Every Door Open

Coordinated Entry System
Written Standards

KTHA
LEVERAGING RESOURCES
EMPOWERING PARTNERS

Adopted by the Alliance Board of Directors
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Lucia Orozco, Board Secretary

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I. Introduction

In 2010, the Kings/Tulare Homeless Alliance (Alliance) adopted a communitywide plan to end homelessness titled, ***Connecting the Dots***. The plan includes a comprehensive and interrelated set of strategies focused on reducing the number of people who experience homelessness within Kings and Tulare Counties. One of the strategies identified in the plan is the need for a coordinated entry and assessment system. ***Every Door Open: A Coordinated Entry & Assessment System Serving Kings/Tulare Counties*** has been created to address this need.

The ***Every Door Open*** plan is a partnership of service and housing providers (collectively referred to as "Providers") and is structured to deliver a more consistent level of services and housing to those that are at-risk of homelessness or experiencing homelessness in Kings/Tulare counties. ***Every Door Open*** coordinates local investment towards ending homelessness, in order to increase our ability to prevent and reduce homelessness. The following focal points have been incorporated into ***Every Door Open*** in order to address the needs of individuals and families that are at-risk or experiencing homelessness:

- **Coordinated Entry–** Housing Providers within the region will use the same assessment tool, policies on eligibility verification, and data collection forms. By following a unified entry protocol, the process becomes more efficient for the potential applicant, the housing provider, and the agency that is working to find housing for the potential applicant. Additionally, data is shared between agencies to maximize service potential and minimize duplication of services.
- **Accessible Point of Entry –** Households with a housing crisis anywhere in the bi-county region can enter the system either through a Housing Navigator, partner agency, or 2-1-1. Clients will be screened by a Housing Navigator, any partner agency, or centrally through the 2-1-1 information and referral hot line. While applicants can enter the Alliance of services through a local Provider, 2-1-1 has been intentionally incorporated into this strategy to allow for an accessible point of entry from anywhere in Kings/Tulare Counties.
- **Screen In (not Out) for Eligibility –** The goal of this comprehensive entry and assessment system is to identify the appropriate level of services for each applicant, and fully utilize the ***regional referral capability*** to assist every client in accessing the required level of services and/or housing needed to attain and remain successful in permanent housing.
- **Appropriate Level of Services and Housing First** - The effectiveness of ***Every Door Open*** revolves around the ability to accurately assess participants and assign the appropriate level of services. Prevention, Diversion and Rapid Re-Housing are the three main priorities of ***Every Door Open,*** with

accurate referral to emergency, transitional, or permanent supportive housing. As Providers work through the assessment protocol, referrals will be crucial in assigning and connecting each participant with the appropriate level of service.

On May 20, 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including:

- A consolidation of HUD's competitive grant programs;
- The creation of a Rural Housing Stability Assistance Program;
- A change in HUD's definition of homelessness and chronic homelessness;
- A simplified match requirement;
- An increase in prevention resources; and,
- An increase in emphasis on performance.[1]

The HEARTH Act requires that the Alliance establish and operate a coordinated entry system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. In addition to providing a more efficient system for serving those that are at-risk of homelessness or experiencing homelessness in Kings/Tulare counties, ***Every Door Open*** meets the intent of the HEARTH Act requirements.

This plan is an unprecedented collaborative effort in our community with those entities most likely to come into contact with the homeless population. While establishing a successful unified entry and assessment program serving Kings and Tulare Counties will be challenging, this Plan is intended to be a live document. As funding shifts, programs expand and/or close, and local systems evolve, this plan will need to be adjusted accordingly. Throughout this endeavor, the Alliance will remain committed to educating and establishing systems for diversion, prevention and rapid re-housing, as well as integrating this strategy in our local community for preventing and ending homelessness.

A. ENTRY SYSTEM

According to the National Alliance to End Homelessness, there are two general models for coordinated entry systems – centralized and decentralized. A geographically centralized entry system has one distinct location where every household can go to complete an intake and assessment. A centralized system includes a virtual or telephone-based intake where households can call one number to access intake and get referrals. A decentralized coordinated entry system offers access

[1] http://www.hudhre.info/hearth/

through multiple sites and providers.

Kings and Tulare counties are located in the San Joaquin Valley and span over 6,200 square miles of diverse geographic and demographic landscape. There are a couple of populated metropolitan areas, but the majority of residents live in impoverished rural areas. In order to meet the needs of our community, Every ***Door Open*** utilizes a hybrid approach incorporating both models; coordinated entries through the centralized 2-1-1 call system; and decentralized entries through Providers. This hybrid approach provides a variety of avenues in which all segments of our community can access housing and service supports.

Every Door Open directs households who are at-risk of becoming homeless or are currently experiencing homelessness, to seek assistance through a Housing Navigator, partner agency, or 2-1-1. Households are evaluated through the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT).

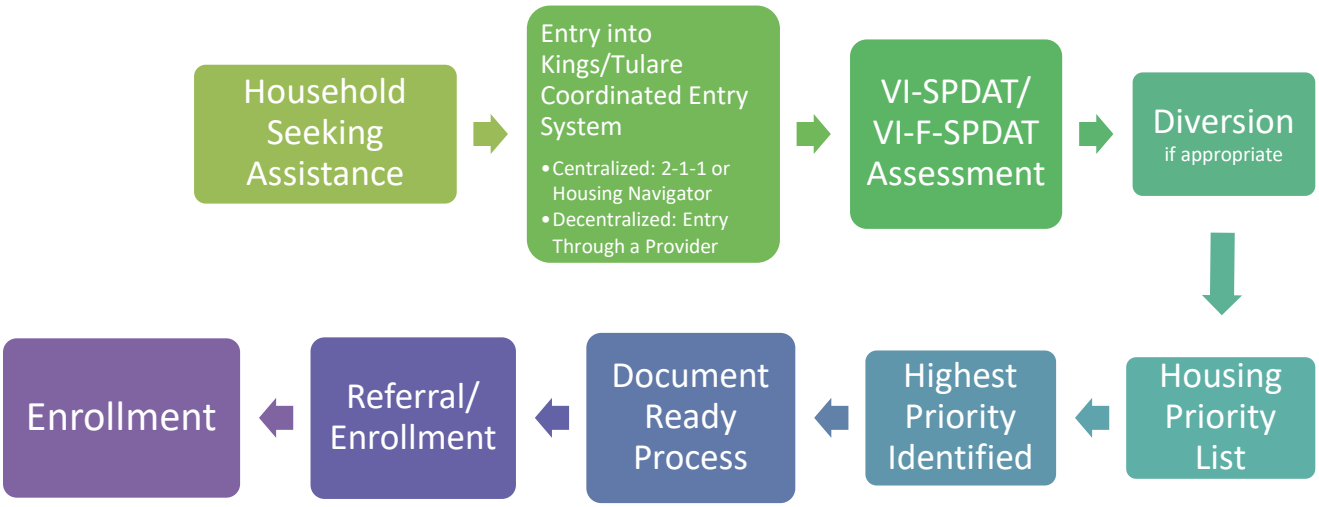
The standards are to be reviewed regularly in order to ensure the system of providing assistance is transparent, ensure local priorities are clear to all recipients, and as a CoC that limited resources are being used strategically. To guarantee the written standards are implemented comprehensively, project performance, HMIS data, Coordinated Entry tracking, as well as project participant and stakeholder input will all be considered when evaluating the written standards for effectiveness.

These written standards establish the community-wide expectation of how resources are to be targeted within the community separate from meeting eligibility requirements, and specific to prioritizing assistance according to population and household types. Providers must always meet eligibility criteria while all individuals and household types can be prioritized for a type of assistance.

The Alliance uses the VI-SPDAT to prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner.

The following *Figure A: Kings/Tulare Coordinated Entry Process* summarizes the general process of ***Every Door Open.***

Figure A:
Kings/Tulare Coordinated Entry Process



The ***Every Door Open*** Plan streamlines referrals and ensures a similar level of services to households entering either through a Housing Navigator, partner agency, or 2-1-1. All points of entry will use the same assessment tool, data collection forms, policies on eligibility verification and referral/information sharing system.

Every Door Open acknowledges that the needs of a household who is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, may be different than the needs of non-victims. Providers will be trained on sensitivity in regards to victims' assistance, and referrals will only be made to domestic violence providers. In addition, the data of victims will be entered into a comparable database, and victims' data is not shared with other Providers. Individuals who are seeking shelter or services from non-victim service providers will be provided a high level of confidentiality and sensitivity, and will be referred to a qualified domestic violence Provider for housing and services.

In addition to entry through a Housing Navigator, partner agency, or 2-1-1, the local 10-Year Plan titled "Connecting the Dots: A Proactive Approach for Addressing Homelessness" calls for the establishment of Housing Resource Centers (HRC) in Kings/Tulare Counties. In the event that HRCs

are established, ***Every Door Open*** should be re-evaluated. At a minimum, the HRCs should become certified entry points to access housing and services. Depending on the structure of the HRCs, Kings/Tulare Counties could elect to shift to a strictly centralized model, with front door entry taking place at only the HRC or through 2-1-1. However, since the structure and impact of potential HRCs are unknown at this time, they cannot be integrated into this version of ***Every Door Open.***

B. ASSESSMENT TOOLS & PROTOCOLS

Every Door Open utilizes the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) and the Vulnerability Index and Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT), which assist in consistently evaluating the level of need and appropriate services for all clients seeking services. All ESG and CoC funded programs are required to use the coordinated entry tools to assess clients. Additionally, all ESG and CoC funded projects are required to take referrals from the coordinated entry system.

The HEARTH Act requires that the Kings/Tulare Homeless Alliance establish policies and procedures for evaluating a household's eligibility for assistance. The assessment tools provide a procedure for determining which applicants are eligible and appropriate for the variety of housing and support services available in our community. For example, applicants for permanent supportive housing must have a disabling condition and lack the resources to obtain housing.

The VI-SPDAT/VI-F-SPDAT tools should be used as a guide, with the understanding that each applicant has a unique set of circumstances. Generally speaking, the assessment is a tool for ensuring that protocols are applied consistently throughout the bi-county region, and that each Provider is actively engaging in ***responsible assessments***.

Every Door Open is focused on providing a continuum of care including prevention, diversion and housing first approaches. The Plan requires each Provider to assess household's eligibility for services. Prevention services target people at imminent risk of homelessness, while diversion services target people as they are applying for entry into shelter, and housing first strategies target people who are already homeless.[2] If the point of entry is an emergency shelter, Providers shall assess feasibility for diversion within **72 hours** of when a family/individual enters a shelter. The entry Case Manager determines whether the household has income but needs financial assistance to obtain housing and/or needs assistance with staying in their homes.

