

Program Agreement

As a participant in the Adjoin Veterans program, i, w	agree with the
following (Please initial all that you agree with):	
To complete an initial intake	
To complete an assessment and orientation	with my Case Coordinator
To complete a VA and public benefits assess	sment with the Benefits Coordinator
To answer all questions pertinent to my case	e and housing status
To be an active participant in the developme	ent of my service plan
To work collaboratively with my Case Coord	linator, other service providers, and landlord to
maintain my housing	
To meet with my Case Coordinator at a mini	imum of once per month
To allow my Case Coordinator to meet with	me in my home
I further understand that failure to comply with the the following: A meeting with members of Adjoin Veterans A halt in Adjoin Veterans providing financial housing or placement into housing. In a termination of services from Adjoin Veterans and requirements to receive sunderstand that providing false information may rest the program. I understand that this is not an entitlement program review of information about a household and wheth are outlined in the Federal Regulations and our fund and staff needed for participation.	s to receive continued services I resources and services to maintain terans services with adjoin veterans. I also sult in disqualification or termination from n. Decisions on participation are based on a her the household meets the criteria that
Head of Household Signature	Date
Other Adult Household Member Signature	Date
Staff Signature	 Date