



TREASURE COAST HOMELESS SERVICES COUNCIL, INC.
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772-567-7790

Supportive Services for Veteran Families PROGRAM AGREEMENT

As a Participant in the SSVF program, I _____,
agree to:

- Complete an assessment with my assigned case manager.
- Answer all questions truthfully
- Be an active participant in the development of my service/ housing plan
- Work collaboratively with my case manager and landlord to maintain my housing.
- Provide required documentation, as required by my case manager within 10 days.
- Meet with my case manager at least once per month.

I understand that failure to meet the above statements may result in termination from the SSVF program. I agree with the terms and requirements to receive SSVF services. I also understand that providing false information may result in disqualification/ termination from the SSVF program.

I understand that this is not an entitlement program. Decisions regarding participation in the SSVF program are based on whether the household meets the criteria that are outlined in the federal program regulations and the availability of funds.

While I am a participant in the SSVF program, my case manager will:

- Complete an assessment regarding my housing stability
- Assist with finding appropriate housing and/or assist with maintaining my housing.
- Identify and/ or assist with obtaining community resources.
- Provide me an opportunity to complete a survey regarding my participation in the SSVF program.

Please provide the program with an emergency contact: _____

Grievance procedure:

If I wish to submit a grievance regarding my participation in the SSVF program, I will provide a written statement regarding my concerns to my case manager. If my case manager is unable to resolve the issue within 5 days, I will contact the program manager for further review and resolution. If I do not have a resolution within 5 days, I can contact the Executive Director in writing or by calling 772-567-7790.

Client Signature

Date

Staff Signature

Date