

Corrective Action Plan

Name: Tina Turner

Address: 222 22nd St. Apt #2

Team: 1

Date: August 25, 2021

This Corrective Action Plan outlines issues for your non-adherence to the terms of your Use and Occupancy Agreement will include several related tasks that you need to complete in order to avoid termination from Housing/Program.

This probation period starts at the date of this letter and will last 90 days (November 25, 2021). Prior to the end of the probation period the housing team will review your progress with the CAP and make a one of the following decisions:

- To remove you from probationary status because you have successfully fulfilled the terms of the CAP
- To extend probation for 30-60 days. This will only occur if there are reasons beyond your control that hindered your ability to comply with the terms of the probation
- To recommend termination from the program

Corrective Action Plan (CAP)

Identified issues/problems of non-adherence to terms of your use and Occupancy and/or program requirements include:

- Obstructing maintenance from entering the unit to address housing concerns
- Not adhering to bi-weekly home visits
- Non-payment toward back-program contribution

In order for me to remain housed and remain in Pathways to Housing PA program, I agree that I must adhere to the following tasks/changes starting immediately

- I will comply with bi-weekly home visits from team, allowing them inside of the apartment to assess its condition
- I will permit entry to my apartment by the landlord, inspectors and maintenance staff
- I will work with my representative payee to establish a budget and timeline to pay my outstanding debt to PTHPA

By signing this document, I acknowledge that I must adhere to the terms noted above. I agree to these terms and understand that my housing will be in jeopardy should I disregard them at any time. Please know that the probation period will stand regardless of participant agreement.

I chose to not participate in CAP. (*please sign and date here*)_____.

I acknowledge that by choosing to not participate in CAP, I will be put my housing in jeopardy and will be discharged from Housing (*please sign and date here*)_____

Participant Name: _____

Participant Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____