

COMMUNITY HOUSING ASSISTANCE PROGRAM (CHAP) CONTRACT

DCF-2251

(Rev. 05/2025)

This is a binding contract between _____ (participant name) and the Department of Children and Families (DCF) _____ (Transitional Support Specialist name)

This contract is binding during the dates listed below (**which cannot exceed six months**). Future contracts shall be created and signed by all parties during the Participant's stay in the Community Housing Assistance Program. Failure to have an up-to-date contract will jeopardize Participant's right to any benefits afforded through CHAP.

This contract is binding beginning _____ through _____

This contract is subject to change if:

- any part of it becomes contradictory to future policies or procedures adopted by the Community Housing Assistance Program (CHAP);
- any part of it becomes contradictory to future rules, policies or procedures enacted by governing bodies; and/or
- said change is negotiated and signed by Participant and Transitional Support Specialist and, if appropriate, the CHAP Community Case Manager.

PARTICIPANTS RESPONSIBILITIES

A. Participant will reside at the following address:

Address (No. and Street)	Apt. #:	City:	State:	Zip:
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*** If this address changes, or if anyone other than Participant is residing, frequenting or sleeping in the CHAP home, Participant agrees to notify his or her Transitional Support Specialist (and Case Manager if applicable) within 72 hours.**

B. Participant will attend a full time educational or vocational program regularly and continuously.

Educational/Vocational Program:

Attendance Dates:

C. Participant agree to accumulate up to 40 productive hours per week that will include: educational or vocational program, study hours, work and any of the following activities: counseling, volunteer and civic activities and parenting classes or groups. Additional activities must be approved by the Transitional Support Specialist. Participant will participate in the following activities for up to 40 hours per week: **(please break out each activity and number of hours per activity)**. Ten of the 40 hours must be dedicated to a part-time job, internship, training or apprenticeship OR an approved volunteer opportunity. ***PART-TIME ATTENDANCE/PARTICIPATION must be approved administratively.**

D. Participant will apply for financial aid in a timely fashion (with assistance from the Transitional Support Specialist).

E. Participant will remain in good academic standing each semester (as defined by the educational or vocational program).

F. Participant will submit each semester's grades and progress reports to the Transitional Support Specialist within 72 hours of receipt or signs a FERPA for the Transitional Support Specialist to receive the aforementioned.

G. Participant has completed or is enrolled in the following life skills program:

H. Participant are encouraged to deposit up to 50% of earned income into an interest-bearing savings account.

Savings amount:

As of (date)

I. Participant will meet with the Transitional Support Specialist at least once a month at Participant's residence (unless Participant attends school out of state).

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J. Participant agrees to be actively involved in the following additional activities:

- A.
- B.
- C.

K. Participant will inform the Transitional Support Specialist within 72 hours of any major changes in Participant's situation including but not limited to: quitting or losing a job, leaving an educational or training program, moving.

L. Participant will agree to actively prepare for his or her transition from DCF care.

DCF TRANSITIONAL SUPPORT SPECIALIST'S RESPONSIBILITIES

A. Transitional Support Specialist may provide Participant with start-up living costs:

_____ for housewares (maximum \$500)
_____ for food (maximum \$100)
_____ for furniture (\$2000 maximum)

B. Transitional Support Specialist will initiate the subsidy payment each month.

The current subsidy amount is: \$ _____ per month for the first _____ months

C. Transitional Support Specialist may provide a one-time apartment deposit (*not to exceed first and last month's rent*) \$ _____

D. Transitional Support Specialist will provide a medical card to Participant for the duration of Participant's involvement in CHAP.

E. Transitional Support Specialist will meet with Participant twice a month. One meeting will take place in Participant's place of residence.

F. Transitional Support Specialist will collaborate with Participant on housing, education, employment, identifying permanent family and adult life-long connections.

G. Transitional Support Specialist and Participant will review the previous month and current monthly expenditures.

H. Transitional Support Specialist will monitor Participant's school attendance

I. Transitional Support Specialist will monitor Participant's savings account.

J. Transitional Support Specialist and Participant will review the Transitional Living Case Plan, address issues as needed and document Participant's plan and progress towards transitioning from care each September or more frequently.

GENERAL PROVISIONS

A. Transitional Support Specialist and Participant will review this contract every three months (unless a more frequent review is required/requested).

B. If Participant has a Case Manager, the Case Manager's duties shall be outlined in Attachment A to this contract.

C. This contract is valid for a six (6) month timeframe thereafter a new contract is developed as per policy.

ADDITIONAL INFORMATION

Please add any additional information, conditions or requirements here:

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This agreement will be reviewed on:				with Participant, Case Manager, and Transitional Support Specialist present.						
Projected Discharge Date from CHAP:										
Participant Signature:			Date:		Case Manager Signature:			Date:		
DCF- Transitional Support Specialist Signature:			Date:		DCF- Social Worker Supervisor Signature:			Date:		
DCF- Program Supervisor Signature:			Date:		Attachment A (Case manager's Responsibilities) continued on next page					

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ATTACHMENT A

Case Manager's Responsibilities:

A. The Participant will meet with the Case Manager weekly during this contract period, to review and improve skills in the following areas of concern:

B. The Case Manager shall submit a monthly *Case Manager's Progress Report* to the Transitional Support Specialist, the Central Office Program Lead and the Central Office Credentialing Unit.

Participant Signature:

Date:

Case Manager Signature:

Date:

DCF-Transitional Support Specialist Signature:

Date: