**Memorandum of Agreement/Understanding**

Between

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Memorandum of Understanding (MOU) between \_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall have an Effective Date of \_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_ will collaborate with \_\_\_\_\_\_\_\_\_\_\_\_ to coordinate services for households experiencing homelessness in our community with the goal of ending homelessness.

# I. Purpose

The purpose of this agreement is to describe the activities that each organization named above will contribute to support households in ending homelessness. All activities and communication will be aligned with participant’s Release of Information.

## II. Activities

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examples of Activities

* If household identifies education program that children are involved with, \_\_\_\_\_\_\_\_ staff will outreach to education program.
* \_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_ will discuss if there are any opportunities to coordinate activities and services with the household
* \_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_ , if appropriate, may jointly meet with the household to facilitate services and activities for the children and their families.
* \_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_, if appropriate and agreed to by the households will make referrals to other community services.
* \_\_\_\_\_\_\_\_\_\_\_\_ (education program), if applicable, will participate in case conferencing activities related to specific households.

**Student/Client/Household Confidentiality**

Both parties understand and concur that this agreement is subject to all State and Federal laws protecting participant confidentiality. Participant confidentiality will be maintained equally for all individuals present for service. The use or disclosure by either party of any information concerning an eligible individual served under this agreement is directly limited to the fulfillment of this agreement.

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed by their duly authorized officers and made effective as of the Effective Date.

|  |  |
| --- | --- |
| **Organization Name** | **Organization Name** |
|  |  |
| Authorized Signature Date | Authorized Signature Date |

Printed Name/Title Printed Name/Title