FY 2026

IN-503 - Indianapolis CoC

Continuum of Care

1C-3. Language from Projects Supportive Services Agreements

Documents include the following:

- Indianapolis CoC Occupancy Agreement

Indianapolis Continuum of Care
Service Participation Agreement

By signing below, you acknowledge you are required to participate in supportive services while enrolled in [Program]. This is a requirement of the Department of Housing and Urban Development (HUD), which funds this program.

At program enrollment, your case manager will complete an intake with you to help you identify your goals and create a service plan. The plan will be individualized, trauma-informed, and culturally responsive. Both you and your case manager are expected to follow the plan. Services outlined in this plan can include:

- **Housing Case Management:** goal setting; support to address any barriers you have finding or maintaining housing; assistance locating and securing housing options; landlord engagement
- **Benefits Access:** screening and applying for benefits like Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicaid, food stamps, etc.
- **Employment & Education Services:** referrals to employment services; assistance applying for employment; digital literacy; Adult Basic Education
- **Life Skills / Tenancy Skills / Budgeting:** rent readiness, housekeeping, conflict resolution, parenting classes, financial coaching
- **Transportation Supports:** bus passes, trip coordination
- **Medical Care and Wellness Services:** referrals to primary care providers, specialists, and wellness activities
- **Mental Health and Substance Use Services:** referrals to outpatient mental health and substance use services, like counseling, psychiatrists, peer support, etc.
- **Legal Services:** limited scope for assistance with or referrals for civic legal issues affecting housing

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Services can be scheduled on-site, virtually, or in the community to meet your needs. Services will be provided with reasonable accommodations and language access, so you may request accommodation if you have a disability or any other circumstance that affects your participation.

If you have any issues or concerns with the plan at any time during your enrollment, please alert your case manager. The plan may be reassessed throughout the program as needed, at the request of you or your case manager, and will be reviewed and updated at annual assessment.

Failure to engage with supportive services at least once per month for three months can result in program termination. Your case manager will make every effort to contact you, and send you a notification by mail, if you are at risk of program termination.

Assistance may not be denied on the basis or as a direct result of the fact that you, as the participant, are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, if you otherwise qualify for admission, assistance, participation, or occupancy.

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Client Name | Client Signature | Date

_____

Case Manager Name | Case Manager Signature | Date

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