

Families In Transition of Santa Cruz County

Case Management Contract

Client Name: _____ Case Manager: _____

I/We hereby agree to participate in the case management program of Families In Transition. In return for the services provided by the staff. I/We agree to comply with the following terms:

1. I/We will formulate a plan for case management. I/We will participate in the activities identified in the case management plan and agree to abide by all the rules set up by Families In Transition.
2. I/We shall maintain regular contact with my/our Families In Transition case manager.
3. I/We understand that unless disabled, I/We must be employed, searching for employment, and/or enrolled in school or a training program. Exceptions are made on a case by case basis with case manager.
4. I/We shall ensure appropriate care for my/our children at all times.
5. I/We understand that Families In Transition staff are obligated by law to report any incidence of suspected child/elder abuse and/or neglect.
6. I/We shall refrain from any form of violence, including verbal threats and/or other forms of intimidation, during my/our participation with this program. If I/We intend to harm myself or another person, I/We understand that Families In Transition is obligated to contact the proper authority for assistance.
7. I/We agree to sign up for and monitor progress on all low-income and affordable housing lists. I/We agree to take first available affordable housing. Failure to do so can jeopardize my/our services with Families In Transition.
8. I/We agree if funding requires it to enroll in ESL classes if I/We are unable to communicate in English.
9. In the event of housing assistance, I/We understand that Families is not responsible for any personal belongings that may be brought to the property which includes damage or loss of property. I/We understand that Families In Transition assistance is not a substitute for maintaining the property and pay our share of rental assistance.
10. I/We shall not misinterpret my/our situation to my/our case manager, to any staff person of Families In Transition. I/We understand that FIT assistance is temporary and that it is my/our responsibility to pay all rent on completion of assistance.
11. I (we) shall not participate in any unlawful illegal activity.
12. I/We shall immediately notify my/our Families In Transition case manager of any circumstance(s) or event(s) that would prevent my/our compliance with the terms of this agreement and/or case management plan. I also agree to develop and participate in new goals and plans as needed.

I/We understand that if I/We do not comply with the terms of this agreement, my/our participation in Families In Transition's program can be terminated.

Participant's signature date

Participant's signature date

Case Manager's signature date