Santa Cruz County – Housing for Health Partnership
Medi-Cal Transitional Rent Participation Agreement - PERMANENT HOUSING

Welcome! You have been identified as someone who may be eligible to receive Medi-Cal Transitional Rent for a maximum of 180 days or 6 months. The number of days may decrease if you use another program paid for by Medi-Cal for room and board.

Transitional Rent is offered through your Managed Care Plan and provides up to six months of rental assistance to members who are experiencing or at-risk of homelessness, are experiencing significant behavioral health needs, and meet other program criteria.

Your Managed Care Plan is:

☐ Central California Alliance for Health (CCAH) ☐ Kaiser Permanente

I understand the following:

☐ Transitional Rent is a **one-time benefit** for a maximum of six months. After receiving Transitional Rent for the maximum amount of time, I will not be eligible to receive Transitional Rent again.

☐ While I am receiving Transitional Rent, the Program will pay 100% of my monthly rent up to my maximum number of days.

☐ When my Transitional Rent for Permanent Housing ends, I will need to pay my share of the rent per my lease agreement. My share of the monthly rent amount will be: $_____ per month.

☐ If I lose my health plan coverage and am no longer enrolled in Medi-Cal, my Transitional Rent payments will end. I will need to start paying 100% of my share of the monthly rent on the date that my Medi-Cal health insurance coverage ends.

☐ Some housing programs require that I use my Transitional Rent benefit first when I enter the program.

I'm entering the following Program (if applicable): _____

For this Program, use of Transitional Rent is: ☐ Required ☐ Optional

SANTA CRUZ COUNTY
Housing for Health
PARTNERSHIP

Your Support Team

Below are the names and contact information for people supporting me with Transitional Rent:

Supportive Services Provider	Housing Provider
Health Support Provider =	Transitional Rent Provider = Front Street
Housing Support Provider =	Property Manager / Landlord =

Agreement

I attest that, to the best of my knowledge, my proposed housing meets basic health, safety, and habitability standards. The housing is structurally safe, clean, free of major health or safety hazards, has working bathroom and food preparation facilities, provides adequate space, safe temperatures, lighting and electricity, and has working smoke detection and a safe way to exit in case of fire. The housing also meets applicable state and local housing requirements and is appropriate for my needs.

The Transitional Rent Participation Agreement has been reviewed with me by the staff person listed below and they have answered my questions about what is expected and I am agreeing to use my Transitional Rent benefit if approved.

Participant Name (Print): Participant Signature: Date:	Staff Name (Print): Staff Signature: Date: