



# Bay City Housing Commission

"enhancing the quality of life in our community"

## RESIDENT SERVICES PROGRAM

### CLIENT'S AUTHORIZATION FOR SUPPORTIVE SERVICES

Resident's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

The term "Resident" may refer to current residents or applicants of the Bay City Housing Commission.

#### Purpose of Authorization: (check all boxes that apply)

The Resident Services Program is managed by a Licensed Michigan Social Worker experienced in case management. This authorization does not supercede the HUD Form 92006 that may authorize other parties to receive notices and engage in other resident-related matters. This document authorizes the Resident Services Program of the Bay City Housing Commission to engage with other parties on behalf of the "Client" to resolve issues that may arise during Resident's tenancy with the Bay City Housing Commission or to assist in arranging and coordinating any supportive care or services the Resident may require to live independently. The Resident may withdraw this authorization at any time by signing in the withdrawal section below.

- Assess Resident needs. Discuss benefits or services options and program eligibility.
- Assistance with completing applications, benefit renewals, or other service-related paperwork and phone calls.
- Assist with renewing supportive services for Resident.
- Advocacy and coordination with third-party agencies and service providers on behalf of resident.
- Advocacy with BCHS property management about issues impacting occupancy.
- other

#### Client Authorization

Resident hereby authorizes the Resident Services Program to work in the Resident's interest to coordinate delivery of third-party supportive services on behalf of Resident.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Authorization Date

#### Cancellation of Authorization:

By signing in the space below, the Resident hereby withdraws/cancels all prior authorization granted to the Resident Services Program at the Bay City Housing Commission

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Cancellation Date