

CONSUMERS NAME _____

**SMOKY MOUNTAIN CENTER
SHELTER PLUS CARE PROGRAM
SUPPORTIVE SERVICES AGREEMENT**

I agree to accept the following services from the agencies listed below at least as often and for as long as is stated:

1. _____
2. _____
3. _____
4. _____

I understand that the Smoky Mountain Center (SMC) Shelter Plus Care Program has agreed to provide me rental assistance and I agree to participate in supportive services as a condition of my receipt of rental assistance as outlined above. I further understand that the purpose of this shelter program is to link rental assistance to supportive services for homeless persons with disabilities and their families. In recognizing the importance of receiving supportive services for my serious and chronic impairment(s), I certify that the above services plan was developed in a coordinated effort between myself and my primary service provider. I understand that this agreement will be reviewed, and if necessary, revised no later than one year from the date it is signed, or sooner if there are substantial changes in my health or support services needs.

In consideration of the rental assistance and other services I will be receiving from the SMC Shelter Plus Care Program and service providers, I agree to cooperate with such services providers and follow their recommendations. I understand that in the event I do not cooperate with the SMC Shelter Plus Care program or services providers, or decide not to follow service recommendations, my participation in the SMC Shelter Plus Care Program and continued rental assistance may be terminated.

I further understand that the SMC Shelter Plus Care program has the right under Federal regulations to terminate my rental assistance in the event I seriously Violate the Rental Assistance Program requirements and procedures. The SMC Shelter Plus Care program must provide me with a process that recognizes my due process rights in the event that they intend to terminate my rental assistance, including (1) written notice to me of the reason (s) for termination of my rental assistance (2) an opportunity to appeal the intended termination, and (3) prompt written notice of the final decision. I shall have the right to a personal conference with a hearing officer appointed by the SMC Shelter Plus Care program.

Participant's

Signature: _____ **Date:** _____

Provider's

Signature: _____ **Date:** _____