



SUPPORTIVE HOUSING PROGRAM
REFERRAL PARTNER AGREEMENT
“In Partnership with the County of Lycoming”



This AGREEMENT is made this ___ day of _____, 2023 between Lycoming-Clinton Counties Commission for Community Action (STEP), Inc. (hereafter referred to as “STEP”) and _____ (REFERRAL PARTNER).

The County of Lycoming has selected STEP to be its Lead Agent for managing and executing their two-tiered Supportive Housing Program (SHP). To implement SHP, STEP is actively partnering with a number of community agencies. Based upon information provided in your SHP Referral Partner Application and contingent upon the successful entrance of your nominated customer into Tier Two of the SHP program, STEP is prepared to enter into this AGREEMENT with your agency. A funding stipend will be provided to the REFERRAL PARTNER for each nominated customer who successfully enters Tier Two of SHP, upon achievement of the revised criteria as discussed below.

The REFERRAL PARTNER agrees to the following:

1. To make electronic referrals via ClientTrack and paper referrals via application of Tier Two customers to SHP.
2. To assist your SHP Tier Two nominated customer(s) with completing the SHP Application Packet.
3. To provide STEP with a summary of involvement with the customer including progress made, struggles encountered, actions completed, and goals planned regarding your approved SHP Tier Two customer(s).
4. To mutually develop a Transition Plan for each approved SHP Tier Two customer that defines the set of actions you will continue to provide to the customer and the duration of that support.
5. To provide STEP with a record of actions undertaken or planned by your agency to secure housing for the SHP Tier Two approved customer.
6. To be trained on, faithfully use, and update ClientTrack for all record keeping associated with SHP.
7. To maintain regular contact with STEP’s Service Navigator and provide STEP with program status reports regarding their role in the mutually-developed Transition Plan for approved SHP Tier Two customers.

STEP agrees to the following:

1. To provide a financial stipend to the REFERRAL PARTNER to assist with expenses related to ClientTrack and other costs associated with SHP execution. Referral partner stipends will be \$500 per approved SHP Tier Two customer, based on the following criteria:
 - a. The REFERRAL PARTNER submits an electronic referral via ClientTrack, and the customer is approved as a SHP Tier Two customer, the REFERRAL PARTNER will receive a \$250 stipend payment.
 - b. Upon the customer's successful completion in the SHP, a second \$250 stipend will be paid to the REFERRAL PARTNER if the following criteria have been met:
 - i. REFERRAL PARTNER participates in the SHP customer interview process.
 - ii. REFERRAL PARTNER utilizes ClientTrack to monitor customer progress and input of any important customer information.
 - iii. REFERRAL PARTNER participates in transition services as agreed upon.
2. To collaborate with the REFERRAL PARTNER to develop an SHP approved customer Transition Plan.
3. To provide ClientTrack software, associated training, and support to the REFERRAL PARTNER.
4. To serve as the lead agent regarding communications with housing providers and, as needed, other community resource providers on all matters related to the SHP approved customer.
5. To ensure that the progress report for each SHP approved customer includes the actions and evaluations of both the assigned STEP Service Navigator as well as the case manager from the REFERRAL PARTNER.

STEP and the REFERRAL PARTNER mutually agree that the success of SHP is determined by the financial stability and self-sufficiency of each Tier Two customer once they exit the program and that this success is a reflection on both STEP and the REFERRAL PARTNER.

REFERRAL PARTNER

Signature: _____

Name & Title: _____

Date: _____

Lycoming-Clinton Counties Commission for Community Action (STEP), Inc.

Signature: _____

Name & Title: _____

Date: _____