MEMO

TO: CA/CP COMMITTEE

FROM: CINDY MCGLYNN

SUBJECT: MOU FOR HATS – STEP FORWARD PROGRAM

DATE: 10/12/21

CC:

Attached is the description of the Step Forward program for the Senior Center from the HATS group and a MOU for the Senior Center with HATS for working with the program. This will be an opportunity to assist eligible community members to establish permanent housing. I am requesting this included in the CA/CP agenda for November 2nd, 2021 for review.

Memorandum of Understanding Between HATS and Senior Center

HATS Responsibilities:

- HATS will work with Stoughton area landlords to find safe and appropriately sized living space for Step Forward Program (SFP) participants.
- While HATS will subsidize as necessary the rent for that living space, HATS is not the participant's landlord and will not have the rights or responsibilities of a landlord. HATS may discontinue such subsidy if the participant violates the terms of the SFP Program Agreement.
- While HATS will subsidize the necessary costs for the Housing Navigator, HATS will not employ or oversee the particular responsibilities of that position.
- HATS will receive any participant contribution to rent from the participant on a regular monthly basis by check or money order, mailed to HATS. HATS will not accept cash payments.
- HATS will secure appropriate case management services for the participant through Senior Center and will reimburse Senior Center for the reasonable costs of such services on a regular basis.
- No member of the HATS Board of Directors or HATS volunteer will have any intentional face-to-face contact with the SFP participant or any member of their household.
- The HATS Board of Directors will address any grievance expressed by the participant with regard to SFP within 30 days of receipt of a written grievance and will take appropriate action.

Senior Center Responsibilities:

- Senior Center will select participants for participation in the SFP. Those selections will be based on criteria developed by START/Senior Center.
- Senior Center will provide appropriate case management services to SFP participants and members of their household. START/Senior Center will ensure that those providing services will be appropriately licensed as needed.
- Senior Center will have regular contact with the SFP participant.
- Senior Center will make regular reports of metrics to the HATS Board of Directors on SFP clients' progress toward sustainable self-sufficiency, without revealing the identity of the participant(s) of the SFP.
- Senior Center will report to the HATS Board of Directors if there is a possibility of termination due to the client's violation of the SFP Program Agreement.

STEP FORWARD PROGRAM

HOUSING ADVOCACY TEAM OF STOUGHTON INC. (HATS)
&
SENIOR CENTER

~ Everyone deserves a place to hang their hat. ~
~ Providing a safety net for those in crisis. ~

Program Agreement & Statement of Responsibilities
Program Rules and Expectations

Housing Advocacy Team of Stoughton Inc. (HATS) Mission

The Housing Advocacy Team of Stoughton (HATS) believes everyone deserves stable housing and works to address affordable housing needs in the Stoughton Area School District.

Senior Center Mission

The Stoughton Area Senior Center is dedicated to the enrichment of the lives of older adults and their families by providing diverse programs, social services and volunteer opportunities.

The Goals of the Program:

Goals of the Step Forward Program include assisting individuals and/or families to achieve housing stability/permanency; increase self-sufficiency; and explore opportunities to develop greater self-determination.

To accomplish these goals, the Step Forward Program will secure safe and affordable housing for a maximum of 24 months and will allow participants to guide their own journey. The program will provide case management services through START which will include advocacy, support, and access to other resources. Participants will be required to set short-and long-term goals in hopes to achieve independence and stability. The Housing Advocacy Team of Stoughton (HATS) and the Senior Center have partnered together to support the Step Forward Program.

Attention:

The following serves as an attachment to your lease. Please be aware that this program agreement involves rules and expectations that are not included in your lease. These rules

and expectations concern your participation in the Step Forward Program. Violation of the program agreement is grounds for removal/termination from your housing unit and removal/termination from the Step Forward Program.

Participant Obligations

I understand the Step Forward Program will allow me to live in subsidized housing for a maximum of 24 months and receive case management services that will help me stabilize my housing and increase my ability to be self-sufficient. I agree to participate in ALL aspects of the Step Forward Program, including subsidized housing, case management, educational programming and maintaining employment and/or increasing household income.

I understand the ultimate goal of the Step Forward Program is to achieve permanent housing. I understand that in order to do this, I may need to address financial barriers, work and life skills, mental health concerns and any other barriers that are contributing to my housing instability. I understand that noncompliance will be grounds for removal/termination from rental unit and the Step Forward Program.

This program agreement outlines rules and expectations about participation in the Step Forward Program. I understand that as a participant in the Step Forward Program, my failure to comply with the rules and expectations outlined in this agreement may be grounds for termination and removal from the Step Forward Program.

