Section F

The City of Philadelphia
Office of Supportive Housing (OSH)

Children's Services Agreement

- HEALTHY MEAL PARTICIPATION: OSH provides healthy and nutritious meals to all family emergency housing programs in compliance with the State of Pennsylvania Child and Adult Food Program (CACFP). All **Children ages 3 months to 17 years are required to eat meals prepared by your emergency housing program.** If your child participates in breakfast or lunch programs in school, day care or head start programs, you must present written documentation from each program verifying your child's participation. _____

- SCHOOL ATTENDANCE: All children of school age are required to attend school unless a notice of sickness or emergency circumstance is presented to emergency housing staff. You are entitled to assistance with school enrollment, transportation and school uniforms. See your case manager or the emergency housing staff for assistance. _____

- MEDICAL AND DENTAL ASSESSMENTS: Children 3-8 years of age must have a medical and dental assessment within 60 days of emergency housing placement. You may receive a waiver from this requirement if your child has undergone these assessments within 6 months prior to emergency housing placement. However, you must present verifying documents to your case manage when requested. _____

- IMMUNIZATIONS: Children 0-6 years of age must be appropriately immunized before placement into emergency housing. After placement, child must receive follow up immunizations as required by the Philadelphia Department of Public Health. _____

- AGE APPROPRIATE DEVELOPMENT: Every Child 3 months to 3 years of age must have a completed an Ages and Stages Questionnaire (ASQ) to determine if child demonstrates age appropriate behaviors. The parent must complete this questionnaire before the end of the 3rd month of residency in emergency housing. Questionnaires will be reviewed by professional staff to determine if child requires assistance of any kind. If it is determined that your child requires assistance, you will be given specific instructions on how to connect with programs offering the type of help needed. _____

I understand that OSH reserves the right to terminate my emergency housing placement for non-compliance with this agreement. If discharge for non-compliance is recommended by my emergency housing provider, I understand I have a right to appeal the decision to OSH. I understand that OSH may reinstate placement based on my demonstrating a willingness to remain compliant with this agreement and that any further non-compliance will lead to the immediate discharge and termination of services. _____

_____
Parent/Guardian Signature Date

_____
OSH/Agency Staff Signature Date