# 20. Attachments to this Handbook Checklist

A. The Client certifies that s/he received a copy of this Handbook and the following Attachments to this Handbook and understands that these Attachments are part of this Handbook and are incorporated herein by reference.

B. The Client understands that a violation of the terms of the Handbook, the Occupancy Agreement, Attachments, or Individual Service Plan will constitute non-compliance and may, at the election of Center Apartments, LLC/Bridges West Transitional Housing Program, result in initiation of termination proceedings.

C. The Client also understands that to the extent the terms and conditions of the Handbook or the Occupancy Agreement are inconsistent with these Attachments; the Attachments govern and will take precedence over the Handbook and Occupancy Agreement.

**Client Initials**

1. _____Attachment No. 1 - Appeal Request Form
2. _____Attachment No. 2 - Appeal Procedure-Non Compliance
3. _____Attachment No. 3 - Appeal Form-Non Compliance
4. _____Attachment No. 4 - Appeal Procedure- Clear and Present Danger
5. _____Attachment No. 5- Appeal Form- Clear and Present Danger

**Signatures**

A. CLIENT(S)

1. _____ Date Signed: _____

2. _____ Date Signed: _____

B. CASE/PROPERTY MANAGER

1. _____ Date Signed: _____

SAMPLE

# BRIDGES WEST HANDBOOK-ATTACHMENT #1

## Appeal Request Form

Date: _____

Name: _____

Unit #: _____

Phone #: _____

_____Place a check here if you would like to present oral objections at a hearing

_____Place a check here if you would like to present written objections only

Signature: _____

If a request to appeal is not made orally by calling the Executive Director/authorized representative at 712-252-1861, ext. 12, then this form must be completed and delivered to the Executive Director/authorized representative at 715 Douglas Street, Sioux City, IA 51101. This notice must be received by the Executive Director/authorized representative within the applicable time frame listed in the Appeal Procedure provided to you with your termination notice. Otherwise, refer to Section 12 of the Occupancy Agreement or Attachment #2 of the Handbook for the complete appeals procedures.

SAMPLE



***Internal Office Use***
*Appeal Request Form was received by Center For Siouxland Apartments, LLC/Bridges West Transitional Housing Program.*
*Received on* _____
*Received by* _____

# BRIDGES WEST HANDBOOK-ATTACHMENT #3

## Written Appeal Form Non-Compliance

Date: _____

Name: _____

Unit #: _____

Phone #: _____

Signature: _____

If you have chosen to present only written objections to the termination notification, then this form must be completed and hand delivered to the Executive Director/authorized representative at 715 Douglas Street, Sioux City, IA 51101. This notice must be received by the Executive Director/authorized representative within 5 working/business days after service of the termination notification. Please refer to Occupancy Agreement Section 11 or Handbook Attachment #3 to ensure that your appeal is made in the proper manner.

Please explain your disagreement with the notification of termination. What are you appealing? Why are you appealing? How do you plan to resolve the issue and prevent it from happening again? Be as specific as possible. Include details, dates, times, names, etc. Attach additional pages if necessary.

SAMPLE



***Internal Office Use***
*Appeal Request Form was received by Center For Siouxland Apartments, LLC/Bridges West Transitional Housing Program*
*Received on* _____
*Received by* _____

# BRIDGES WEST HANDBOOK-ATTACHMENT #5

## Written Appeal Form Clear and Present Danger

Date: _____

Name: _____

Unit #: _____

Phone #: _____

Signature: _____

If you have chosen to present only written objections to the termination notification, then this form must be completed and hand delivered to the Executive Director/authorized representative at 715 Douglas Street, Sioux City, IA 51101. This notice must be received by the Executive Director/authorized representative within 1 working/business days after service of the termination notification. Please refer to Occupancy Agreement Section 14 or Handbook Attachment #4 to ensure that your appeal is made in the proper manner.

Please explain your disagreement with the notification of termination. What are you appealing? Why are you appealing? How do you plan to resolve the issue and prevent it from happening again? Be as specific as possible. Include details, dates, times, names, etc. Attach additional pages if necessary.

SAMPLE



***Internal Office Use***
Appeal Form was received by Center For Siouxland Apartments LLC/Bridges West Transitional Housing Program.
Received on _____
Received by _____