

**KA HALE A KE OLA HOMELESS RESOURCE CENTERS, INC.**  
Application for RAP Services



**Program Agreement, Rights & Grievance Process**

I, \_\_\_\_\_, agree to receive housing assistance and case management services from Ka Hale A Ke Ola Homeless Resource Centers, Inc. I understand that I will receive case management services and that I will work with my Case Manager in developing a residential service plan.

I understand that I may be offered financial assistance only as determined by Ka Hale A Ke Ola Homeless Resource Centers, Inc.

I will accept telephone calls and visits from my Case Manager/Housing Case Manger.

I will provide accurate information about my income and assets and about where I was living before I accept services from Ka Hale A Ke Ola Homeless Resource Centers, Inc. I will inform my Case Manager if I leave the housing unit. I know that the Housing Case Manager or Case Manager will be checking with me to see how I am doing and if I require support.

I understand that I have the following rights:

1. To RECEIVE CONSIDERATE AND RESPECTFUL CARE AND SERVICES from all staff at all times and under all circumstances, with recognition of dignity and individuality, including privacy in services and care.
2. RECEIVE TIMELY IMPARTIAL ACCESS TO SERVICES and to be ASSURED OF PRIVACY AND CONFIDENTIALITY of all communications and records pertaining to my care. My legally designated representative or me have ACCESS TO THE INFORMATION contained in my records according to law.
3. VOICE my grievances without restraints, interference, coercion, discrimination or reprisal, when not satisfied with the resolution to APPEAL MY COMPLAINT OR GRIEVANCE.
4. FREEDOM FROM abuse, exploitation, retaliation, humiliation and neglect.
5. RECOGNITION of my culture, race, ethnicity, age, gender, disability, education, sexual orientation, spiritual beliefs, socioeconomic status and language in the services and programs that I receive.

I understand that I may file a written grievance with the Executive Director (ED). I will explain, in writing, what has happened. The Ed will respond to me, in writing, within five (5) working days. The response of the ED is the final step in the grievance process.

My signature indicates that I have received a copy of this document.

\_\_\_\_\_  
*Applicant Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Signature*

Deborah Alamillo

\_\_\_\_\_  
*Housing Case Manager Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Housing Case Manager Signature*