

TARGETING PROGRAM

REFERRAL AGENCY AGREEMENT TO PARTICIPATE

This AGREEMENT TO PARTICIPATE is for Human Service Agencies, herein called the “Agency”, that meet eligibility criteria to serve as a Referral Agency for the Department of Health and Human Services (DHHS) Targeting Program, herein referred to as "The Program". The Program provides independent, affordable housing opportunities for persons with disabilities linked to services and supports persons may need to be successful in the community. The linkage to supportive services is critical to the success of The Program. The Program is dedicated to serve program participants, property owners and managers with every reasonable effort to ensure a successful and sustainable housing experience. In doing so, Referral Agencies are required to adhere to the following guidelines:

AGENCY ELIGIBILITY CRITERIA

The Agency has professional capacity to assist persons with disabilities by:

- A. Assessing potential for success in independent housing with access to supports and services determined necessary, appropriate and available at time of referral.
- B. Providing referred individuals access to supports and services on an ongoing basis, through the term of the tenancy in the Targeting Program.
- C. Coordinating appropriate supports and services through community providers should Targeting Program participant needs exceed the Agency’s service capacity or array.

THE AGENCY AGREES TO:

1. Identify a **Point Person** and **Back-up Person** to be the communication link between the Agency and The Program. Notify The Program of changes in assigned supportive service coordinator and contact information. (Referrals from the Agency to the Targeting Program can only come through these two individuals.)
2. Ensure that the Point and Back-up Persons receive training from DHHS on the Targeting Program and the referral process prior to submitting Targeting Program referral packet.
3. Ensure that the **Point Person and Back-up Person**:
 - Trains Agency staff (who may identify persons for Targeted Units) on the Targeting Program and the expectations of making referrals including verification of eligibility.
 - Tracks and reviews all referrals before submitting the referral packet to The Program.
 - Communicates with The Program about any issues with Targeted Unit tenants when needed.
 - Notifies The Program immediately when and if persons should be removed from wait lists because of a change in circumstances i.e. persons find other housing, leave the area, are no longer deemed appropriate for referral.
4. Assist individuals in the application process, including requesting and negotiating Reasonable Accommodations and Modifications, if applicable.
5. Establish routine contact (no less than once per month and more often as necessary) with program participants to ensure early detection of any housing issues and identifying any repair or maintenance issues.
6. Assist participant with budget planning to assure monthly rent and utility payments are paid timely.
7. Establish a crisis plan with each consumer that includes how to handle housing crises and personal crises; this includes assuring the participant has emergency contact information including phone numbers for both personal and housing crises.
8. Provide ongoing housing-related skills training if needed and identify any issues that may require additional training by other agencies.
9. Assist the participant to participate in the referral agency’s service planning process to assure the participant’s housing goals are included in the plan along with a clear expectation for the housing supports the participant will receive to meet their housing goals.
10. Assist the participant with mediating problems that may result in eviction and work with The Program to appeal property manager’s decision if the eviction appears unwarranted.
11. Maintain good working relationship by consistent communication with The Program and if necessary obtain a release of information to communicate with property managers.
12. Participate in 100% of the scheduled Targeting Program meetings and/or trainings in any given year.
13. In the event that the referral agency can no longer provide ongoing supportive services, establish a transition plan for the tenant to receive services from an equivalent agency, as approved by DHHS.

The referring agency understands that failure to comply with this agreement might impact the referring agency's ability to refer applicants in the future.

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Agency Name: _____

Counties within Agency Service Area: _____

The Agency will have access to properties in these counties only.

Authorizing Agency Representative: _____

(E.g. Executive Director/Unit Manager/Program Director)

Title: _____

Work phone: _____

Address: _____
(Street or Mailing Address, City, Zip Code)

Cell phone: _____

E-mail: _____

Fax: _____

Signature: _____

Date: _____

Point Person: _____

Work phone: _____

Title: _____

Cell phone: _____

Address: _____
(Street or Mailing Address, City, Zip Code)

Fax: _____

E-mail: _____

Date Training Completed: _____

Back-up Person: _____

Work phone: _____

Title: _____

Cell phone: _____

Address: _____
(Street or Mailing Address, City, Zip Code)

Fax: _____

E-mail: _____

Date Training Completed: _____

(Leave Section Below Blank-Must be Completed by NC DHHS Program Trainer or Designee.)

Email or Fax signed agreements to the *Targeting Program Trainer*

Wanda N. Teel

Wanda.teel@dhhs.nc.gov (Email)

888-426-9964 (Fax)

Confirmation Point Person Trained:	Yes	No	Training Date: _____
Confirmation Back-Up Person Trained:	Yes	No	Training Date: _____