**Participant Acknowledgement of Receipt of CT BOS Notices**

**INSTRUCTIONS FOR CANS & PROVIDERS:**

CT BOS funded projects and Coordinated Access Networks (CANs) are required to document provision of three CT BOS notices to all households seeking or receiving CoC funded assistance:

- Participant/Applicant Bill of Rights

- Notice of Grievance Rights (“Information for CoC Project Participants About Your Right to File a Complaint”)

- Notice of Emergency Transfer Rights (“Information for Residents About the CT BOS Emergency Transfer Plan”)

Documentation that each Notice has been provided must be maintained in the client chart. Projects/CANs may document receipt using this acknowledgment form or a different format at their discretion.

Staff are expected to review the content of the forms with clients and answer any questions prior to requesting signatures.

Projects are also required by HUD and/or other funders to provide additional information to participants and maintain additional documentation in CoC project participants’ charts. For more information see: [Participant Chart Requirements by Project Type](https://www.ctbos.org/wp-content/uploads/Participant-Chart-Reqs-by-Project-Type-v6.pdf)

**Participant Acknowledgement of Receipt of CT BOS Notices**

All people who have requested help or who are getting help from a project funded by the Connecticut Balance of State Continuum of Care (CT BOS), have certain rights.

These rights are explained in:

* [Client Bill of Rights](https://www.ctbos.org/wp-content/uploads/Participant-Bill-of-Rights-Adopted-2-17-2023.pdf)
* [Information for COC Project Participants About Your Right to File a Complaint](https://www.ctbos.org/wp-content/uploads/Notification-Requirement.docx)
* [Information for Residents About the CT BOS Emergency Transfer Plan](https://www.ctbos.org/wp-content/uploads/Info-for-Residents-ER-Transfer-Plan-for-DV2022-v6.docx)

By signing below, you acknowledge that:

* you have received the documents listed above; and
* a staff person reviewed all of the materials with you and gave you a chance to ask questions.

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| --- | --- | --- |
|  |  |  |
| Participant Name |  | Participant Signature |
|  |  |  |
|  |  | Date |
|  |  |  |
| Staff Name |  | Staff Signature |
|  |  |  |
|  |  | Date |