_____ _____

Participant Initials Senior Center Executive Director Initials

PROGRAM RULES

1. **Case Management**
   a. I agree to have contact with my case manager at least once a week to address my individual and/or family goals as a participant in the Step Forward Program.
      i. I understand my case manager may require meetings more or less often, depending on my needs and progress.
      ii. I understand that I am expected to be honest with my case manager.
      iii. I understand that I am expected to be present and on time for scheduled appointments.
   b. Participants must notify their case manager *at least 24 hours in advance* if they are not going to be able to attend a meeting or appointments.
   c. Participants may be required to participate in a mental health assessment outside of the Step Forward Program or to obtain counseling from an outside source if mental health concerns appear to be interfering with program goals as identified by the case manager. Failure to obtain the required assessment or follow through with counseling/mental health services will be considered a breach of program rules and may result in termination from the program.

2. **Violent behavior**

a. ***Violent behavior is not permitted***. Violent behavior includes, but is not limited to intimidation, threats, emotional abuse, verbal abuse, sexual abuse and physical abuse. Violent behavior or physical violence/abuse directed at children (including your own) will not be tolerated and if identified will be reported to Dane County Human Services and/or other local authorities including the police department. Physical abuse is abuse as identified in the Wisconsin State Statutes. Violent behavior is not permitted toward other program participants, landlords, property managers, other community members, volunteers or staff. Abusive behavior and language will not be tolerated and may result in removal from the Step Forward Program.
b. I understand I am responsible for ensuring the safety and well-being of my child (ren). I also understand the Step Forward Program staff are legally obligated to report any suspicions of unsafe or unsanitary conditions and any cases of suspected child abuse or neglect to the Department of Human Services or an appropriate law enforcement agency. I understand that staff can be accessed as a resource in addressing my own concerns about these issues and can provide resources and support on parenting and home management.
c. Violent behavior from participants or any guest in their housing unit is grounds for immediate removal from the rental unit and Step Forward Program. Exceptions may be made in situations of domestic violence.
d. I understand that if there is reason to believe that I am a threat to myself or others, the Senior Center staff are obligated to inform Dane County Department of Human Services and/or local authorities, including the police department.

3. **Housing**
   a. I understand that the program residence will be my principal place of residency. I understand that this housing program is for people that are homeless or at risk of homelessness. I understand that while I am in this program, my housing location will be my only place of residency. If another opportunity becomes available, I understand I can leave the program at any time. If I choose to live at a different location, I have to give a 30-day written notice to the Step Forward Program.
   b. I understand that the only people allowed to live in my housing unit are the people that are in my household upon entrance to the program. I understand that I will not allow any other individual or family member to live in my housing unit. I understand that if my case manager or landlord have reason to believe I have someone living or staying in my housing unit for more than 14 days, it will be considered a serious violation of program expectations and I may be removed from the Step Forward Program.
   c. I understand that if I wish to increase the number of people living at my residence, I must obtain the approval of my landlord, my case manager, and the HATS Board.
   d. Friends and family that are not in the household upon entrance to the program are NOT allowed to be in my housing unit unless a household member is home. Exceptions may be made after discussions and approval from my case manager.

4. **Housing Cleanliness**
   a. **I agree to treat my housing with respect and maintain a clean and healthy living environment by following the cleaning guidelines.**

i. I must allow the Step Forward Program Housing Navigator full access to my housing unit at **ANYTIME** to perform regular inspections and/or maintenance. The Step Forward Housing Navigator will give at least 12 hours of notice before entering the housing unit or living space.
ii. I understand that the Step Forward Program will do a minimum of 1 inspection each month at random. I understand that if I do not pass my housing inspection, I will have 72 hours to correct any violations once they have been reported to me.
iii. I understand that I am responsible for any Housing Quality Standard (HQS) violations caused by my household members and guests. Failure to report any such violations to the Step Forward Housing Navigator will be considered a violation of program rules and may result in removal from the Step Forward Program.
iv. If I have an issue with my unit, I understand that I need to notify the landlord and/or the Step Forward Housing Navigator as soon as possible.

5. **Employment/ Education**
   a. If I do not have income upon entering the Step Forward Program, I have 90 days in the program to obtain employment or household income as determined by my case management. After the initial 90 days, participants who are unemployed or do not have stable monthly income for longer than 45 *cumulative days* may be removed from the program.
      i. I understand that if I am not working when I enter the program or do not have stable monthly income or if I should lose my job, I will be required to fill out job search forms each week until I find a job or be referred to participate in an employment support program.
      ii. I understand that if I am fired, laid off, furloughed, temporarily or permanently let go from my place of employment, I have to notify my case manager within 24 hours.