The VI-SPDAT/VI-F-SPDAT forms will also be used to identify Veterans in need of assistance. Once identified, Veterans will be referred to the Veterans Administration for consideration for VASH or to a

[2] Closing the Front Door: Creating a Successful Diversion Program for Homeless Families, Best Practice, August 16, 2011

SSVF provider as appropriate. Veterans who are not eligible for VASH or SSVF assistance will be prioritized for ESG and/or CoC funded programs.

C. COORDINATED ENTRY IN HMIS

The local Homeless Management Information System (HMIS) software, Client Track, allows us to manage referrals, manage measurement score (for example, the VI-SPDAT score) and also allows us to create customized assessments and reports. All assessments are entered into HMIS by Providers and the Housing Navigator as close to real time as possible. This process allows for the Housing Navigator to maintain a real-time Housing Priority List. As housing opportunities become available, the Housing Navigator selects households from the Housing Priority List based on a combination of VI-SPDAT score, length of time homeless and program requirements (e.g. disabling condition, chronic homeless status, etc.).

The Housing Priority List is managed by the Housing Navigator and is monitored by the Alliance and Kings United Way, who serve as the CoC and HMIS Lead agency respectively. All referrals for ESG and CoC funded projects are made by the Housing Navigator and are based on matching the appropriate intervention with the highest-scoring client/family in that category. Case Management Roundtables are held monthly to staff cases and discuss challenges and successes related to the coordinated entry and housing priority list process.

II. Coordinated Intake Policies and Procedures

The Alliance has developed these written standards in accordance with 24 C.F.R §576.400(e), as well as through stakeholder feedback and incorporation of national best practices. The standards include common forms, recordkeeping policies, and evaluation tools in order to enhance compliance amongst all HUD homeless funding streams and allow for measureable results. These standards are not intended to be static and will be updated as necessary to address the needs of the community.

These written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. All programs that receive ESG or CoC funding are required to abide by these written standards. Agency program procedure should reflect the policy and procedures described in this document. The CoC strongly encourages programs that do not receive either of these funding sources to accept and utilize these written standards.

The majority of these standards are based on the ESG and/or the HEARTH Interim Rules. There are some additional standards that have been established by the CoC to assist programs in meeting and exceeding performance outcomes that will help the CoC reach the goal of ending homelessness.

The Continuum of Care Written Standards will include policies and procedures for:

- Evaluating individuals' and families' eligibility for assistance.
- Determining and prioritizing which eligible households will receive ES, RRH and PSH assistance funded by the CoC and ESG.
- Standards for determining what percentage and amount of rent each household must pay while receiving RRH assistance.
- Common performance measurements for all CoC components.

These standards are in place in order to:

- Establish community-wide expectations on the operations of projects within the community.
- Ensure that the system is transparent to all users.
- Establish a minimum set of standards and expectations in terms of the quality expected of projects.
- Ensure the local priorities are transparent to recipients and sub-recipients of funds.
- Create consistency and coordination between projects throughout the CoC.

A. PROGRAM REQUIREMENTS FOR ALL PROGRAMS

- Programs must coordinate with other homeless services within the CoC.

- Programs must coordinate with mainstream resources in the CoC including housing, social services, employment, education and youth programs for which participants may be eligible.
- Programs must have written policies and procedures and must consistently apply them to all participants.
- Ensure that all members of a household are not denied admission or separated from other family members based on age, sex, or gender when entering shelter or housing.
- Programs that serve households with children:
    - A staff person must be designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services.
    - The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that provides shelter for families with children.
- Programs receiving ESG and CoC funding must participate in HMIS (Homeless Management Information System).
- Programs must meet minimum HMIS data quality standards.
- Programs providing domestic violence services must utilize the Alliance comparable database to collect HUD required data elements.
- Programs must participate in Coordinated Entry System and use the prioritization criteria established in this document.
- Programs must conduct an initial evaluation to determine the amount and type of assistance needed to regain stability in permanent housing.
- Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.
- Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved.
    - Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination.
    - Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
- Termination does not necessarily preclude assistance at a future date.
- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis.

- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or ESG. These activities can be conducted but must be separate and voluntary for program participants.

B. RECORD KEEPING REQUIREMENTS FOR ALL PROJECTS

Participant Recordkeeping Requirements include:

- All records containing personally identifying information must be kept secure and confidential.
- Programs must have written confidentiality/privacy notice; a copy of which should be made available to participants if requested.
- Documentation of homelessness (See Appendix for HUD documentation guidelines).
- Documentation of chronic homeless status, if applicable (See Appendix for HUD documentation guidelines).
- A record of services and assistance provided to each participant.
- Documentation of any applicable requirements for providing services/assistance.
- Documentation of use of coordinated entry system.
- Documentation of use of HMIS.
- Records must be retained for the appropriate amount of time as prescribed by HUD.

Financial Recordkeeping Requirements include:

- Documentation for all costs charged to the grant.
- Documentation that funds were spent on allowable costs.
- Documentation of the receipt and use of program income.
- Documentation of compliance with expenditure limits and deadlines.
- Retain copies of all procurement contracts as applicable.
- Documentation of amount, source and use of resources for each match contribution.

C. OCCUPANCY STANDARDS FOR ALL PROGRAMS

All housing units, including scattered-site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards: (For more detail refer to ESG regulations 576.403 (b) Minimum Standards).

- Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents.

- Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable.
- Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings.
- Each room must have a natural or mechanical means of ventilation.
- Must provide access to sanitary facilities that are in operating condition, private and clean.
- Water supply must be free of contamination.
- Heating/cooling equipment must be in working condition.
- Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances.
- Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner.
- Building must be maintained in a sanitary condition.
- Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

The Program, Record Keeping and Occupancy Standards as represented above apply to all programs, regardless of the type of services/housing that they provide.

D. CLIENT ELIGIBILITY AND DOCUMENTATION

The following table provides a summary of the funding resources the Alliance allocates, and the targeted population associated with each.

Table 1. Eligible Populations

FUNDING SOURCE	COMPONENT	TARGET POPULATION
HUD Alliance of Care Program (CoC)	Permanent Supportive Housing	Literally Homeless individuals with a disabling condition; families with one member who has a disabling condition.
	Rapid Re-housing	Individuals and families who are literally homeless.
	Transitional Housing	Individuals and families who are literally homeless; or are at imminent risk of homelessness.
Emergency Solutions Grant (ESG)	Street Outreach	Individuals and families who are literally homeless.
	Emergency Shelter	
	Rapid Re-housing	

All ESG and CoC funded programs must comply with the following standards with regards to defining homelessness:

Table 2. HUD Homeless Definitions

Category of Homelessness		Definition
Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); **or** (iii) Is exiting an institution where (s) he has resided for 90 days or less **and** who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.
Category 4	Fleeing/ Attempting to Flee DV	(3) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; **and** (iii) Lacks the resources or support networks to obtain other permanent housing.

Note: Category 3 has been omitted, as it is not an eligible population to be served in the Kings/Tulare bi-county region.

Prior to being enrolled into a housing program, the case manager must obtain homelessness verification/documentation for the household being served. Appendix B provides an overview of the documentation standards for homeless status.

E. ACCESS POINT FOR HOUSING

Households seeking housing assistance can access the system through a Housing Navigator, partner agency or by calling 2-1-1. Partner agencies or a Housing Navigator will administer a VI-SPDAT or VI-F-SPDAT to determine the appropriate level of services. The completed assessment will be entered into the local HMIS for placement on the Housing Priority List.

Once an appropriate housing opportunity is identified, a referral will be issued in HMIS and will generate an email to the agency receiving the referral. The receiving agency shall contact the client within 7 days to conduct a full assessment and placement, per component policies and procedures.

F. MATCHING

Assisted households will be matched to the appropriate program based on level of need and other criteria, including:

1. Special populations, including but not limited to the following:
    a. Domestic violence
    b. Disability status
    c. Mental illness
    d. Substance abuse
    e. Youth and young adults
2. Geographic location, including matching families with children to programs that can serve the family in the child's current school district, or other location they prefer such as near family/friends; and
3. Household type and size.

G. REFERRALS

Once a client is near the top of the Housing Priority List, the Housing Navigator will work with the client to become document ready which includes providing proof of benefits and other supporting documentation (e.g. income, lease, eviction notices, etc.) to verify housing status and client eligibility. This process will determine:

- Whether or not the client has no other support networks or resources to obtain/retain permanent housing;
- If the client's income is below 30% AMI of HUD's annual income limits and if the household has assets that exceed the program's asset limit;
- If the client is chronically homeless;

- If the household's living situation qualifies as literally homeless.

All clients will be contacted by a Housing Navigator prior to being referred to an agency for placement. Navigators will spend a maximum of 7 days trying to locate a client for engagement. If the client is not found, the Navigator will work with the next client on the list.

Until the backlog of non-document ready clients has been cleared, Navigators will refer clients to agencies that have been screened as chronic homeless and disabled, but not yet document ready.

The timeline for clients to be contacted by the receiving agency is 7 days. Within this time, the case manager must make contact with the client and record a housing note in HMIS. The receiving agency must provide the client with a welcome letter outlining what information and steps will be needed for a potential housing placement. This letter must be dated within 7 days of receiving the referral.

The agency then has between 30 and 60 days to place the client into housing (see RRH and PSH guidelines). This timeframe includes getting the client document ready and into lease. If the client has not been placed during this time:

- The VI-SPDAT & referral will need to be closed in HMIS;
- A housing note added in HMIS updating the client situation; and
- A new VI-SPDAT entered on the client.

Households will be deemed ineligible if:

- The household appears to have other resources/housing opportunities that it can access to avoid homelessness;
- The household is not literally homeless according to the HUD definition; or
- The household has very high or multiple barriers to re-housing and can be referred to another program that would better suit the client's housing situation such as a board and care.

Households that do not qualify for HUD or CoC program housing assistance will be referred to other appropriate programs and resources within the community.

H. HOMELESS MANAGEMENT INFORMATION SYSTEM

All VI-SPDATS and VI-F-SPDATS must be entered into HMIS as close to real time as possible. In the event that a household is fleeing or attempting to flee domestic violence enters the system through a non-domestic violence service provider, the household should be referred immediately to a domestic violence provider. The domestic violence service provider receiving the referral will administer a VI-

SPDAT or VI-F-SPDAT and enter the information as anonymous into HMIS with a housing note indicating the client identification number from the Comparable Database in order to identify the client upon referral.

I. COORDINATION AMONG PROVIDERS

The primary coordinating body for the bi-county region is the Alliance. The Alliance meets monthly and has a diverse membership of housing service providers, support service providers, government agencies and private/public organizations. The Alliance also hosts guest speakers to discuss new initiatives or to address concerns raised by the service providers and/or program participants.

Programs operating Rapid Re-housing, Homeless Prevention, Emergency Shelter, Transitional Housing and/or Permanent Supportive Housing that receive funding through the HUD's Continuum of Care Program or ESG are expected to:

- Attend monthly Alliance meetings in order to augment collaboration, resource and information sharing, and improvements to service delivery;
- Use the coordinated entry system to get referrals; and
- Coordinate closely with McKinney-Vento Liaisons, 2-1-1 administrators, mainstream benefit agencies, and other emergency shelters and providers throughout the bi-county region.

