.

To Client: Your signature means you understand and consent to this Service Agreement. Violation of the terms of this agreement can result in termination of services.

To Worker: Your signature means you have provided the required services and information during the intake process.

CLIENT'S SIGNATURE (FOR FAMILY/COUPLE, 2ND ADULT MAY SIGN BELOW OR DO SEPARATE SERVICE PLAN) DATE SIGNED :

2ND ADULT CLIENT'S SIGNATURE DATE SIGNED :

INTAKE WORKER'S SIGNATURE DATE SIGNED :