6. **Rent**
   a. I understand that I am to pay 30% of my household income toward rent.
   b. Rent will be calculated at the start of the program entrance and every 3 months after the entrance date into the program. I understand that calculations will be made outside of the 3-month window, if there is a change in household income. Failure to pay rent by the 5th of each month will be considered a program violation and may result in removal from the Step Forward Program.
      i. Participants are required to verify their household income every three months and to immediately report (within 5 days) any changes in household income or the number of people in their household to the Step Forward Housing Navigator.
      ii. A change in household income or the number of people living in a household may result in a change in the amount of the household's monthly rent.
      iii. Participants will be required to reimburse the Step Forward Program when it has been determined by Step Forward Program Housing Navigator that their monthly contribution has been underpaid as a result of failure to report an income change.
      iv. Neither the participant nor anyone in the household shall commit fraud in connection with the Step Forward Program. Any fraud can be grounds for removal from the Step Forward Program.

c. Participants must supply any documentation and releases of information that the Step Forward Program needs in order to determine household income. I understand that all utilities not provided by the landlord including, electric and gas need to be put into my name within the first week of living in the unit. I understand that once all of the utilities are put into my name, I agree to sign a release of information between all utility companies and the Step Forward Program Housing Navigator.
d. I understand that by signing this program agreement, I agree to pay all of my utilities on time before disconnection. I understand that if I am having difficulty paying my utility bills, I must communicate this with my case manager and access resources to remedy this issue.

7. **Weapons**
   a. Participants may not keep deadly weapons at or carry deadly weapons onto or into the premises of their housing unit. Participants may not knowingly allow any visitor to carry deadly weapons onto or into the premises of their housing unit. I understand that if deadly weapons are found or used in my housing unit or on my housing unit premises, I will be removed from the Step Forward Program.

8. **Illegal activity**
   a. Any illegal activity by me or on the part of visitors in my housing unit will not be tolerated and may be grounds for removal from the rental unit and the Step Forward Program. Any police contact related to illegal activity at my residence has to be reported my case manager within 24 hours of the contact. *Anyone with pending criminal complaints is **NOT** allowed on or inside of the property.*
      Exceptions may be made for victims of domestic violence if approved through the Step Forward Program.

9. **Drugs and Alcohol**
   a. I understand that I will not use or possess illegal drugs. I understand that I will not allow a visitor in my housing unit or on my housing unit premises to possess or use illegal drugs.
      i. I understand that any police contact related to drugs or alcohol has to be reported to my case manager within 72 hours of the contact.
      ii. I understand that if illegal drug use is suspected by my case manager, I may be required to participate in an assessment and submit to a UA (urine analysis) blood sample or hair sample that will be released to my case manager through a signed and dated release of information which I agree to sign. I understand that I may be required to participate in mental health supports such as drug and alcohol rehabilitation, counseling and/or therapy in order to remain in the Step Forward Program if my case manager suspects concerns related to my mental health and/or drug and alcohol use.
   b. I understand that alcohol is only permitted in the unit for individuals over the age of 21. If the head of the household is under the age of 21, alcohol is NOT allowed on the property. Any individuals under the age of 21 are NOT allowed to drink alcohol even if their parents or legal guardian give the individual permission. If there is alcohol use of

individuals under the age of 21, I understand that it may be grounds for removal from the rental unit and the Step Forward Program.

c. I understand that although participants of legal age may use alcohol and keep alcohol in their housing units, participants may be required to participate in an assessment, submit to a drug/alcohol test and/or obtain treatment/mental health services, if their use of drugs or alcohol appear to be interfering with their ability to achieve program goals as identified by my case manager.
d. I understand that my housing unit is not intended to be a "party house" and if parties are being held at my house it will be a breach of the agreement and grounds for removal from the Step Forward Program.

10. **Housing-related complaints**
    a. I understand that repeated housing complaints to the Step Forward Program or to the landlord about me/and or visitors at my housing unit will be considered a serious violation of program rules and may be grounds for removal from the Step Forward Program. I understand that if I have complaints about my neighbor or other community members, I will contact my case manager or landlord to problem solve how to address the issue.

I understand participation in the Step Forward Program is a commitment and violation(s) or breaches of the above Program Rules may result in termination and removal from the Step Forward Program. Repeated patterns of violations/breaches and severity of violations sends a message that I am not interested in working with the program and abiding by the program agreement and I understand that I may be terminated and removed from the program at the sole discretion of the Step Forward Program staff for any violation or breach of the program agreement.