J. GRIEVANCE POLICY

Definitions:

Complaint – When a client or community member doesn't like particular procedures, the outcome of a process, style differences between staff, time frame of staff responses, or behavioral styles that may feel abrupt or too direct when compared to other staff styles. A complaint may be handled in an informal conversation with staff person or supervisor, if necessary.

Grievance – When a client or community member states that they have been harmed by staff behavior and that behavior significantly deviates from appropriate, professional behavior or when a client's complaint is not resolvable with the staff person's supervisor. Filing a grievance is a formal procedure that will include management involvement and possible oversight from the relevant agency's Executive Director.

POLICY:

It is important to have a mechanism for clients to address grievances or complaints promptly. Clients need to feel that their concerns are well heard, that they are treated respectfully, and that the agency makes every effort to formally investigate complaints in a fair and thorough manner. Clients need to know that we are engaged in continuous improvement of our services.

PROCEDURE:

1. The person making the grievance or complaint will be asked if they have adhered to grievance procedures provided by the organization they are making a grievance or complaint about. If the person making the grievance or complaint has not gone through the grievance procedure provided by the organization, the CoC will recommend that the person do so and document that procedure. If the resolution provided by that organization was not satisfactory to the complainant, he/she may put the problem in writing and submit it to the Executive Director of the CoC. The Grievance form is located in Appendix E. If the complainant does not want his/her name attached to the complaint, his/her anonymity will be protected. If the complainant is unwilling to put the concern in writing, the Executive Director or another CoC member will document what has been said.
2. Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution.
3. Once a complaint or grievance has been submitted, the Executive Director of the CoC will approach the program's representative, explain the complaint or grievance, and ask for a response to the charge(s). Responses will be documented. It will be up to the Executive Director to decide if the matter needs to be discussed by the Board of Directors of the CoC. A second complaint or grievance will be handled in the same manner.
4. If a program receives a third complaint, the Board of Directors of the CoC will review the situation and recommend action. The Executive Director of the program being reviewed will be asked to respond to the Board of Directors.
5. All complaints or grievances involving **vulnerable adults or children** will be immediately turned over to the appropriate county office.

III. Emergency Shelter (ESG Only)

A. OVERVIEW AND PURPOSE

ESG Emergency Shelter funds are intended to respond to crisis and provide short-term emergency assistance to enable homeless households to move toward independent living by obtaining permanent housing as quickly as possible. The primary goal of emergency shelter is:

- To provide temporary accommodation that is safe, respectful, and responsive to individual needs; and
- Re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns.

B. HOUSEHOLD ELIGIBILITY

1. Initial Screening
   All people requesting shelter must be screened for other safe and appropriate housing options and resources to obtain/maintain their housing. People who have other safe and appropriate housing options shall be diverted away from emergency shelter and instead are offered problem-solving assistance and immediate linkages to other community supports. People who have critical health and safety needs should be provided an appropriate response.

   Emergency Shelters cannot discriminate per HUD regulations. Additionally, they cannot impose pre-conditions for entry such as sobriety, identification, income or employment related items. Transgender placement is based on self-identification of gender.

2. Eligibility
   Homeless clients entering into the shelter system must meet the HUD criteria for homelessness as either literally homeless (Homeless Category 1), at imminent risk of homelessness (Homeless Category 2), homeless under another federal statute (Homeless Category 3), or fleeing/attempting to flee domestic violence (Homeless Category 4).

3. Prioritization
   Emergency shelters will prioritize individuals/families that:

   a) Have the most urgent and severe needs; and
   b) Cannot be diverted; and
   c) Can be safely accommodated in the shelter; and

d) Are not in need of emergency medical or psychiatric services or are dangers to self or others.

4. Documentation
   The receiving provider is responsible for confirming the household's homeless status, and maintaining hard copies of the records. See Appendix for acceptable forms of documentation of homelessness.

C. GENERAL OPERATING STANDARDS

1. Lease Requirement
   In ESG Emergency Shelters, participants must not be required to sign a lease or occupancy agreement.

2. Duration of Assistance
   ESG-Emergency Shelters must operate a maximum 90-day project model. To the extent practicable, participants will be assisted in obtaining housing within 30 days of entry into the emergency shelter. All ESG-Emergency Shelters will strive to reduce the average length of stay. However, participants may stay longer in order to prevent them from becoming homeless, on the streets, or other places not meant for human habitation.

3. Service Requirement
   Each participant will be assessed to identify needs and barriers to obtain permanent housing. An initial evaluation and assessment must be completed at program entry, including verifying and documenting eligibility. If a participant's stay in emergency shelter is longer than 30 days, then the recipient must reassess and document the need for continued services every 30 days while the participant continues in shelter. The reassessment must show that the participant needs additional time in shelter to obtain other housing, and would be unsheltered without ESG assistance.

   Obtaining appropriate housing, particularly permanent housing, and addressing the most immediate and manageable barriers is the priority for emergency shelters. Given the expected short-period of assistance, the focus is on those barriers that can be addressed during the timeframe of assistance. Each participant will have a housing stability/service plan that may include longer-term solutions to other barriers or risk-factors that might destabilize a household after assistance has ended. This plan is to be completed at program entry and updated at least every 30 days for emergency shelter. The plan will be derived from the assessment and include at a minimum, housing stability goals and other goals as appropriate to the essential services identified in the agency's ESG contract. Each participant will participate in developing her/his own

individualized housing stability/service plan to obtain housing and maintain housing stability after ESG-funded assistance ends.

Recipients may use their current evaluation and assessment form, reassessment form, tracking method, and housing stability/service plan, or develop new forms or other tracking methods. The evaluation, assessment, reassessment, housing stability/service plan, and goals must be documented according to the agency's protocols for documentation, and at a minimum must be in a format that is readily available for monitoring. Essential services must be tied directly to the needs and barriers identified in the assessment and recipients are encouraged to build on the participants' strengths to attain housing stability. Participation in services unrelated to obtaining permanent housing is voluntary.

4. Exiting

   To the degree practicable, participants exiting emergency shelter will be assisted in accessing housing that best fits their needs, with a preference for assisting participants to access permanent housing. Exits to other homeless situations are avoided, even when program rules are violated. People who pose an imminent risk of harm to themselves or others may be exited to more appropriate assistance, such as a more intensive program, hospital, or other emergency responder.

IV. Rapid Re-Housing (ESG and COC)

A. OVERVIEW AND PURPOSE

Rapid Rehousing is a type of permanent housing that offers supportive services, as needed, and/or short-term (up to three (3) months) or medium-term (four (4) to twenty-four (24) months) rental assistance in order to help homeless individuals or families move as quickly as possible into permanent housing and achieve stability. 24 CFR § 578.37(a)(1)(ii).

Rapid re-housing is intended to assist eligible participants to quickly obtain and sustain stable, permanent housing. Effective rapid re-housing requires case management and financial assistance, as well as housing search and location services. Though available units may at times seem scarce, oftentimes this problem can be overcome by good relationships with landlords, flexibility on lease terms, or offering security deposits to landlords.

B. HOUSEHOLD ELIGIBILITY

1. Eligibility

Table 3. Eligibility Criteria

ELIGIBILITY CRITERIA SUMMARY FOR ESG AND COC RAPID RE-HOUSING					
Criterion	**Initial Evaluation**			**Re-Evaluation**	
	ESG-RRH	**CoC-RRH**		**ESG-RRH**	**CoC-RRH**
Homeless Eligibility					
Literally homeless	✓	✓			
Imminent risk of homelessness[3]		✓			
Fleeing/attempting to flee domestic violence	✓[4]	✓			
Income Evaluation Required				✓	
Need (amount and type of assistance)	✓	✓		✓	✓
Lacking resources and support networks				✓	✓

[3] While Imminent Risk of Homelessness is an eligible population according to the HEARTH guidelines, there are NOFA guidelines that may deem this population ineligible.

[4] Eligible only if also literally homeless.

2. Prioritization
   Rapid Rehousing assistance will be prioritized for individuals and families with a vulnerability score in the range of 4 to 9 based on the VI-SPDAT or VI-F-SPDAT. Referrals will be based on the highest score in the RRH range of 4 to 9. Homeless veteran households will be further prioritized in CoC-funded RRH projects.

   Eligible households:

   a. Must be literally homeless as defined by HUD (See Table 3 above) and reside in Kings or Tulare County; AND
   b. The household must be at or below 30% AMI at the time they are admitted to the program and be at or below 50% AMI at the time of reassessment(s); AND
   c. Households cannot be residing in subsided housing or receiving a duplicate housing subsidy.

3. Documentation
   The receiving provider is responsible for confirming the household's homeless status, and maintaining hard copies of the records. See Appendix B for acceptable forms of documentation of homelessness.

C. GENERAL OPERATING STANDARDS

1. Re-housing Placement
   Households should be housed within 45 days of acceptance into the program. Extensions may be granted for extenuating circumstances.

2. Lease Term
   Each program participant must have a legally binding, written lease for the rental unit, unless the assistance is solely for rental arrears. The lease must be between the owner and the program participant. Additionally, for CoC-RRH the lease must be for a term of at least one year that is renewable (for a minimum term of one month) and terminable only for cause.

3. Housing Standards
   All housing must meet housing habitability and/or quality standards (24 CFR 982.401(j)), FMR requirements, and rent reasonableness standards before any rental assistance is paid.

Table 4. Housing Requirements

RRH HOUSING REQUIREMENTS		
Requirement	**ESG**	**CoC**
Housing Standards	HUD Habitability Standards	HUD Housing Quality Standards
Fair Market Rent	Rental assistance may cover up to the FMR for the unit	Rent reasonableness is the applicable rent standard
Rent Reasonableness	Units must comply with HUD's rent reasonableness standards	Units in a structure must comply with HUD's rent reasonableness standards

4. Housing First

   Providers are expected to follow a Housing First model. The only real expectations of Housing First, which the individual or family agrees to prior to starting with the program, is to comply with Housing Stability Case Management, pay their portion of the rent, and avoid any lease violations or disruptions that would cause their eviction from the unit. Examples of required Housing First practices include:

   a. Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues;
   b. Helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
   c. Seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
   d. Allowing participants to choose the services and housing that meets their needs, within practical and funding limitations;
   e. Connecting participants to appropriate support and services available in the community that foster long-term housing stability.

5. Progressive Engagement

   Participant needs should be met with the appropriate level of services, starting with the least intensive service and increasing service level as needed. For example, the Rapid Rehousing project could provide all households enrolled with a basic level of assistance, such as assistance preparing a housing search plan and list of local landlords. Some households will be successful finding housing with that level of assistance, but for those households who demonstrate that they need more assistance and support to find housing, the supportive services must be increased to meet the level of need.

