



CITY OF PHILADELPHIA
Office of Homeless Services
Emergency Housing Placement Service Agreement

Participant Name: SS NO: XXX-XX-22	OSH Case #:
Intake Worker: SH/BH:	Service Agreement Date:

This is a service agreement between the above-named participant and the Office of Homeless Services

The Office of Homeless Services agrees to provide the following services and programs through contracted emergency housing providers in order to help enable the participant to resolve their housing crisis and obtain stable housing.

1. Temporary emergency housing for a period **ordinarily not to exceed six months.**
2. Information about supportive services for special populations which include, but are not limited to: Children, participants with disabilities, protective service needs, disabilities, sexual minorities, and veterans.
3. Linkages and referrals for services which include, but are not limited to: medical, behavioral health (mental health and substance abuse), domestic violence, sexual minority services, children’s services, veteran, educational, and employment.
4. Ongoing case management services.
5. Rental assistance for relocation or eviction prevention for eligible participants.
6. Housing assistance to obtain permanent and/or transitional housing.
7. A savings program to enable participant to save income toward housing.

The participant agrees to cooperate with the following as a recipient of services:

1. To receive case management services offered.
2. **To abide by all health and safety rules and regulations in emergency housing which protect all who reside at the facility. Please note, the following behaviors are prohibited in emergency housing:**
 - Fire related incidents (which includes smoking in the building, lighting matches, starting fires, etc.)
 - Physical violence to other participants or staff.
 - Sexual violence to other participants or staff.
 - Terroristic threats towards other participants or staff.
 - Possession of a weapon on-site.
 - Destruction of emergency housing property or the property of staff or other participants.
 - Possession, sale, use, or distribution of drugs and alcohol on-site.
 - Illegal activity onsite (theft, rape, stealing, etc.).
 - **Persistent** verbal abuse.
 - Refusing reasonable mandatory searches conducted by staff and/or security.
 - Repeated incidents of smoking in the facility

The above-mentioned behaviors are a threat to the health and safety of others in the facility and will result in termination/discharge from services.

3. To participate in behavioral health services if needed which may include drug testing, and referral for mental health or substance abuse treatment.
4. To cooperate with the Office of Homeless Services and other housing services providers to obtain stable housing.
5. To make a full-faith effort on to obtain stable housing which includes seeking private market housing. (Review and sign the Office of Homeless Services Housing Placement Addendum to Service Agreement)
6. Families With Children: The parent(s) or guardian(s) agree to provide adequate and appropriate care and supervision for all children in their care. (Review and Sign OSH Children’s Service Agreement).
7. To provide advance notice regarding the need for overnight absence from the emergency housing program and, where applicable, provide documentation to the emergency housing provider verifying the visit (i.e.

documentation from the hospital, court orders, etc.). **Please note participants who do not follow this process and are absent from the facility without authorization for 48 hours will be discharged from the emergency housing program and will be required to report to intake to re-apply for emergency housing. In addition participants who do not follow this process and are absent from the facility without authorization for a total of 5 non-consecutive days (days that are not one after the other) will be discharged from the emergency housing program and will be required to report to intake to re-apply for emergency housing.**

To the Participant: Your signature means you understand and consent to the terms of this Service Agreement. To the Worker: Your signature means you have provided the required services and information during the intake process.

Participant Signature

Date

2nd Participant Signature

Date

Emergency Housing Staff Signature

Date