



### **Service Provider Agreement Form**

**Case Manager Name:** \_\_\_\_\_ **Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Participant Contact Info:** \_\_\_\_\_

***If the applicant is eligible and is offered an apartment through Orange Teen Housing (OTH), is your agency prepared to provide this youth with at least 1 meeting per month with higher frequency contact during transitional periods and support them in engaging in efforts towards their goals?***

**Y / N**

***Are you willing to provide clear, consistent and timely communication to DIAL/SELF and OTH Property Management of any actions that may impact a tenant's health or safety, or the health and safety of other tenants or the property. To be timely communication should happen as soon as possible and no later than 24 hours after partner agency is made aware of an issue.***

**Y / N**

***Are you willing to remain in contact with our RHY Programs Coordinator, Samantha Pepe (spepe@dialself.org/413-774-7054 x118) in regard to this tenant's efforts towards their goals and engagement in case management?***

**Y / N**

***Will you create and maintain a service plan with OTH tenants receiving case management which will include programming focusing on gaining/maintaining employment, attending school and/or participating in community service.***

**Y / N**

***Will you be willing to provide information for a quarterly update required by the Franklin County Regional Housing authority to determine if this tenant is following through with case management services and is considered "in good standing" for this required area of their lease?***

**Y / N**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***If you have questions regarding any of the above, feel free to contact the RHY Programs Coordinator, Samantha Pepe (spepe@dialself.org/413-774-7054 x118).***