The initial assessment of strengths, needs, and barriers to stable housing should inform the initial level of financial assistance and supportive services to be provided by the Rapid Rehousing project. Participants should then be re-assessed throughout the duration of the program enrollment so that housing stability plans and supportive services can be increased or decreased, as appropriate. This approach ensures that the financial and supportive services provided by Rapid Rehousing projects are effectively targeted and responsive to the diverse needs of households experiencing homelessness.

6. Connections to Mainstream Resources
   At the time of enrollment and/or reassessment, each provider of assistance must conduct an assessment of the supportive services needed by the participant, the availability of such services, and the coordination of services needed to ensure long-term housing stability and must make adjustments, as appropriate.

7. Reassessment of Eligibility and Supportive Service Needs
   Reassessment of eligibility and needs will occur every 90 days from the date of program entry, or when a participant notifies a provider of any changes that could affect their ongoing program eligibility.

8. Exiting
   Prior to assistance ending, a plan must be in place that identifies how the participant will maintain stability in permanent housing. If the participant is not yet able to retain permanent housing, they may be re-evaluated and if determined to be eligible, they may continue receiving assistance as long as maximum time limits have not yet been met. Participants may receive additional assistance to prevent them from becoming homeless, on the streets, or other places not meant for human habitation.

9. Termination
   The provider may only involuntarily terminate assistance to a household if the household is evicted by the landlord, or if the client reveals information after program entry that makes them ineligible for the program. In the case of eviction by the landlord, the agency may continue to provide assistance to a household in a new unit. Attempts should be made by the provider to assist the household in avoiding a return to homelessness.

   a. Due Process
      In terminating assistance or denying an extension to a program participant, the provider must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:

i. Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
ii. Written notice to the program participant containing a clear statement of the reasons for termination or denial of extension;
iii. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination or denial of extension decision; and
iv. Prompt written notice of the final decision to the program participant.
v. Additionally, the provider must attempt (and document that attempt) to assist the participant in finding additional resources to decrease the likelihood that they will not become homeless as a result of termination or denial of extension. This assistance must be documented and made available to the Alliance, HCD, and/or HUD during site visits, program monitoring, and audits.

D. ELIGIBLE PROGRAM ACTIVITIES

1. Eligible Use of Funds

Table 5. Eligible Costs

ELIGIBLE COSTS SUMMARY[5]		
	ESG-RRH	**CoC-RRH**
Rental Assistance	▪ Short-term rental assistance (up to 3 months) ▪ Medium-term rental assistance (4 to 24 months) ▪ Rental arrears (one-time payment of up to 6 months of rent in arrears, including any late fees on those arrears)	▪ Short-term rental assistance (up to 3 months) ▪ Medium-term rental assistance (4 to 24 months)
Rental Assistance Type	▪ Tenant-based rental assistance ▪ Project-based rental assistance	▪ Tenant-based rental assistance only

ELIGIBLE COSTS SUMMARY (CON'T)		
	ESG-RRH	**COC-RRH**

[5] While these are the eligible costs according to the HEARTH guidelines, there are NOFA guidelines that may be more restrictive.

ELIGIBLE COSTS	**Housing Relocation and Stabilization Services** **Financial assistance costs** ▪ Rental application fees ▪ Security deposits (up to 2 months) ▪ Last month's rent ▪ Utility deposits and payments (up to 24 months, including up to 6 months for payments in arrears) ▪ Moving costs **Service costs** ▪ Housing search and placement ▪ Housing stability case management ▪ Mediation ▪ Legal services ▪ Credit repair	**Financial assistance (eligible under rental assistance)** ▪ Security deposits (up to 2 months) ▪ First and last month's rent ▪ Property damage **Supportive services** ▪ Case management ▪ Child care ▪ Education services ▪ Employment assistance and job training ▪ Food ▪ Housing search and counseling services, including mediation, credit repair, and payment of rental application fee ▪ Legal services ▪ Life skills training ▪ Mental health services ▪ Moving costs ▪ Outpatient health services ▪ Outreach services ▪ Substance abuse treatment services ▪ Transportation ▪ Utility deposits

2. Supportive Services

   In addition to rental assistance, rapid re-housing funds may be used to provide supportive services (CoC) and housing relocation and stabilization services (ESG) that address the specific needs of program participants and that are essential for assisting program participants in obtaining and maintaining housing. The table below outlines the eligible supportive services for both ESG and CoC RRH projects.

Table 6. Supportive Services Overview

SUPPORTIVE SERVICES OVERVIEW		
	ESG-RRH	**CoC-RRH**
Services	Supportive services are limited to housing relocation and stabilization services.	Supportive services include a wide range of services outlined in 24 CFR part 578.53.
Limit on Service Provision	Housing stability case management assistance may not exceed 30 days during the period in which the program participant is seeking permanent housing and may not exceed 24 months during the period in which the program participant is living in permanent housing.	Supportive services may be provided until 6 months after rental assistance stops.
Case Management Requirement	At a minimum, program participants must attend monthly case management meetings.	At a minimum, program participants must attend monthly case management meetings.

3. Case Management

   Housing stability case management is intended to assist participants in maintaining housing for the long-term through increased housing stability. Because household needs must be met with the appropriate type and level of services, Providers must provide housing stability case management that includes the following services, at minimum:

   - An assessment of strengths, needs, and barriers to stable housing.
   - Assistance connecting to mainstream resources.
   - Development of a client-driven housing stability plan.
   - Program staff must conduct at least one (1) home visit with participants every one (1) month.

4. Rental Assistance

   a. Duration of Assistance. Short term, shallow subsidy rental assistance shall not exceed 3 months of rental assistance, plus security deposit of up to 2 months. Medium term rental assistance shall not exceed 24 months of rental assistance, plus security deposit of up to 2 months. Clients cannot receive more than 24 months of rental assistance during any 3 year period.

b. Dual Subsidy. Rapid Re-Housing monthly rental assistance cannot be used with any other local, state or federal housing subsidy or rental assistance. For example, monthly Rapid Re-Housing rental assistance cannot be used in combination with a Section 8 Voucher.

c. Fair Market Rent. The total monthly amount of rent and utility costs for each unit must not exceed HUD Fair Market Rents for the year in which the contract begins.

d. Household Contribution. The household share of rent and utility costs will be 30% of their current gross monthly income[6].
    i. The rent and utility amount needs to be clearly documented.
    ii. The total rent and utility amount must cover 100% of the utilities if the utilities are not included in the monthly rent amount and the household pays for utilities directly.
    iii. The actual household contribution will be determined monthly, based on each household's specific situation and financial resources.

e. Rent Reasonableness. Rapid Re-Housing funds will only provide rental assistance for a unit if the rent is reasonable. The provider must determine whether the rent charged for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charged by the same owner for comparable unassisted units.

[6] Client income shall be calculated in accordance with HUD guidance CPD-96-03.

V. Transitional Housing Procedures (COC)

A. OVERVIEW AND PURPOSE

Transitional housing programs provide housing to individuals and families, usually for a period of six to twenty-four months, along with supportive services to help them become self-sufficient. In addition to providing a place to live, transitional housing helps participants to increase their life management skills and resolve the crises that have contributed to their homelessness.

The HEARTH Act requires that the Alliance establish policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance. Transitional housing best serves individuals and families with the potential to be self-sufficient, who may just need longer term case management to be successful.

B. HOUSEHOLD ELIGIBILITY

1. Eligibility
   Households are eligible to receive services through Transitional Housing if they fall in the definition of homelessness (See Section II.B, Table 2) according to ESG or HUD program guidelines (see Section II.B, Table 1).

2. Population specific requirements:
   a. Households without children:
      - Score 4-9 on the local VI-SPDAT for singles; AND

   b. Household with Children:
      - Homeless Families whose VI-F-SPDAT score are 4-9; AND
      - Housing history, education level and employment history will also be considered when choice of transitional housing and rapid rehousing are both available.

3. Eligible households must be literally homeless as defined by HUD (See Section II.B, Table 2) in Kings or Tulare County, depending on which county the program serves.

4. Documentation
   The receiving provider is responsible for confirming the household's homeless status, and maintaining hard copies of the records. See Appendix for acceptable forms of documentation of homelessness.

C. GENERAL OPERATING STANDARDS

1. Length of Stay
   The maximum length of stay will be no longer than 24 months. No person or persons who are facing or suspect they may face a threat of violence will be discharged into an unsafe condition. Transitional housing staff will work in collaboration with functional needs support service providers to arrange safe accommodations for those who are or may be facing a threat of violence.

2. Supportive Services
   Within 72 hours of enrollment, the case manager must conduct an assessment of the supportive services needed by the household, the availability of such services, and the coordination of services needed to ensure long-term housing stability and must make adjustments, as appropriate. Referrals to the supportive services identified shall be issued within 72 hours of program enrollment.

3. Reassessment of Eligibility and Supportive Service Needs
   Reassessments will occur on a quarterly basis or more often, depending on the client's specific barriers in accessing permanent housing and estimated length of stay in the program. Program participants will meet with case managers to determine the individual or families' needs for essential services and referrals.

4. Discharge
   All persons discharged from transitional housing will have their exit status entered into either HMIS or the Comparable Database, and will be provided discharge paperwork as applicable or upon request. Categories of homeless who are determined to have the highest barriers to housing – due to a myriad of factors including tri-morbidity, history of chronic homelessness, etc – will be prioritized for existing housing resources and paired with existing supportive services to increase the likelihood of staying successfully housed.

5. Termination
   In terminating assistance to a program participant, the provider must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:
   a. Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
   b. Written notice to the program participant containing a clear statement of the reasons for termination or denial of extension;

c. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination or denial of extension decision; and

d. Prompt written notice of the final decision to the program participant.

Additionally, the provider must attempt (and document that attempt) to assist the participant in finding additional resources to decrease the likelihood that they will not become homeless as a result of termination or denial of extension. This assistance must be documented and made available to the Alliance, HCD, and/or HUD during site visits, program monitoring, and audits.

D. ELIGIBLE PROGRAM ACTIVITIES

Essential services for participants of transitional housing assistance can include case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.

VI. Permanent Supportive Housing (COC)

A. OVERVIEW AND PURPOSE

Permanent Supportive Housing is targeted to households who have the most severe services needs and longest histories of homelessness within the bi-county region.

B. HOUSEHOLD ELIGIBILITY

At a minimum, candidates for Permanent Supportive Housing (PSH) must meet the following basic requirements:

- Is literally homeless; and
- Lacks the resources to obtain housing; and
- Has a member of the household with a severe or significant disabling condition; and
- Scores a 10 or greater on the VI-SPDAT or VI-F-SPDAT.

C. PRIORITIZATION

The Alliance has adopted the order of priority as outlined in HUD's Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status (Notice), which can be found at: https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons- Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf.

