## HOUSING ASSISTANCE PROGRAM – HOUSING PROGRAM

# TENANT RIGHTS AND GRIEVANCES

# **Purpose**

To establish a policies and procedures regarding tenant rights.

# **Policy**

Residential Administrators, Inc. is committed to ensuring that all tenants have the rights during treatment or other services that are accorded them through Administrative Rules as noted in the Certification Standards of the Ohio Mental Health and Addiction Services.

Adults, youth and families participating in the Residential Administrators, Inc. programs will be informed of their Tenant Rights and any responsibilities at the beginning of their involvement with Residential Administrators, Inc. as noted below:

You have the right to be treated with consideration and respect for personal dignity, autonomy and privacy.

You have the right to service in a humane setting which is the least restrictive feasible as defined in your treatment plan.

You have the right to be informed of one's own condition, of proposed or current services, treatment or therapies and of the alternatives.

You have the right to refuse being audio taped during hearings, photographed, and videotaped without my permission. This does not include cameras in common areas of properties.

You have the right to view your Tenant File with a written request.

You have a right to know the cost of renting a unit or any other service prior to entering the program.

As a tenant with services provided by Residential Administrators, Inc., you have certain rights that are protected by law and are summarized in the following information. A copy of your tenant rights will be provided to you at the time you enroll in one of our programs. Additionally, a copy of your rights is available upon request to Residential Administrators, Inc.

#### Your Rights are.....

To be informed of all Tenant Rights.

To be treated with consideration and respect for personal dignity, autonomy and privacy.

#### HOUSING ASSISTANCE PROGRAM – HOUSING PROGRAM

To be offered safe, decent and affordable housing of my choice.

To receive housing assistance without being discriminated against on the basis of your religion, race, color, creed, sex, sexual orientation, national origin, age, lifestyle, physical or mental handicap, and developmental disability, veteran's status, genetic information, human immunodeficiency virus status, or socioeconomic status.

# **FILING A GRIEVANCE**

You ha	ve the	right.					
--------	--------	--------	--	--	--	--	--

To file a grievance and to have oral and/or written instruction for filing a grievance made available to you and to be provided assistance in preparing and filing a grievance. Should you need assistance in preparing and/or filing a grievance, please notify Residential Administrators, Inc. and an appointment will be scheduled with someone to assist you with preparing and/or filing a grievance within two working days.

Any person dissatisfied with the services that he/she received or believes that his/her rights have been violated, may file a grievance in accordance with the following procedures:

□ Grievance must \( \)	be	in	writing.
------------------------	----	----	----------

- Grievance must be signed by the tenant or the individual filing the grievance on behalf of the tenant.
- ☐ Grievance must be dated.
- Grievance must give a description of the incident or situation which notes the date and time of the event and the names of the individuals involved.

If your complaint cannot be resolved through the normal agency administrator structure, you may talk to the Client Rights Advocate, who will make arrangements to meet with you and document your concerns.

Grievances are to be given to the Client's Rights Advocate:

Jon Brown, Administrator 1521 North Detroit Street West Liberty, Ohio 43357

Hours: Monday through Friday (8:00 a.m. – 5:00 p.m.)

(937) 465-1045

The alternate Client Rights Advocate for Residential Administrators, Inc. is:

Current Chairperson of Residential Administrators, Inc. Board

After you have given your grievance to a Client Rights Officer, you will receive a written acknowledgment of your grievance within three working days which includes the date the grievance was received; a summary of the grievance; an overview of the investigation process; a timetable for the investigation or notification of resolution.

The Client Rights Advocate will investigate your concern and give to you, in person a written report within five working days from the date of your initial meeting. While ever effort will be made to complete the process as quickly as possible, should extenuating circumstances cause a

#### HOUSING ASSISTANCE PROGRAM – HOUSING PROGRAM

delay and require an extension, it will be documented in the file and written notification will be given to the tenant.

If you are dissatisfied with the advocates investigation and findings and wish your concern to be further investigated, you can request a hearing with the Agency's Board of Trustees. An appointment with the Board's representative will be made within two weeks of your request.

The Board of Trustees' representative will meet with you and any other person you may bring to represent or support you. The concern will be heard and you will be given a written response within two weeks.

If you are dissatisfied with the Board's investigation and findings and wish your concern to be addressed by the Mental, Health, Drug and Alcohol Services Board of Logan and Champaign Counties, an appointment will be made by the Advocate within two weeks of your request.

All grievances will be held for at least two years from resolution.

You have the option to file a grievance with an outside agency; the following is a list of these:

- A. Ohio Mental Health and Addiction Services,
   30 East Broad Street,
   Columbus, Ohio 43215
   (614) 466-2596
- B. Ohio Legal Rights Services
   8 East Long Street 8<sup>th</sup> Floor
   Columbus, OH 43215
   (614) 466-7264
- Mental Health, Drug and Alcohol Services Board
   1521 N. Detroit Street
   West Liberty, OH 43357
   (937) 465-1045
- D. Equal Employment Opportunity Office
  Ohio Department of Health
  246 N. High Street
  P.O. Box 118
  Columbus, Ohio 43266
  (614) 466-6097

have read or have had these rights and grievance procedure read to me. I am able to understand the
information and have had any questions answered to my satisfaction. I am aware I may have a copy of
these rights by asking for them.

Tenant	Date
Staff Member	