_____ _____

Participant Initials Senior Center Executive Director Initials

PROGRAM TERMINATIONS

Violation of the Program Expectations/Rules as outlined in this Program Agreement may result in termination and removal from the Step Forward Program. I understand that this includes the provision of case management and at-will housing provided by the Step Forward Program.

I understand that the Step Forward Program will use a system of warnings to address violations and breaches of the Program Expectations/Rules outlined in this Program Agreement. I understand that my case manager will discuss the violation(s) with me verbally and provide me with a "warning" in writing that identifies any violation(s) and explains the potential next steps. I understand that the number of "warnings" that I may receive for any violation before I am terminated or removed from the Step Forward Program depends on the severity of the offense, the number of violations and my motivation in addressing the violation(s) as determined by my case manager. I understand that I will always be notified either verbally or in writing if the violation or the next violation(s) will result in termination and removal from the Step Forward Program. I understand that this also includes termination and removal from the at-will housing and case management provided to me by the Step Forward Program. I understand that it will be decided by the Senior Center Executive Director staff who will then notify the HATS Board of Directors if I should be removed/terminated and exited from the Step Forward Program.

I understand that I may file a grievance with the Step Forward Program if I disagree with any warning and/or termination decision. The Step Forward Program through the Housing Advocacy Team of Stoughton (HATS) Executive Board President is: _____ and can be reached at _____. The Step Forward Program through the Senior Center Executive Director is: _____and can be reached at _____.

_____ _____

Participant Initials Senior Center Executive Director Initials

CLIENT/PARTICIPANT RIGHTS AND EXPECTATIONS

I acknowledge that I am responsible for the choices that I make during my participation in the Step Forward Program. I also understand that the Step Forward Program will make the following commitments to me as a participant:

- Senior Center and HATS will treat me with fairness and respect.
- My case manager will support me in my decision making related to my goals.
- Senior Center and HATS will not judge me.
- The Step Forward Program will provide trained case management staff and volunteers to assist me in my participation in program.
- Case management and Housing Navigation staff will be available for all scheduled appointments with me or will contact me prior to the scheduled meeting if they are not able to attend.
- Senior Center and HATS will respect the confidential nature of the information I provide and will maintain that confidentiality unless I provide written permission for the release of my information.

_____ _____

Participant Initials Senior Center Executive Director Initials

CLIENT/PARTICIPANT AGREEMENT

It is mutually agreed upon by the Senior Center, Housing Advocacy Team of Stoughton (HATS) and the Step Forward Program and _____ (program participant) that the program participant will reside at the housing unit located at _____. It is mutually agreed upon that this will be the program participants housing unit, assigned to the program participant and their household for the term of _____/_____/_____ to _____/_____/_____ (period of two years).

The only occupants of this participants housing unit shall be those identified on the lease and program application at time of acceptance into the Step Forward Program. Any exception to this MUST be approved in writing by the Step Forward Program including my case manager and housing navigator I understand that if I wish to increase the number of people living at my residence, I must obtain the approval of my landlord, my case manager, and the HATS Board.

As described in the program rules and expectations, I understand that as a program participant I will pay a minimum of 30% of my household income toward rent, ~~whichever is the higher amount~~ to the Step Forward Program by the 5th of each month.

I understand that as a program participant I will pay all of my utilities on my own, in my own name, unless utilities are included in rent.

I acknowledge that I have discussed this Program Agreement with a Senior Center staff member and will comply with the agreement in order to participate in the Step Forward Program provided by the Housing Advocacy Team of Stoughton (HATS) and Senior Center. I agree to the terms outlined in this Program Agreement and fully understand that as a participant in the Step Forward Program, my failure to comply with the rules and expectations outlined in this

agreement may be grounds for termination and removal from the Step Forward Program, resulting in immediate loss of at-will housing and case management provided by the program. In signing this document, I understand that I am agreeing to participate in a program, not just receive housing.

Participant Signature	Date
Participant Signature	Date
Senior Center Executive Director Initials	Date

Program Agreement-Statement of Responsibilities Review & Violation Notice Dates:

Date	Participant Signature
Reason	Senior Center Executive Director Signature
Date	Participant Signature
Reason	Senior Center Executive Director Signature

Case Manager Signature	Date
Senior Center Executive Director	Date

Step Forward Program Grievance Procedure

<u>Program Participants:</u>
If something was said or done in an appointment, meeting or interaction that upset, offended, or made you uncomfortable, please communicate with us your concerns. The Step Forward Program staff and volunteers are dedicated to listening and supporting you. If you would like to learn more about filing a formal complaint, please see below:

First, please reach out to your case manager to express your concerns. If your concerns are still unmet, please follow the steps below. If you would like help filling it out a grievance form, please let us know or you can complete it on your own and return it back to the Senior Center Executive Director or HATS Board President or President's designee(s).