1. **First Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

    a. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
    b. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs according to Section I.D.3 of the Notice.

2. **Second Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness.** A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:
    a. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
    b. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

3. **Third Priority–Individuals and Families with the Most Severe Service Needs.** An individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
    a. The homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than twelve months; and
    b. The CoC or CoC program recipient has identified the homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

4. **Fourth Priority–All Other Homeless Individuals and Families.** An individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

    a. The homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions is **less than** 12 months; and
    b. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

5. Special Considerations
   Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in Section III.B. of the Notice may be followed.

   Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under Section III.A.1. of the Notice to the extent in which persons with serious mental illness meet the criteria.

D. DOCUMENTATION

The receiving provider is responsible for confirming the household's homeless status, disabling condition and, if applicable, chronic homeless status. These documents must be uploaded into the client file in HMIS and the agency must maintain hard copies of the records. See Appendix B and Appendix C for documentation standards.

E. GENERAL OPERATING STANDARDS

1. Permanent Housing Placement
   For master leasing programs, households should be housed within 30 days of acceptance into the program. For tenant based rental assistance programs, households should be housed within 60 days of acceptance into the program. Extensions may be granted in either program type for extenuating circumstances.

2. Duration of Stay
   There is no maximum length of stay in Permanent Supportive Housing programs. Participants receiving rental assistance are permitted to be out of their unit for the purpose of brief institutional stays (jail, hospital, treatment) for a period not to exceed 90 days per occurrence.

3. Lease Requirement
   Participants must sign a lease that is for an initial term of one (1) year, that is terminable only for cause, and that automatically renews upon expiration (goes month-to-month).

4. Supportive Services
   Permanent Supportive Housing projects must offer supportive services for the participants that enable them to live as independently as is practicable throughout the duration of their residence in the project. Each participant must have an individual support plan in place, derived from recipients' ongoing, at least annual, assessment of participants' needs and services must be adjusted accordingly.

5. Reassessment of Eligibility and Supportive Service Needs
   Reassessments will occur on a quarterly basis or more often, depending on the client's specific barriers to remaining in permanent housing. Program participants will meet with case managers to determine the individual or families' needs for essential services and referrals.

6. Client Rent
   All clients enrolled in PSH will be required to pay rent. Rent shall be calculated according to Section 426(d) of the McKinney-Vento Act and 24 CFR 583.315 set the maximum amount that may be charged. The *maximum* resident rent is the higher of:
   a. 30% of monthly adjusted income; or
   b. 10% of monthly gross income.

   For additional information on determining rent, review HUD's Supportive Housing Program Desk Guide, Section K: Calculating Resident Rents.[7]

7. Termination
   All efforts shall be exhausted prior to terminating a household from the project in accordance with Housing First policies.

   In terminating assistance to a program participant, the provider must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:
   a. Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
   b. Written notice to the program participant containing a clear statement of the reasons for termination or denial of extension;

[7] http://www.hudhre.info/index.cfm?do=viewShpDeskguideK

c. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination or denial of extension decision; and
d. Prompt written notice of the final decision to the program participant.

Additionally, the provider must attempt (and document that attempt) to assist the participant in finding additional resources to decrease the likelihood that they will become homeless as a result of termination or denial of extension. This assistance must be documented and made available to the Alliance, HCD, and/or HUD during site visits, program monitoring, and audits.

VII. All Project Types

A. OVERVIEW AND PURPOSE

The following protocols are applicable to all ESG and CoC funded projects.

B. VICTIM SERVICE PROVIDERS

The term `victim service provider' means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Such organizations include rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs (Section 401(32) McKinney-Vento Act).

Projects serving individuals or families qualified under Category 4 of the Defining “Homeless” Rule (persons fleeing or attempting to flee violent situations) must follow all related federal and state laws, follow confidentiality policies, and have written policies and procedures regarding the provision of specific services to meet the safety and special needs of this population.

C. VETERANS

Projects serving homeless veterans must prioritize those veterans who are ineligible for Veterans Affairs (VA) services, and work closely with the local Department of Veterans Affairs and coordinate resources with VA-funded housing and services (e.g. HUD-VASH, Supportive Services for Veteran Families (SSVF)). Veterans must be screened for eligibility for VA-funded housing and/or services.

D. SAFETY PLANNING

People who are currently fleeing domestic violence and human trafficking, along with those who have previously experienced domestic violence and/or human trafficking, require a path through the CES

that promotes and protects their confidentiality and safety. The following policies and procedures are incorporated into the King/Tulare Homeless Alliance Coordinated Entry System to protect the safety of every person and household impacted by domestic violence.

Providers enter data directly into a separate DV Homeless Management Information System (HMIS) that provides a client ID. When a household is attempting to flee or experiencing literal homelessness having already fled domestic violence, the household shall be referred to a DV provider or law enforcement. The processes ensure that people fleeing or attempting to flee domestic violence and victims of domestic violence have safe and confidential access to the coordinated entry system and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter.

All data collection must adhere to the Violence Against Women Act (VAWA).

1. Imminent threat of harm
   Participants who are receiving Tenant-Based Rental Assistance and have complied with all program requirements during their residence and who have been a victim of domestic violence, dating violence, sexual assault, or stalking, and who reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking (which would include threats from a third party, such as a friend or family member of the perpetrator of the violence), if they remain in the assisted unit, and are able to document the violence and basis for their belief, may retain the rental assistance and move to a different Continuum of Care geographic area if they move out of the assisted unit to protect their health and safety. Recipients must retain a record of the Imminent Threat of Harm for both participants who enter and exit under provisions as described at 24 CFR §578.51(c)(3).

E. EDUCATION SERVICES

The educational needs of children and youth must be accounted for, to the maximum extent practicable, and families with children and unaccompanied youth must be placed as close as possible to the school of origin so as not to disrupt the children's education. Projects that serve homeless families with children and/or unaccompanied youth must have policies and practices in place that are consistent with the laws related to providing education services to children and youth. These providers must have a designated staff person to ensure that children and youth are enrolled in school and receive education services, as appropriate. Homeless families with children and unaccompanied youth must be informed of their eligibility for McKinney-Vento education services as well as other State and

local education services. Providers shall maintain documentation in the participant's case file to demonstrate that these requirements have been met and that applicants and participants understand their rights.

1. Collaboration with McKinney-Vento Local Education Liaisons
   Providers must document whether school-aged children are eligible for McKinney-Vento services and whether the child is connected with a local education liaison. If the child is not already engaged, recipients must refer the family directly to the liaison at their school of choice. All applicants/participants with school-aged children must be provided with documentation that explains their rights under the McKinney-Vento Act and that provides contact information for the liaison at every school district within either Kings or Tulare County.

F. INVOLUNTARY FAMILY SEPARATION

In an effort to maintain family unity, for housing serving families with children, the age and gender of a child under age 18 shall not be used as a basis for denying any family's admission per 24 CFR § 578.93(e). Additionally, recipients may not deny admission to any member of the family (e.g., 15-year old son).

G. LOW-BARRIER AND HOUSING FIRST

All ESG and CoC projects must follow a Low-Barrier and Housing First approach. All other projects are strongly encouraged to use a Low-Barrier and Housing First approach to facilitate homeless individuals' and families' rapid return to housing.

A housing first approach allows eligible homeless individuals and families to enter the project without barriers, such as income or sobriety requirements, or service participation requirements. Application and admission policies should be as streamlined and short as possible to move eligible individuals and families into permanent housing as quickly as possible. Projects using a housing first approach offer supportive services; however, participation in these services is based on the needs and desires of the program participant.

To be considered Housing First, the project must follow a Low-Barrier approach (as described below) and must not terminate participants from the program for the following reasons:

1. Failure to participate in supportive services
2. Failure to make progress on a service plan
3. Loss of income or failure to improve income

4. Being a victim of domestic violence
5. Any other activity not covered in a lease agreement typically found in the project's geographic area

To be considered Low-Barrier, participants must not be screened out based on the following:

1. Having too little or no income
2. Active or history of substance abuse
3. Having a criminal record with exceptions for state-mandated restrictions
4. History of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement)

Persons may be terminated from the program only when violations of the lease are serious, and only in the most severe cases. Use of alcohol or drugs in of itself (without other lease violations) is not a reason for program termination. It is important to note that a participant may be evicted from the housing unit, but this does not mean that the provider must terminate the participant from the program; the provider may continue serving the participant in another housing unit.

VIII. The Referral Network & Data Sharing

Every Door Open plan includes a collaboration of service and housing providers. All ESG and CoC funded organizations are required to participate in the Coordinated Entry System through a Memorandum of Understanding, and non-HUD providers are consistently engaged and encouraged to participate in order to ensure the overall effectiveness of the system.

As described above, the effectiveness of Every Door Open revolves around the ability to accurately assess participants and assign the appropriate level of services. Prevention, Diversion and Rapid Re-Housing are the three main priorities of Every Door Open, with accurate referral to emergency, transitional, or permanent supportive housing next. As Providers work through the assessment protocol, referrals will be crucial in assigning and connecting each participant with the appropriate level of service.

An effective referral network also includes data entry and sharing. All referrals will be made through HMIS. At entry, every household is entered into HMIS, referred through HMIS, and tracked for successful housing and service supports through HMIS. This allows the Alliance to track performance outcomes and barriers to accessing services.

In accordance with HUD regulations, Domestic Violence Providers are not required to participate in the open Kings/Tulare HMIS database, and instead use a Comparable Database for its clients who are victims of domestic violence.

IX. Program Evaluation

Every Door Open is one of many projects being implemented in the region to address the needs of individuals and families that are at-risk or experiencing homelessness. The Alliance will evaluate the effectiveness as well as required HEARTH Act outcomes obtained through Every Door Open by utilizing the Homeless Management Information System (HMIS) Data. As recommended by the National Alliance to End Homelessness, the Alliance will track local progress in the following areas:

- Length of stay, particularly in shelter: If households are referred to the right interventions, and those interventions have the necessary capacity, fewer families should be staying in shelter waiting to move elsewhere. Also, if families are referred immediately to the right provider, over time, families will likely spend less time jumping from program to program looking for help, which could reduce their overall length of stay in homelessness.

- New entries into homelessness: If every individual and family seeking assistance is coming through the front door to receive it and the front door has prevention and diversion resources available, more people should be able to access these resources and avoid entering a program unnecessarily.

- Repeat episodes of homelessness: If families are sent to the intervention that is the best suited to meet their needs on the first time, families are more likely to remain stably housed.

To track the outcomes summarized above, the Alliance analyzes Performance Measures in accordance with HUD requirements.

Measuring of the success of the Plan and transparency with the community and providers will be a key to the success of this project. The Alliance will summarize the data annually in conjunction with the annual Point in Time homeless census data report.

