**Supportive Services for Veteran Families Program**  **Emergency Housing Assistance Program Agreement**

As a participant in the Supportive Services for Veteran Families (SSVF) Program, I understand:

1. That I will be placed in a hotel temporarily because I am considered to be high-risk for COVID-19.
2. The intention of placing me in a hotel, is so that I have a safe place to quarantine to keep myself safe and healthy.
3. Emergency Housing Assistance will be paid for by Jericho Project, through a grant by the Department of Veterans Affairs.
4. Jericho staff will contact me at least twice per week by phone or video call.
5. Jericho staff will help me find an apartment while I am staying in the hotel.
6. If I do not find housing within 45 days, I will need to leave the hotel and return to shelter.
7. There will not be any social services staff on site to help me with my needs.

I agree to:

* Tell my Case Manager immediately if I display any symptoms of COVID-19 (cough, shortness of breath, fever, body aches, loss of taste/smell)
* Take universal precautions to protect myself from COVID-19 including – staying inside as much as possible, washing my hands before and after I go outside, not touching my face without washing my hands, and keeping at least 6 feet apart from others.
* Not have any guests in the hotel room.
* Maintain contact with my Case Manager at least twice per week.
* Cook and prepare my own food. Veterans are expected to purchase their own food if possible. Jericho can provide referrals to help access food in the community if requested. Jericho may be able to purchase a limited amount of groceries as needed.
* Be an active participant in my housing search.
* Move to a new room in the hotel after 28 days.
* Move out of the hotel after 45 days if I have not yet found housing.
* Not make any loud noises or cause any disturbances within the hotel.
* Not smoke in the hotel room.
* Veteran is responsible for paying the hotel for any damages incurred to the hotel room. This will include a $250 fine for smoking in the room. There will also be charges for any broken, stained, or stolen property.

I further understand that failure to satisfy the above-mentioned agreement on a monthly basis could result in the following:

1. A case conference with the SSVF team
2. Removal from hotel
3. Money owed to the hotel for damages done to hotel room.

I agree with the terms and requirements to receive service and financial assistance from the Supportive Services for Veteran Families Program. I also understand that providing false information may result in termination from the program.

Veteran (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_