

Residency Agreement for Community Residential Supports and In Home Support with Training under the BI, CAC, CADI and DD waivers

# Instructions

Landlords/providers must have a written agreement with people who live in homes and receive foster care and supported living services (when provided in a licensed setting). You can use this sample residency agreement to document that people have been informed of and agree to the process the landlord/provider follows before ending services/housing.

Once signed and completed:

* The person and legal representative must receive a copy
* The provider/landlord must maintain a copy in the person’s record.

# Agreement

This residency agreement is between you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or

(enter tenant’s name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(enter guardians’ name, if applicable)

and your landlord/provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(enter name of foster care or SLS provider name)

located at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(enter tenant’s address)

NOTE: Are your own guardian? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

# Type of home and community-based service provided by the landlord/provider

(Place an X in the blank space if applicable)

\_\_\_\_ Foster care in a licensed program, including family or corporate child foster care residence, a family or corporate adult foster care residence or a community residential setting facility

\_\_\_\_ Supported living services (SLS) in a licensed program, including family or corporate child foster care residence, a family or corporate adult foster care home, a community residential setting or a supervised living facility

# When you end a residency agreement

If you choose to move:

1. You should work with your case manager to plan your move. Your case manager will help you talk to your landlord and tell them about your plans.
2. Your landlord/provider will support you to move to another place and ensure a coordinated transition to your new provider.

# When your landlord/provider ends a residency agreement

If your landlord/provider determines that they no longer can provide foster care or supported living services to you, you will be required to move. If this happens, you will receive advance notice and have the right to appeal the decision. The following will occur if your services are terminated:

1. The landlord/provider will notify you or your legal representative, as defined by 245D.02, subd.12, and your case manager in writing of the intended service termination.
2. The notice will be provided at least 60 days before the proposed effective date of service termination.
3. The written notice of a proposed service termination will include all of the following elements:
4. The reason for the action
5. A summary of measures taken to minimize or eliminate the need for service termination, and why these measures failed to prevent the termination (this element will not be required when service termination is a result of the program ceasing operation)
6. Your right to appeal the termination of services under Minnesota Statutes, section 256.045, subdivision 3, paragraph (a)
7. Your right to seek a temporary order staying the termination of services according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).
8. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, will be given at least 60 days before termination. This notice can be given at the same time as a notice of temporary service termination.
9. The program must follow their grievance policy, temporary service suspension policy, service termination policy and Minnesota Statutes, section 245D.10, subdivisions 2, 3, and 3a. (You were provided copies of the policies when your services began, but you can ask for a copy of the policies at any time).

# Signatures

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal representative’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program representative’s signature Date