As part of the evaluation process, as recommended by the National Alliance to End Homelessness, the Alliance has set a goal to establish an integrated feedback loop that involves using the information gained from these assessments to make any necessary adjustments to the system. For example, if families are being referred to the right program, but that program cannot serve them due to capacity issues while other program types have an increasing number of empty beds, it may be appropriate to make system-wide shifts in the types of programs and services offered. This type of evaluation is already being conducted by the Alliance quarterly, and includes analysis of the utilization rates and standard performance measurements. The Alliance will continue working to develop data tools to ensure overall system efficient and effectiveness.

Appendix A: Acronym List

Acronym	Definition
AHAR	Annual Homeless Assessment Report
APR	Annual Performance Report (for HUD homeless programs)
Cal Fresh	Supplemental Nutrition Assistance Program (formerly Food Stamps)
CDBG	Community Development Block Grant (CDP program- Federal)
CLP	Community Leadership Project
CoC	Alliance of Care approach to assistance to the homeless
Continuum of Care	Federal grant program stressing permanent solutions to homelessness
Con Plan	Consolidate Plan, a locally developed plan for housing assistance and urban development under CDBG and other CDP programs
CPD	Community Planning and Development (HUD Office)
CSBG	Community Services Block Grant
CTD	Connecting the Dots: A Proactive Approach to Addressing Homelessness (local 10-Year Plan to End Homelessness)
EHAP	Emergency Housing and Assistance Program Operating Facility Grants (State Program)
EHAPCD	Emergency Housing and Assistance Program Capital Development (State Program)
ESG	Emergency Solutions Grant (CPD- Federal Program)
FESG	Federal Emergency Solutions Grants (State Program)
FMR	Fair Market Rent (Maximum for Section 8 rental assistance/CoC grants)
FTE	Full-time equivalent (employee) (2080 hours of paid employment)
GA/GR	General Assistance/General Relief (County Assistance)
HCD	Housing and Community Development (State)
HEARTH	Homeless Emergency and Rapid Transition to Housing Act of 2009, S.896
HMIS	Homeless Management Information System
HOME	Home Investment Partnerships (CPD program)
HOPWA	Housing Opportunities for Persons with AIDS (CPD program)
HPRP	Homeless Prevention and Rapid Re-housing Program
HQS	Housing Quality Standards (required before move in for HUD programs)
HUD	U.S Department of Housing and Urban Development (Federal)

MHSA	Mental Health Services Act
MOU	Memorandum of Understanding
NOFA	Notice of Funding Availability
PHA	Public Housing Authority
PHC	Project Homeless Connect
PIT	Point In Time Homeless Census Count
SAMHSA	Substance Abuse and Mental Health Services Administration
S + C	Shelter plus Care (HUD CoC Program- Permanent housing/ rental assistance)
SHP	Supportive Housing Program (HUD CoC Program- housing/services)
SOAR	SSI/SSDI Outreach, Access and Recovery
SNAPS	Office of Special Needs Assistance Program (HUD office overseeing CoC)
SRO	Single Room Occupancy housing units
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSO	Supportive Services Only (Type of SHP CoC grant providing services only)
TA	Technical Assistance
TANF	Temporary Assistance to Needy Families
TAY	Transition Age Youth
VA	Veterans Affairs
VI-SPDAT	Vulnerability Index and Service Prioritization Decision Assistance Tool
VI-F-SPDAT	Vulnerability Index and Family Service Prioritization Decision Assistance Tool

Appendix B: HUD Homeless Documentation Standards

Category of Homelessness		Documentation Standards
Category 1	Literally Homeless	• Written observation by the outreach worker; **or** • Written referral by another housing or service provider; **or** • Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; • For individuals exiting an institution-one of the forms of evidence above **and**: o Discharge paperwork or written/oral referral, **or** o Written record of intake worker's due diligence to obtain above evidence **and** certification by the individual that they exited the institution.
Category 2	Imminent Risk of Homelessness	• A court order resulting from an eviction action notifying the individual or family that they must leave; **or** • For individual and families leaving a hotel or motel-evidence that they lack the financial resources to stay; **or** • A documented and verified oral statement; **and** o Certification that no subsequent residence has been identified; **and** o Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.
Category 4	Fleeing/ Attempting to Flee DV	• *For victim service providers:* o An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or certification by the intake worker. • *For non-victim service providers:* o Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the case manager. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; **and** o Certification by the individual or head of household that no subsequent residence has been identified; **and** o Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Note: Category 3 has been omitted, as it is not an eligible population to be served in the Kings/Tulare Alliance region.

Appendix C: Continuum of Care Eligibility Verification Resources

COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

PART 1: INSTRUCTIONS	
☐ Complete all fields in Part 2	☐ Complete all relevant fields in Part 3
☐ Attach all supporting documents to this form	☐ Maintain this form & supporting docs in participant's file
See Part 4 for Detailed Instructions & Part 5 for a Quick Guide to Eligibility	

PART 2: GENERAL INFORMATION				
Participant Name:	Participant Date of Birth:			Participant HMIS #:
Person Completing Form:	Agency Completing:			Date Form Completed:
Email & Phone Number for Person Completing Form:				
Email:	Phone #:			
CoC Program for which Homelessness is Being Certified:	CoC Program Type: ***(Check One)***			CoC Project Entry Date:
	☐PSH	☐ TH	☐ RRH	

PART 3: CURRENT HOMELESS STATUS & HOMELESS HISTORY

Location Prior to CoC Program Entry: *Indicate place where client was staying immediately prior to program entry* ***(Check One):***
Required Documentation Must Be Attached *(See Part 4).*

☐ Unsheltered	☐ Emergency Shelter
☐ Rapid Re-housing	☐ Transitional Housing (not qualified as chronic)
☐ Hotel/Motel Paid by Govt or Charity	☐ Institution < 90 days & literally homeless prior

Is client fleeing or attempting to flee domestic violence *(**Check One**)*? ☐ **YES** ☐ **NO**
Required Documentation Must Be Attached (See requirements in Part 4).

Homeless Status ***(Check One)***

☐ Literally Homeless (includes <90 days institution)	☐ Imminent Risk of Homelessness	☐ Fleeing Domestic Violence

Chronic/Disability Status

Is this participant chronically homeless? (SEE HOMELESS HISTORY) ☐ YES ☐ NO Is this participant being qualified for permanent supportive housing? ☐ YES ☐ NO Is this participant being qualified for transitional housing for disabled? ☐ YES ☐ NO	***If yes, to any, Disability Verification must be completed.***

Homeless History - EXAMPLE

Starting with the most recent occasion of homelessness, provide the names, dates and types of locations and length of each stay, where the participant resided during the last three years. Occasions can include more than one location and must be separated by at least a 7 night break when the individual did not meet the homeless definition. Unless there is evidence of a break in homelessness of 7 or more nights, documentation of an encounter with a service provider on a single day within 1 month, counts for the entire month. Each month can be counted only once. To qualify a participant as chronically homeless, you must document at least 12 consecutive months or at least 4 separate occasions within the last three years of living unsheltered, in ES, or in another qualified location provided that the total time homeless during those occasions equals at least twelve months.
Required Documentation Must Be Attached *- For more details, including institutional stays & doc requirements, see Part 4.*

Program Name or Location		Program/Location Type	Start Date	End Date	Length of Stay	Occasion #
SAMPLE	*Gateway Park*	*Unsheltered*	*Aug 2014*	*12/23/14*	*Aug-Dec: 5 months*	*Occasion #1*
	Sister's House	*Housed*	*12/24/14*	*1/2/15*	*10 days = break*	*Not Homeless*
	Project Home	*Emergency Shelter*	*1/3/15*	*1/10/15*	*January: 1 month*	*Occasion #2*
	Gateway Park	*Unsheltered*	*1/11/15*	*2/2/15*	*February: 1 month*	
	Valley Hospital	*Institutional Stay < 90 days*	*2/3/15*	*4/15/15*	*March-April : 2 months*	
	Hope House	*Residential Rehab > 90 days*	*4/16/15*	*8/30/15*	*4+months=break*	*Not Homeless*
	Project Home	*Emergency Shelter*	*8/31/15*	*11/5/15*	*Aug-Nov: 4 months*	*Occasion #3*
	Friends/Family	*Housed*	*11/6/15*	*End of Jan*	*2+months=break*	*Not Homeless*
	Bus Station	*Unsheltered*	*End of Jan*	*2/5/16*	*Jan-Feb: 2 months*	*Occasion #4*
TOTAL # Occasions (red lengths do not count towards total):					15 months	4 Occasions
SAMPLE PARTICIPANT QUALIFIES AS CHRONICALLY HOMELESS.						

COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

Homeless History – ENTER PARTICIPANT INFO BELOW

Starting with the most recent occasion of homelessness, provide the names, dates and types of locations and length of each stay, where the participant resided during the last three years. Occasions can include more than one location and must be separated by at least a 7 night break when the individual did not meet the homeless definition. Unless there is evidence of a break in homelessness of 7 or more nights, documentation of an encounter with a service provider on a single day within 1 month, counts for the entire month. Each month can be counted only once. To qualify a participant as chronically homeless, you must document at least 12 consecutive months or at least 4 separate occasions within the last three years of living unsheltered, in ES, or in another qualified location provided that the total time homeless during those occasions equals at least 12 months.

Required Documentation Must Be Attached **-** *For more details, including institutional stays & doc requirements, see Part 4.*

Program Name or Location	Program/Location Type	Start Date	End Date	Length of Stay	Occasion #
To qualify a participant as chronically homeless, you must document at least 12 consecutive months or at least 4 separate occasions totaling 12 months within the last three years of living in a qualified location. ***ENTER CHRONIC STATUS ON PAGE ONE.***				**TOTAL # OCCASIONS:**	
				TOTAL # MONTHS:	

Signature of Person Completing Form:	Certification:	Date Certified:
	☐ **CHECK BOX TO CERTIFY THAT ALL REQUIRED DOCUMENTS ARE ATTACHED.**	

COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

PART 4: DETAILED REQUIREMENTS AND DEFINITIONS

PERMANENT SUPPORTIVE HOUSING – **NOT** FOR CHRONICALLY HOMELESS

EVIDENCE OF HOMELESS STATUS:

Attach to this form, a signed and dated certification from an outreach worker or other service provider demonstrating that the individual or head of household is **currently** homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing, or a safe haven.
OR
Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking; and has no other residence; and lacks the resources or support networks to obtain other permanent housing. HUD stresses that where the safety of the individual or family would be jeopardized by an intake worker's attempt to obtain third party verification, that the intake worker must not attempt to obtain, under any circumstances, third-party verification and may accept written certification by the individual or head of household.

HUD has indicated that who can be considered a "service provider" is broad and can include anyone who can give their professional judgment that this person was sleeping in a qualified location during the relevant period of time. This can include but is not limited to a housing, shelter, or outreach provider, a doctor, counselor, clergy person, law enforcement officer or representative of the school system.

