

Case Management Agreement

In order to address the sanitation and hoarding that endangers my housing, I
(_____) with the help of Metropolitan Boston Housing Partnership (MBHP), agree
to the following:

1. Code Violations

I agree to bring my unit into compliance with all necessary health and safety codes. I will develop a plan, with the housing/public health inspector that details the timeframe for each portion of my home (bedroom in 30 days; bathroom after that, etc). I agree to bi-monthly joint meetings with everyone involved in my case, including the inspector, to assist in meeting the necessary codes. I understand that failure to bring my home into compliance will result in eviction/condemnation.

I agree to inspections on the following dates to determine the progress made:

_____ _____ _____
_____ _____ _____

2. Case Management Meetings

I agree to meet with my case manager from _____ every _____ weeks. I understand that during the beginning of our work together, we will meet more frequently (every 1-2 weeks) and that as I begin to make progress, we will reduce the number of visits per month.

I understand that any cancellation must be made prior to the date of our meeting. I will make every effort to schedule medical appointments in a manner that does not conflict with our scheduled appointments.

If there is a medical emergency and I am not able to attend an appointment, I will provide documentation with the date, time, and reason for my visit with-in 3 business days if this documentation is requested.

Failure to be present for any appointment without this medical documentation could result in immediate termination of services _____.

3. Lateness:

I agree to be present, on time, for all scheduled appointments with _____
will wait a maximum of 5 minutes after the scheduled appointment time before leaving my home.

I understand that failure to meet according to this policy could result in cancellation of the appointment and termination of services.

4. Childcare (If applicable)

At the time that my children return to my home, I will ensure that an adult is present to take care of my children during all sessions in order to maximize the work done during these sessions. I understand that _____ will wait no longer than 10 minutes if my childcare provider is delayed. I understand that failure to have appropriate childcare will result in cancellation of that appointment and could result in termination of services.

5 Other Communication:

If I need to contact _____, I will do so first at his office (_____) unless I am calling less than 60 minutes prior to a scheduled meeting or in case of emergency. If _____ is not available, I will leave a message. If there is an emergency or I am calling less than 60 minutes prior to a scheduled appointment I will contact him at _____.

6. Case Management Model: I will engage in the skill building strategies suggested by _____ to address my compulsive hoarding and housekeeping issues. I understand that active participation is necessary to addressing these issues. I commit to completing all assigned work in between sessions. If I have a question about an assignment, I will contact my service providers directly to address the question. I understand that failure to complete any assignment without speaking with my provider first could result in termination of services.

My signature confirms that I agree with the terms outlined in this document.

Client

Date

Client

Date

Case Manager, Insert Agency Name

Date