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|  | The Community Partnership for the Prevention of Homelessness Provider Scope of Work |

### Program and Contract Information

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| Provider: |  |
| Program Name: |  |
| Contract Number: |  |

### Program Overview

Use this space to provide an overview of your program.

### Program Detail

Use this space to provide details to your program. This should outline services provided and other areas to describe how you will adhere to the contract.

**If this is an operations contract, please note that in this section.**

### Referral and Follow-Up Case Management Procedures

Use this section to describe how your agency will manage service referrals and follow-up on those referrals. This should include those follow ups for clients that exited to programs that do not have case management services and your case management is required for 6 months after the client exits the program (per the HSRA).

**If this is an operations contract, please note that in this section.**

### Staffing Plan

Use this space to describe your plan for ensuring that you have the appropriate and adequate staff for this contract.

**If there are no staff charged to the contract, please note that in this section.**

### Quality Control Plan

Use this space to outline how your agency will self-monitor the adherence to the contract and ensure that the services outlined in the scope of work are being met.

### TCP Use Only

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| Scope of work Approved: | Yes No | Date of Approval: |  |
| Resubmission Needed: | Yes No | Due Date for Resubmission: |  |
| |  |  | | --- | --- | |  |  | | | | |  |