An intake worker may accept as third-party documentation, the oral or written observation of someone in the community, including but not limited to, a shopkeeper, a building owner, or a neighborhood resident (regardless of relationship with the household) that has *physically observed* where the individual or head of household is or has been residing. If the community member is unwilling to provide a written observation, the intake worker may document their conversation with the community member. The community member must indicate which specific months they *physically observed* the individual or head of household residing in a place not meant for human habitation. The intake worker must use their professional judgment to determine if the source is reliable[1].

RRH participants retain their homeless status during the time period that they are receiving the RRH assistance. For participants **currently in RRH** seeking admission to PSH you **must also attach evidence** that they met this criteria prior to entry into RRH.

For participants **currently in TH** you **must also attach evidence** that they originally came from the streets or an emergency shelter.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

EVIDENCE OF INSTITUTIONAL STAYS:

Attach to this form: discharge paperwork or a written or oral referral from an appropriate official of the institution, stating the beginning and end dates of the time residing in the institution demonstrating the person resided there for less than 90 days. All oral statements must be recorded; OR Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; AND Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, immediately prior to entry into the institutional care facility. Evidence must also demonstrate that the person met the duration of homelessness criteria immediately prior to the institutional stay ONLY if being admitted to a chronic homeless bed. ***Note: People who lived in Transitional Housing immediately prior to entering an institution should retain their TH bed for 89 days and would qualify as literally homeless but not chronically homeless.***

[1] https://www.hudexchange.info/faqs/2759/can-a-community-member-such-as-a-shopkeeper-or-neighborhood-resident/

COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

PERMANENT SUPPORTIVE HOUSING –FOR **CHRONICALLY HOMELESS**

DEFINITION

To be chronically homeless an **individual** must:

1) Live in a place not meant for human habitation, a safe haven, or in an emergency shelter (***Note: People living in Transitional Housing are not defined as chronically homeless by HUD.)***; AND
2) Have been homeless and residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in part 1; AND
3) Be disabled. Disabling Condition is defined by HUD as a condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for **fewer than 90 days** AND who was chronically homeless before entering that facility also qualifies. Stays in institutional care for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living in a place not meant for human habitation, safe haven, or emergency shelter immediately before entering the institution. You **must attach evidence of the institutional stay** as described on page 3.

A **family** with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria defined above, including a family whose composition has fluctuated while the head of household has been homeless, also qualifies**.** To qualify the adult head of household must be disabled.

Third-party **documentation of a single encounter** with a service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (e.g. an encounter on May 5, 2015, counts for May 1-May 31 2015), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month (e.g. evidence in HMIS of a stay in transitional housing).

For participants **currently in RRH** you **must attach evidence** that they met these criteria prior to entry into RRH. RRH participants retain their chronically homeless status during the time period that they are receiving the RRH assistance. Time spent in RRH does not count towards an applicants' duration of homelessness.

HUD has determined that once a chronically homeless household has been determined eligible and accepted into a CoC Program-funded permanent supportive housing program, that, ***under limited circumstances***, household may stay with a friend or family, in a hotel/motel, or in a transitional housing bed, while a PSH bed is identified (see details on page 5).

COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

EVIDENCE OF CHRONICALLY HOMELESS STATUS:

Chronically Homeless participant files must include evidence of:

- **Homeless Status (See Evidence of Homeless Status on page 3);AND**
- **Duration (See Option 1 and 2 on page 6); AND**
- **Disability (See Disability Verification Form)**

Evidence must demonstrate that the participant was **currently chronically homeless** at the time of entry into the CoC program. HUD has determined that after an individual or family has been accepted into a program but before an appropriate unit has been identified, a household may stay with a friend or family or in a hotel or motel without losing their eligibility for the PSH program in which they have already been accepted. HUD would also allow a CoC to temporarily house the participant in an available transitional housing bed while a permanent housing unit is identified. This allowance is only permitted in the circumstances described here and does not apply to persons enrolled in transitional housing that were considered chronically homeless prior to entry into the program and the following requirements apply:
(1)The transitional housing provider cannot place any requirements on the program participant, including requiring a program participant to participate in services or to meet sobriety requirements. 2) The PSH provider must be **actively** assisting the program participant to identify a unit as quickly as possible and must be able to document attempts at locating a unit in the case file. Placing a program participant into a permanent housing unit should not take any longer than the time it would normally take to place someone in permanent housing who is residing on the streets or in an emergency shelter. (3) There cannot be duplication in billing for the program participant. The PSH provider and the TH provider must coordinate to ensure that appropriate services are provided and the same services are not being paid for out of both grants.

You must attach evidence of either 12 months continuous homelessness OR 4 occasions in 3 years that combined equal at least 12 months.

Acceptable forms of evidence:

CoC programs are required to maintain and follow written intake procedures establishing the order of priority for obtaining evidence as third-party documentation first, intake worker observation second, and certification from the person seeking assistance third. Records contained in CT HMIS are acceptable evidence of third-party documentation and intake worker observations.

Evidence that the individual lives in a place not meant for human habitation, a safe haven, or an emergency shelter, includes:

A. An HMIS record or record from a comparable database;
B. A written observation by an outreach worker of the conditions where the individual was living;
C. A written referral by another housing or service provider;
D. An oral or written observation of someone in the community, including but not limited to, a shopkeeper, a building owner, or a neighborhood resident; or
E. Where evidence described in A through C above cannot be obtained, a certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence in A through C directly above. (SEE LIMITATIONS ON USE OF SELF-CERTIFICATION EVIDENCE BELOW)

Limitations on use of self-certification evidence

For all clients, up to 3 months of homelessness can be documented through self-certification. In limited circumstances, up to the full 12 months of homelessness can be documented through self-certification. Self-certification of the full 12 months should be limited to rare and extreme cases and may not be used for more than 25 percent of households served by a project during an operating year. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

Option 1: Evidence of duration of homelessness – At least 12 Months Continuous

Provide evidence that the homeless occasion was continuous, for at least 12 months, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. A break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

Option 2: Evidence of duration of homelessness – At least 4 separate homeless occasions over 3 years

To qualify as chronically homeless under option 2:

- **The combined occasions must equal at least 12 months AND**
- **Each break in homelessness separating the occasions must include at least 7 consecutive nights of not residing in a place not meant for human habitation, in shelter, or in a safe haven.**

HUD has not required that a single occasion of homelessness must total a certain number of days.

EXAMPLES:

John Doe qualifies as chronically homeless, because he was **continuously homeless for at least 12 months**:

- From Aug 2014 – Oct 2014, he lived in a park. You obtain a letter from an outreach worker indicating that she observed him sleeping in the park on at least 1 night in August, September and October (3 months).
- From 11/1/14 – 11/5/14, he is in jail (this is fewer than 7 days, does not constitute a break, and can be documented by self-report).
- From 11/6/14- mid-December, he stays in an encampment. You obtain another letter from outreach (2 months).
- Sometime in mid-December, he stays a few nights with a friend (fewer than 7 days, does not constitute a break and can be documented by self-report).
- A PSH program has a vacancy and their intake worker meets him on 7/4/15. He is staying in an emergency shelter. The intake worker prints a record from HMIS indicating he stayed in shelter during from 12/20/15 - 7/3/15 (You count each month December through July: 7 months)
- He has 12 months of continuous documented homelessness, and he enters the CoC PSH program on 7/9/15.

Jane Doe qualifies as chronically homeless, because she had **4 episodes over 3 years** that combined equaled at least 12 months:

- Jane was living in the woods for about 2 years starting sometime in the winter of 2013. You obtain a letter from the day shelter indicating that they observed Jane at the day shelter 2 or 3 times per month from March 2014 through January 2015. The letter indicates that she had untreated mental illness, was reluctant to engage with staff, and despite many attempts unwilling to reveal where she was sleeping at night other than to say she stayed in the woods. The letter also indicates that Jane: always carried her blankets and other belongings in a cart, appeared poorly groomed, and napped often and showered occasionally at the day center. You also obtain a letter from Jane indicating she stayed with her sister for 2 weeks during Christmas 2015, which constitutes a break. (March 2014 – January 2015 = 11 months; Occasions #1 & Occasion #2).
- In early January 2015, Jane gets bronchitis, and her sister lets her stay again for 2 weeks. (This constitutes a break and can be documented via self-report).
- Jane returns to the woods (Occasion #3 is documented by the day shelter). On 1/20/15, she is hospitalized until 2/27/15. You obtain a letter from the hospital social worker documenting the dates of her hospitalization. (Since the hospitalization is fewer than 90 days, preceded by unsheltered homelessness and you already counted Jan. 2015, you can count Feb. 2015 = 1 month;)
- The hospital discharges Jane to her sister's apartment, where she stays again for 2 weeks (constitutes a break, documented via self-report) then goes to an emergency shelter where she stays beginning on 3/11/15 until a PSH program has a vacancy. You obtain a letter from the shelter indicating her stay from 3/11/15 until 3/20/15 (Counts as 1 month and occasion #4)
- Jane has 4 occasions totaling 13 months and enters the CoC PSH program on 3/20/15.

COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

Rapid Re-Housing

Must serve only individuals or families coming from emergency shelters or the streets. **Attach to this form**, a signed and dated certification from an outreach worker or other service provider demonstrating that the individual or head of household is **currently** homeless and living in a place not meant for human habitation or in an emergency shelter.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

Transitional Housing

Attach to this form, a signed and dated certification from an outreach worker or other service provider demonstrating that the individual or head of household is **currently** homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing, or a safe haven *(see note below re special requirements for K/T Alliance).*
OR

Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking has no other residence; and lacks the resources or support networks to obtain other permanent housing. HUD stresses that where the safety of the individual of family would be jeopardized by an intake worker's attempt to obtain third party verification, that the intake worker must not attempt to obtain, under any circumstances, third-party verification and may accept written certification by the individual or head of household.
OR

Individual or family will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

To document imminent loss of housing you must **attach to this form:** A court order resulting from an eviction action notifying the individual or family that they must leave; OR For Individuals and families leaving a hotel or motel, evidence that they lack the financial resources to stay; OR a documented and verified oral statement; AND Certification that no subsequent residence has been identified; AND self-certification or other written documentation that the individual or family lacks the financial resources and support necessary to obtain permanent housing.

