

1. General Agency Information

Applicant Organization: _____

Program name (if applicable): _____

Are you applying for approval to participate as agency or specific program? _____

Person completing application: _____ Date: _____

Agency's contact person: _____

Phone #: (____)____-____ Email: _____

Address _____

2. Minimum Requirements for Service Providers

Please indicate whether your agency is able to provide the following required services as part of the program.

Able to provide?		Agency Responsibility
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Designate one point of contact to oversee participation within your agency or program.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Ensure clients meet these eligibility criteria before referring clients for housing: <ul style="list-style-type: none"> • Have active Coordinated Entry referral on Homeless Community Queue • Willing to actively participate in support services for up to two years if needed; or prepared to exit to private market housing with little or no support services assistance
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Work with each eligible client to submit Participating Client Agreement to the City of La Crosse. Obtain City's approval before referring the client for housing through the program.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Work closely with the Client on individualized goal plan development to address issues that led to their barriers to access and retain housing before referring clients for tenancy or immediately afterward.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Help the Client identify which properties they want to apply to and assist them in completing and submitting rental applications.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Participate in move-in inspections with the Client and Landlord and assist to complete the move-in condition report provided by Landlord or Service Provider.

Able to provide?		Agency Responsibility
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Review lease agreements with the Client to help them fully understand tenancy responsibilities. Ensure your agency has been sent copies of the signed lease/rental agreement and move-in condition report within 14 days of the client moving into the rental unit.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Notify the City when the Client is placed in housing through the program within 14 days.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Provide move-in assistance, eviction prevention assistance, or short-term rental assistance, or help the Client to identify and apply for assistance through available local resources if the Client needs application fee assistance.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. Work closely with the Client to ensure they pay their portion of the rent on time each month if short-term rental assistance is provided to the Client.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. Respond to concerns from the Landlord and/or City within two business days.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Work with the Client to develop written plans to address any issues that arise related to their tenancy.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Provide support services or referrals to the Client to be successful in housing. At a minimum, the support services should be provided up to the first two years of the Client's tenancy and include: <ul style="list-style-type: none"> • Monthly meetings with the Client in their housing unit • Individual goal planning • Coordination with and referral to other community services • Financial literacy
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. Notify the City if a client either refuses to continue participating in support services or the Service Provider is unable to continue providing support services to the Client.

If you answered "No" to any of the minimum requirements in Section 2, please explain the circumstances in greater detail:

3. Agency Certification

By signing below, _____ (“Service Provider”) confirms that all of the information provided above is true and correct.

Service Provider understands that all of the responsibilities contained in Section 2 are the minimum responsibilities for an agency to participate in and refer clients for housing. Service Provider understands that it may not refer clients for housing or represent itself as a Participating Service Provider until the City has notified Service Provider of its approval as a Participating Service Provider. If at any time Service Provider becomes unable to provide the services listed in Section 2 above, then Service Provider shall immediately notify the City. Service Provider’s inability or failure to meet the responsibilities detailed in Section 2 may result in Service Provider’s disqualification as a Participating Service Provider. Disqualified Service Providers may not refer clients for housing through this program.

(Insert name of authorized representative)

Date

Barring any disqualifying factors, based on Service Provider’s performance, this Approval remains in effect until two years after the date of notification (see below). The City retains the right to withdraw approval at any time.

Please return this form to:

Brian Sampson, City of La Crosse Homeless Services Coordinator

[email: sampsonb@cityoflacrosse.org](mailto:sampsonb@cityoflacrosse.org)

If you have any questions, please call 608-789-8687