

WELCOME to the Nebraska Ryan White Part B
and the
Housing Opportunities for Persons With AIDS (HOPWA) Programs

If you are successful....the programs are successful!!!

Ryan White Part B Program:

How I can be successful in the Ryan White Part B Program:

1. Treat other clients and staff with respect and courtesy as outlined in the Nebraska AIDS Project (NAP) Client's Rights and Responsibilities form. [redacted] (client's initials)
2. Stay in communication with your case manager by informing her/him of changes in your address, phone number, medical, financial and insurance information and respond to your case manager's calls or letters. Provide your case manager with a way to always be able to contact you. [redacted] (client's initials)
3. Make and keep appointments scheduled with your case manager and other outside service providers, for example, benefit programs; physicians, etc. If you are unable to keep your appointment, call at least 24 hours prior to your appointment to re-schedule.
4. Participate in creating, updating and following a service plan with the assistance of your case manager. [redacted] (client's initials)
5. Discuss any concerns or challenges you may be experiencing. Your case manager is there to listen and help you. [redacted] (client's initials)
6. Provide current and accurate information to case manager to ensure client/household meets program eligibility requirements. [redacted] (client's initials)
7. Continually seek alternate resources.
8. Notify your case manager prior to moving. [redacted] (client's initials)
9. Notify your case manager if you choose to be discharged from the program.

Ryan White Part B Termination of Services (Direct Emergency Assistance)

For the Ryan White Part B Program, clients who have had services terminated have the right to contest the decision by following the Ryan White Part B Program "Client Complaint/Grievance Procedure" policy; policy available upon request.

After you have read this and have had it explained to you by your case manager, please sign this document indicating that you understand. You are entitled to a copy of this document.

Client Name (please print)

Client Signature

Date

Client's Case Manager

Date

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FOR HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) CLIENTS ONLY:

How I can be successful in the HOPWA Program:

1. Treat other clients and staff with respect and courtesy as outlined in the Nebraska AIDS Project (NAP) Client's Rights and Responsibilities form. [redacted] (client's initials)
2. Stay in communication with your case manager by informing her/him of changes in your address, phone number, medical, financial and insurance information and respond to your case manager's calls or letters. Provide your case manager with a way to always be able to contact you. [redacted] (client's initials)
3. Make and keep appointments scheduled with your case manager and other outside service providers, for example, benefit programs; physicians, etc. If you are unable to keep your appointment, call at least 24 hours prior to your appointment to re-schedule.

4. Participate in creating, updating and following a service plan with the assistance of your case manager. [redacted] (client's initials)
5. Discuss any concerns or challenges you may be experiencing. Your case manager is there to listen and help you. [redacted] (client's initials)
6. Provide current and accurate information to case manager to ensure client/household meets program eligibility requirements. [redacted] (client's initials)
7. Make measurable progress towards gaining and maintaining permanent housing. [redacted] (client's initials)
8. Follow program requirements and/or conditions of occupancy (lease agreement). [redacted] (client's initials)
9. Notify your case manager prior to moving. [redacted] (client's initials)
10. Continually seek alternate resources.
11. Notify case manager if you or a member of your household is convicted for manufacturing or selling controlled substances while receiving Emergency Rent/Mortgage Assistance, Tenant-Based Rental Assistance (TBRA), and/or supportive services assistance. [redacted] (client's initials)
12. Notify your case manager if you choose to be discharged from the program.

In addition to above polices, being successful in the HOPWA Tenant-Based Rental Assistance (TBRA) involves the following:

1. You and /or your household pay your pro-rata share of the rent on time and/or notifies case manager immediately if circumstances arise where you cannot pay your rent portion. [redacted] (client's initials)
2. Contacting your case manager prior to moving out of the unit assisted with TBRA. [redacted] (client's initials)
3. Actively locating appropriate housing within 3 months of being deemed eligible for TBRA.

HOPWA Termination of Services

If a decision is made by your NAP case manager and the Nebraska Department of Health and Human Services (NDHHS) HOPWA program manager to discontinue HOPWA assistance due to not following program requirements, a formal process is available to you to recognize your rights and due process of law. This process will consist of 1) serving you with a written notice containing a clear statement of the reasons for discontinuation; 2) permit you to have a review of the decision, in which you will be given the opportunity to confront opposing witnesses, present written objections and be represented by own counsel before a person (other than the persons who made or approved the termination decision); and 3) provide prompt written notification of the final decision to you.

HOPWA Survivor Benefits

With respect to surviving family/household member(s), who are living in a housing unit assisted under the HOPWA Program with the person with HIV/AIDS at the time of his/her death, housing assistance and eligible supportive services shall continue for up to 2 additional months. If survivor benefits are needed for surviving member(s) of the family/household, the surviving member(s) must contact the client's Case Manager within 15 days following the death of the client to discuss available assistance.

Behavioral Plan – Ryan White Part B and HOPWA

At the discretion of the NAP case manager, clients/households that fail to meet NAP or program guidelines outlined in this document will be required to participate in a behavioral plan. At the very least, the behavioral plan must address the policy violated, the plan to correct the behavior (including a timeline, if appropriate), individuals responsible for monitoring the plan for compliance, and the consequences of violating the behavioral plan. Failure to comply with the plan may result in temporary or permanent termination from Ryan White Part B direct emergency assistance and HOPWA assistance.

After you have read this or have had it explained to you, please sign this document indicating that you understand. You are entitled to a copy of this document.

Client Name (please print)

Client Signature

Date

Client's Case Manager

Date

HHS-TOS