SAMPLE
MEMORANDUM OF AGREEMENT

This agreement is entered into as of this ___ day of May 2002, by and between
HOMETOWN HEALTH CARE FOR THE HOMELESS INC. (hereinafter HCH)
and RESCUE MISSION, THE GOOD SHEPHERD CENTER and SALVATION
ARMY (hereinafter referred to as The Shelters).

RECITALS:

1. In as much as HCH currently provides a full array of primary care services
   consisting of on-site medical and dental services, as well as behavioral health
   services, to over 6000 unduplicated homeless clients in the Hometown metropolitan
   area per year, the agency believes that in order to provide accessible health care to
   all segments of the homeless population that it must intensify its primary care and
   behavioral health outreach activities to new access points in the area where the
   homeless population concentrates.

2. The above mentioned ministries or social service agencies by their location form a
   cluster of supportive services to the homeless population that includes meals and
   shelter for a large portion of the homeless population. These agencies have an
   interest in linking their clients to accessible quality health care and social services in
   the city, recognizing the multiplicity of needs that the homeless population presents
   each day. Furthermore, these agencies have resources and available space so
   that these services can be provided.

3. As part of a new funding opportunity provided by the Department of Health and
   Human Services, Public Health Service, Bureau of Primary Care, HCH has the
   opportunity to develop a new initiative which will enable it to extend primary care
   and behavioral health services to “new access” points and to under-served
   segments of the homeless populations which include intravenous drug users,
   homeless teens, and certain under-served minority populations most notably
   African-American and Native American groups.

4. The four agencies believe that it is in the best interests of their clients to share
   resources and to collaborate in the delivery of services, and in so doing, the
   agencies will achieve a synergy of positive results and benefits that improve the
   lives of their clients.

IT IS, THEREFORE, AGREED AS FOLLOWS:

THE SHELTERS SHALL:

1. Designate quiet space on the premises of the Shelter where an HCH medical
   provider team and behavioral health outreach workers will set up clinical care
   activity at least two days per week to permit clients of the Shelters to seek
   consultations with these providers.
2. Staff at each Shelter will provide verbal and written notice and information clients on their sites regarding the scheduled clinic hours.

3. Staff will provide regular feedback to the HCH provider team regarding the input from clients as to the quality and benefit of medical care.

**HCH SHALL:**

1. Provide at least two outreach primary care clinics of 4-6 hours duration at each of the shelters in the cluster. The primary care medical team will consist of at least a physician or mid level nurse practitioner who will be assisted by a Registered Nurse or Licensed Practical Nurse. Behavioral health outreach and engagement services will be provided by at least one outreach worker specially trained to engage difficult to reach clients in the shelter. The types of services to be provided by the outreach activity will be determined in part by the needs of clients but will generally fall into categories of activity that are listed in appendix A. Care that cannot be provided on site will be referred to the HCH Medical or Dental Clinics or University Hospital Emergency or Urgent Care.

2. Provide the regular schedule of outreach clinic activities for the month, as well as any necessary revisions to the schedule, to the staff of the shelters at least 10 days prior to the end of the prior month so that clients are appropriately advised.

3. HCH assumes complete responsibility for the quality of primary care services and the ethical and professional conduct of its providers during the time they are providing services on the premises of the Shelter Cluster.

**ALL PARTIES SHALL:**

1. Designate a contact person for referral and communication of issues and notify the other parties who the person is and how to contact them by mail, telephone, email, and fax.

2. Give a minimum of two weeks written notice of intent to terminate this Agreement, unless such termination is by mutual consent.

Rescue Mission                                                      The Good Shepherd Center

___________________                                           ____________________
By: (name of signer)                                               By: (name of signer)

Salvation Army                                                         Health Care for the Homeless

____________________                                          _____________________
By: (name of signer)                                     By :   (name of signer)

(Adapted from Albuquerque Health Care for the Homeless Inc.)