1. Fill out a complaint form which is located on the back of this sheet.
2. You can contact or send the form to Senior Center Executive Director.
3. You can contact or send the form to HATS Executive President or Board Member.
4. The Executive Director or Board Member will listen to you and read your complaint.
5. The Executive Director or Board Member will communicate with staff/volunteers about your concerns.
6. The Executive Director or Board Member will provide follow up to you through:
   a. Assisting and supporting you to ensure you get the help you need.
   b. Explain to you the reason behind the interaction with the staff/volunteer, if applicable.
   c. Communicate how we can best meet your needs, possibly through finding a different solution.

Even if you felt your needs were met just through talking with someone, a grievance form can be filled out; so that your complaint has been documented. Staff/Volunteers can provide you with phone numbers/addresses, if you need them.

<u>Others who have participant complaints:</u>

1. Please reach out to the Senior Center Executive Director. After considering the information shared with you, you may agree with the action that was taken, or you may suggest a solution. If the Executive Director agrees, she or the staff/volunteers will communicate with the participant in hopes to alleviate your concerns. Either way, a complaint form can be filled out.
2. If you are unhappy with the outcome, please fill out a complaint form. It is on the back of this sheet.
   a. You can reach out to the HATS Board President or send the completed form.
3. If you are unhappy with that outcome, you may address the HATS Board of Directors

Step Forward Program Eligibility Policies

Warrants and Commitments: If you or anyone in your household has a **warrant or commitment** issued, you must address this by going to your court appointments and/or paying your fines/sitting out your fine(s) in jail (whichever is applicable) before you are eligible for assistance. This information is available to the public on the **Consolidated Court Automation Programs (CCAP)** website and will be reviewed prior to acceptance into the Step Forward Program. Wisconsin Department of Corrections. Consolidated Court Automation Programs (CCAP): http://wcca.wicourts.gov/index.xsl

Drug Crimes: If you or anyone in your household has been **arrested** for, or **convicted** of, one or more drug-related crimes in the past, your application will be reviewed by the Senior Center staff for approval or denial at their discretion.

Read-in Charges: Any **read-in** charges listed on CCAP will also be taken into consideration when being approved or denied for rental assistance, housing, or case management support through the Step Forward Program. A **read-in** charge is a charge that is dismissed as a part of a plea agreement; however, the defendant agrees to be held responsible for the charge(s) and have the court consider the charge(s) when sentencing for another crime, under Wis.Stat. 973.20(1g)(b); and the defendant cannot be prosecuted for these charge(s) in the future.

Residency: To be eligible for rental, housing, and case management assistance through the Step Forward Program you must have resided in the Stoughton Area School District for a minimum of 30 days within the past year. If over the age of 55 you will be provided with case management support through the Senior Center.

Open Cases & Bonds: If you or anyone in your household has an **open** drug-related misdemeanor or **any open** felony (**CM** and **CF** on CCAP, respectively), the Step Forward Program will **not** assist with rent, housing, or case management support.

Sex Offenders: If you or anyone in your household is a known sex offender, you may be denied rent, housing, and case management assistance through the Step Forward Program. This information is determined from CCAP or The Wisconsin Sex Offender Registry. The Step Forward Program will automatically deny any sex offender who has the following noted on the Sex Offender Registry: a **Special Bulletin Notice**, is **Non-compliant**, or is a **Lifetime Registrant.** For others, the START staff will check with local law enforcement about any known sex offenders.
Sex Offender Registry: http://offender.doc.state.wi.us/public

I read and understand the criminal policy provided by the Step Forward Program and agree that I am in compliance with the above statements.

Participant/Applicant Signature _____ Date: _____

COMPLAINT FORM

Your Name _____

Address _____

_____

Contact Info _____

Date the incident occurred: _____

Where did it happen? _____

_____

Who do you feel treated you unfairly? _____

_____

What happened? _____

_____

_____

_____

_____

_____

Did you receive any supportive services or direct assistance? ❑ **YES** ❑ **NO**

If yes, what type? _____

_____

_____

_____

How were you treated unfairly? _____

_____

_____

Did you reach out to the Senior Center Executive Director? ❑ **YES** ❑ **NO**

Who did you reach out to about it? _____

_____

_____

Were you satisfied with the results? ❑ **YES** ❑ **NO**

If you weren't satisfied, how can we support you? _____

_____

_____

_____

Signature _____ **Date** _____