

**HIV/AIDS SERVICE AGREEMENT
EXHIBIT L**

**Hennepin County Human Services and Public Health Department
Minnesota Department of Human Services
Housing Related Assistance Form (effective 10/1/99; revised 11/03)**

The HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA) has established the following policy for the use of Ryan White CARE Act Funds for housing referral services and/or short term emergency housing assistance:

“Ryan White CARE Act funds can only be used for housing referral and/or short term or emergency housing assistance to assist a person or family with HIV/AIDS to gain or maintain access to HIV-related medical care or treatment.”

Also, the Ryan White CARE Act must be the payor of last resort.

In an effort to document compliance with this policy, all individuals receiving housing related assistance must have the form below completed by their **CASE MANAGER, SOCIAL WORKER or PHYSICIAN**. Housing Related Assistance includes: Emergency Financial and Emergency Housing Assistance services from the Minnesota AIDS Project.

D D D D D

I, _____ certify that the following conditions
Case Manager/Social Worker/Physician Name, Agency/Clinic

have been met for _____ to receive housing related assistance:
Client Name

- Other sources of housing related assistance have been exhausted. For example, City, County, State or Federal Programs and those included on attached Emergency Housing Resources List.
- A care plan is in place for the above client which includes goals and objectives related to securing long term permanent and stable housing; and
- The client requires housing related assistance to enable him/her to gain and/or maintain access to medical care.

Signed:

Case Manager/Social Worker/Physician

Client

Date: _____

Date: _____

This completed form should be kept with client's confidential case management file and updated every six months.