



PARTICIPANT RIGHTS PACKET

The Participant Rights Packet includes the following documentation:

What to Expect: Your Rights and Responsibilities

Grievance Policy

WHAT TO EXPECT: YOUR RIGHTS AND RESPONSIBILITIES

Charlotte County's, CoC, One Charlotte Coordinated Entry Process (CEP) purpose is to assist individuals and families experiencing a housing crisis. Housing services are prioritized based upon severity of need and availability of services. Entry into the One Charlotte CEP is not a guarantee of services. There are different ways One Charlotte CEP may be able to provide you assistance based on your housing crisis and unmet needs. For participants who are *not* literally homeless, according to HUD's definition, (please see attached brochure for HUD's definition), this would be prevention or diversion services. For participants who are literally homeless, including those who are fleeing or attempting to flee domestic violence, according to HUD's definition, will be placed on the Prioritization List.

The One Charlotte CEP Prioritization List is not a waiting list. If you are placed on the Prioritization List, it is essential that you maintain contact with One Charlotte CEP and provide updated contact information, in order to ensure that you do not miss out on housing opportunities. If your housing situation or other significant life circumstances change, please contact us at **941-626-0220**. You have the right to refuse any referral for services or housing. If you are referred to a housing resource, a member of the One Charlotte CEP will have 3 business days to contact you. If you are unable to be contacted during that time, they will move on to the next eligible person on the CEP Prioritization List. If no one is able to contact you for 60 days, your name will be removed from the active Prioritization List and placed on the inactive list. Your name can be placed on the active Prioritization List again once you contact any One Charlotte CEP agency/service provider. You have the right to confidentiality and privacy. If you are referred to housing services you will need to provide verification of identity, such as: state issued driver's license or ID, social security card, birth certificate, verification of income (paystub, social security benefit letter, etc.), verification of homelessness (letters from homeless service providers, shelters, etc.) If you do not have these documents, please contact us so we may assist you in obtaining them. If you have any questions about One Charlotte CEP, please contact us so that we may answer any questions or concerns that you may have.

I have received a copy of the Participant Rights Packet and understand its content and have been informed for my rights to privacy.

Print Name

Signature

_____/_____/_____
Date



GRIEVANCE POLICY

In the event a participant does not agree with or believes discrimination occurred during any part of the CEP process, the participant has a right to file a grievance. The Grievance Form must be completed and submitted to One Charlotte Committee or can be electronically sent to the Dir. of Coordinated Services at Kelly.Hunter@gulfcoastpartnership.org. The Grievance Form is available on the Gulf Coast Partnership website and should also be provided in printed version at each of the access points. The agency in receipt of the Grievance Form will forward the grievance to the Committee. The Committee will contact the individual within five business days of the receipt of the grievance to schedule a mediation meeting, which will be held within 30 calendar days of the Committee's receipt of the grievance. The Committee will notify participants of the outcome of the mediation meeting within 5 business days of the mediation meeting. Reasonable accommodations will be available upon request. The CE Committee should keep a record of the grievance and mediation meeting as well as document the outcome of the Grievance Form. Any participant with an unresolved grievance or who wishes to appeal their Committee's decision may contact **Angela Hogan, CEO of the Gulf Coast Partnership at (941) 626-0220**. It is the responsibility of the referral agency to inform the individual of the grievance procedure.

Grievances will be processed in such a way in which complaints are addressed in the most objective and fair way; including a process by which the agency involved in the grievance does not participate in the decision-making regarding the outcome of the grievance. Grievances will be handled through a tiered approach. The Committee shall be the party handling the initial grievance, with a grievance policy and process that allows for a client or agency to appeal to the One Charlotte Committee, if the grievance cannot be equitably resolved at the Committee level, grievance concerns can be appealed to the Gulf Coast Partnership, CEO for resolution.

In the event that a participant feels they have been discriminated against within the confines of the CEP, a discrimination complaint should be filed to the Committee. The complaint form will be made available online and in paper to clients wishing to file the complaint. The should consist of client name, contact information, any reasonable accommodation requests and brief summary of the grievance. The form can be emailed to **Kelly Hunter, Director of Coordinated Services or mailed to the GCP at 408 Tamiami Tr. Punta Gorda, FL, 33950, attention to: Kelly Hunter**. Clients who feel as though they have been discriminated against may also consider filing a formal complaint with the Fair Housing division of HUD by calling (800) 669-9777.

I have received a copy of the Grievance Policy and understand its content and have been made aware of my rights and responsibilities when filing a grievance.

Print Name

Signature

_____/_____/_____
Date



GULF
COAST
PARTNERSHIP
TOGETHER WE CAN

ONE CHARLOTTE

GRIEVANCE FORM

INSTRUCTIONS: This form is to be filled out if you have a grievance with the Coordinated Entry Process, those grievances would include, any complaint against the Coordinated Entry policies and/or procedures. This form is also used if you have filed a grievance against one of the CE participating agencies, and you wish the grievance to be appealed. By completing this Grievance Form, you are consenting that your information be shared by and with, any and all, agencies involved in the Grievance process.

Participant Print Name

Signature

____/____/____
Date

Telephone

Address

Email

Brief Description of Grievance

FOR COORDINATED ENTRY USE ONLY

RESOLUTION

Print Name

Signature

____/____/____
Date