

#8

MEMORANDUM OF UNDERSTANDING
Shannon Supportive Health Services (SSHS)
and
TOM GREEN COUNTY INDIGENT HEALTH CARE

To enable collaboration in the planning and delivery of services to persons who are HIV positive, Shannon Supportive Health Services (a program of Shannon Business Services) and TOM GREEN COUNTY INDIGENT HEALTH CARE agree to the following:

I. TOM GREEN COUNTY INDIGENT HEALTH CARE AND SSHS AGREE TO:

- a. enter into this memorandum of understanding;
- b. exchange relevant information and referrals; and
- c. participate in other activities relevant to this agreement that further HIV prevention and services to those infected with HIV disease.

II. SSHS ASSURANCES:

- a. Case Management staff will refer in need SSHS clients to TOM GREEN COUNTY INDIGENT HEALTH CARE.....;
- b. Case Management staff will work with referred individuals to assure compliance with TOM GREEN COUNTY INDIGENT HEALTH CARE program requirements;
- c. Provide requested yearly in-service training to TOM GREEN COUNTY INDIGENT HEALTH CARE staff regarding HIV 101, SSHS Services, and/or Universal Precaution.

III. TOM GREEN COUNTY INDIGENT HEALTH CARE ASSURANCES

- a. TOM GREEN COUNTY INDIGENT HEALTH CARE will refer identified HIV positive individuals to SSHS for Case Management and appropriate social and medical services;
- b. TOM GREEN COUNTY INDIGENT HEALTH CARE will maintain communications with SSHS regarding the status referrals and services provided.
- c. [Add additional duties]

IV. MODIFICATION OR TERMINATION

- a. This agreement shall become effective on the date the last signature of each agency's authorized representative is obtained. This agreement will be renewed with the mutual consent of the parties on an annual basis to coincide with relevant funding cycles for each agency. This agreement may be terminated by either party upon thirty (30) days written notice to the other party.
- b. This agreement may be amended in a writing signed by both parties at anytime.
- c. In the event that Federal or State law or other rules or regulations should be amended or judicially interpreted to render continued fulfillment of this agreement (on the part of any party) unreasonable or impossible, this agreement may be terminated. An agency wishing to terminate this agreement shall provide each agency with written notice of intent to terminate. Termination of this agreement will be effective upon receipt of notification.

Shannon Supportive Health Services

Date

Dianne Spaulter

TOM GREEN COUNTY INDIGENT HEALTH CARE

3-20-12

Date