For participants **currently in another TH program** you **must attach evidence** that they originally came from the streets or an emergency shelter.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

PART 5: QUICK REFERENCE GUIDE - ELIGIBILITY FOR COC PROGRAMS

***Important Note**: This guide is intended for quick reference only. CoC Programs should carefully review all details regarding homelessness and disability requirements and ensure adequate documentation is in each participant chart to avoid recapture of program funds by HUD.*

Component Type	Eligible Participants
Permanent Supportive Housing – *Not* for Chronically Homeless People	**Currently** homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing (originally from the streets or an emergency shelter), or a safe haven; OR Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking; AND One or more members of the household is diagnosed with a disability.
Permanent Supportive Housing – For Chronically Homeless People	Currently living in a place not meant for human habitation, a safe haven, or in an emergency shelter (*Note: People living in Transitional Housing are not defined as chronically homeless by HUD.)*; AND Have been homeless and residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years that combined total at least 12 months; AND An adult head of household, or, if there is no adult in the family, a minor head of household, is diagnosed with a disability.
Rapid Re-housing	Individuals or families coming from emergency shelters or the streets.
Transitional Housing	**Currently** homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing, or a safe haven *(see note below re special requirements for K/T Alliance).* OR Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking has no other residence; and lacks the resources or support networks to obtain other permanent housing. OR Will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

COC PROGRAM PARTICIPANT DISABILITY VERIFICATION FORM

PART 1: INSTRUCTIONS

- To be eligible for all CoC funded PSH, evidence that one or more members of the household is diagnosed with a disability must be documented in the participant file.
- To be eligible for a PSH unit that is dedicated to serve chronically homeless people, the disability must be documented for an adult head of household, or, if there is no adult in the family, a minor head of household.
- This form can also be used for CoC-funded TH or other programs that have committed to serving disabled people.
- Complete all fields in Part 2.
- Complete all fields under the relevant option in Part 3
- Attach all supporting documents to this form.
- Maintain this form and all supporting documents in the participant's file.

PART 2: GENERAL INFORMATION

Admitting CoC Agency Name:	CoC Project Name:		
Participant Name:	**HMIS #**	**Date of Birth**	**CoC Project Entry Date**

Part 3: DISABILITY CERTIFICATION

Option #1: Social Security (SSI/DI) or Veteran's Disability

Evidence must include one of the following (Check One):

☐ A) Written verification from the Social Security Administration; OR

☐ B) Copies of a disability check (e.g., SSI, SSDI or Veterans Disability Compensation)

ATTACH EVIDENCE OF EITHER A OR B TO THIS FORM

☐ Check here to indicate that evidence has been attached.

COC PROGRAM PARTICIPANT DISABILITY VERIFICATION FORM

Option #2: Verification by a Qualified Licensed Professional

(Certifying professional must be licensed by the State to diagnose and treat the qualifying condition.)

I, hereby, certify that _____(Insert Participant Name) has been diagnosed with at least one of the following:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: Is expected to be long-continuing or of indefinite duration; and substantially impedes the individual's ability to live independently; and could be improved by the provision of more suitable housing conditions; OR
- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); OR
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

☐ Check here to indicate that additional information regarding diagnosis has been attached (optional).

Notes (optional):

Information About the Certifying Licensed Professional

Signature of Licensed Professional:	Credentials:	Date:
Printed Name:	Organization:	
License #:	Phone #:	

Option #3: Intake or referral staff observation

Must be confirmed within 45 days of the application for assistance by evidence from Option #1 or #2 above.

I hereby certify that _____(Insert Participant Name) meets the HUD definition of disability.

Signature of Staff:	Title:	Date:
Printed Name:	Organization:	

CoC Program Participant Chronic Homelessness Documentation Checklist

INSTRUCTIONS

This checklist can be used by Permanent Supportive Housing projects to verify that the information provided on the CoC Program Participant Homelessness and Disability Verification Forms is sufficient to document chronic homelessness. This document is intended only as a brief summary. Please be sure to read the instructions contained on the forms carefully as they may include details that are applicable to your project.

DISABILITY VERIFICATION CHECKLIST

- ✓ Ensure that the participant name indicated on the form is the adult head of household or, if there is no adult in the family, a minor head of household.
- ✓ If you are using Option One (SSI/DI or Veteran's Disability):
  - o A written verification from the Social Security Administration or a copy of the disability check is attached.
  - o Both the Disability Verification Form and the written verification or copy of the check are uploaded to HMIS.
- ✓ If you are using Option Two (Verification by a Licensed Professional):
  - o The qualifying participants' name is printed and legible in the certification paragraph.
  - o The form is signed.
  - o Credentials field is complete and legible.
  - o Date field is complete and legible.
  - o Certifying professional is licensed by the state to diagnose and treat the qualifying participants' condition (e.g., MD, NP, LCP, LCSW).
  - o Printed Name field is complete and legible.
  - o License # is complete and legible.
  - o Both Page 1 and Page 2 of the Disability Verification Form are uploaded to HMIS.

CoC Program Participant Chronic Homelessness Documentation Checklist

HOMELESSNESS VERIFICATION CHECKLIST

HOMELESSNESS VERIFICATION FORM PART 2:

- ✓ Ensure Participant Name field is complete and legible.
- ✓ Ensure project entry date is complete and legible.

HOMELESSNESS VERIFICATION FORM PART 3:

- ✓ Ensure location where the client was staying immediately prior to project entry is indicated and is a qualified location (must be: Unsheltered, Emergency Shelter, Hotel/Motel paid for by Govt or Charity, Rapid Re-Housing, or Institution for <90 days; in some instances qualified participants transferred from other PSH may qualify).
- ✓ Ensure that the dates provided demonstrate that the person is currently homeless at the time of CoC project entry (transitional housing does not qualify). KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)
- ✓ Ensure that the dates provided either:
  - o Constitute 12 months of continuous homelessness without a break of seven or more consecutive nights not residing in a place not meant for human habitation or in a shelter; OR
  - o Constitute at least 4 separate occasions in the last 3 years in a qualified location; AND the combined occasions equal at least 12 months; AND Each occasion is demarcated by a break of at least 7 or more consecutive nights not residing in a place not meant for human habitation or in a shelter:
- ✓ Be sure the form does not include information that would call into question the household's chronic homeless status (e.g. indicate homeless status as "At Imminent Risk of Homelessness")

Note: An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days AND who was chronically homeless before entering that facility qualifies as chronically homeless. Stays in institutional care for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living in a place not meant for human habitation, safe haven, or emergency shelter immediately before entering the institution. Households currently living in permanent supportive or rapid re-housing who were chronically homeless before entering that program also qualify.

Third Party Documentation

Third-party **documentation of a single encounter** with a homeless service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (e.g. an encounter on May 5, 2015, counts for May 1-May 31 2015), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month (e.g. evidence in HMIS of a stay in transitional housing).

Evidence that the individual lives in a place not meant for human habitation, a safe haven, or an emergency shelter, includes:

A. An HMIS record or record from a comparable database;
B. A written observation by an outreach worker of the conditions where the individual was living;
C. A written referral by another housing or service provider;
D. An oral or written observation of someone in the community, including but not limited to, a shopkeeper, a building owner, or a neighborhood resident; or
E. Where evidence described in A through C above cannot be obtained, a certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence in A through C directly above. (SEE LIMITATIONS ON USE OF SELF-CERTIFICATION EVIDENCE BELOW)

Limitations on use of self-certification evidence

For at least 75 percent of the chronically homeless households assisted by a project during an operating year, no more than 3 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter may be documented using a certification by the individual seeking assistance. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report.

Third-party letters must be: on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

Option 1: Evidence of at least 12 Months Continuous

Provide evidence that the homeless occasion was continuous, for at least 12 months, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. A break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

Option 2: Evidence of at least 4 separate homeless occasions over 3 years

To qualify as chronically homeless under option 2:

- The combined occasions must equal at least 12 months AND
- Each break in homelessness separating the occasions must include at least 7 consecutive nights of not residing in a place not meant for human habitation, in shelter, or in a safe haven.

HUD has not required that a single occasion of homelessness must total a certain number of days.

General guidance:

- ✓ It is not sufficient to indicate that the person is chronically homeless, has been homeless since a certain date or has been homeless on at least four separate occasions over the past three years. The documentation must provide evidence of where the household was residing (e.g. emergency shelter, campsite) and when they were residing in those locations.
- ✓ If third-party documentation cannot be obtained for any portion of the required duration, the intake worker must:
  - o Document efforts to obtain third-party verification
  - o Document the living situation of the individual or family (e.g. the person has been living in the woods and has not had contact with any service providers during that period.)
  - o Obtain a certification from the individual or head of household
- ✓ The documentation must:
  - o Be on agency letterhead.
  - o Be dated.
  - o Be signed (unless it is from HMIS).
- ✓ Upload both the Homeless Verification Form and the supporting documentation to HMIS.

COC PROGRAM PARTICIPANT HOMELESSNESS VERIFICATION:
SAMPLE THIRD PARTY DOCUMENTATION OF CHRONIC HOMELESSNESS

These sample letters can be used by CoC funded Permanent Supportive Housing projects in combination with the Program Participant Homelessness and Disability Verification Forms and Chronic Homelessness Checklist to document Chronic Homelessness. They are intended only as a resource. Letters are not required to follow the formats shown.

EXAMPLE #1: This example would suffice alone to document at least

12 months of continuous homelessness.

NOTE: HUD has not specifically defined the length of permissible delay between documentation of homelessness and project entry. KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently residing at the emergency shelter operated by Hope House. He has been a resident at our shelter continuously without a break of seven or more consecutive nights since July 20, 2014.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

EXAMPLE #2: This example would suffice alone to document at least

12 months of continuous homelessness.

NOTE: HUD has not specifically defined the length of permissible delay between documentation of homelessness and project entry. KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently homeless and receiving services from Hope House. We are referring him to your agency for housing to resolve his homelessness. Mr. Doe was a resident at our shelter from July 20, 2014 to September 2, 2014. He was then living at a campsite from September 5, 2014 through at least January 5, 2015, the date of a Hope House outreach worker's last encounter with him at the campsite. During the period he resided at the campsite, our Hope House outreach worker encountered him at least monthly. He returned to the Hope House Emergency shelter on January 10, 2015 and has resided at the shelter continuously without a break of seven or more consecutive nights since that time.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

EXAMPLE #3: This example would suffice alone to document

at least 12 months of continuous homelessness.

NOTE: HUD has not specifically defined the length of permissible delay between documentation of homelessness and project entry. KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently living outside and receiving services from our Day Shelter. Mr. Doe has been receiving services from our agency since 2013. During that period he has been either residing in our emergency winter shelter or living outside continuously without a break of seven or more consecutive nights. Since at least April 2013, staff at Hope House have encountered Mr. Doe at least monthly residing in shelter or in a place not meant for human habitation, and we have provided services, including overnight shelter, access to a shower, laundry facilities, and day shelter.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months

Letter A – Documents 4 months & Occasions #1 & #2

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe was a resident at our shelter from July 20, 2013 to September 15, 2013.

He returned to the Hope House Emergency shelter on January 10, 2015 and resided at the shelter until January 12, 2015.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months

Letter B – Documents 1 month and Occasion #3

(AGENCY LETTERHEAD)

Central CA Community Services

123 Main Street

Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe was a resident at our shelter from April 5, 2014 to April 10, 2014.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months

Letter C – Documents 5 months and Occasion #4

NOTE: HUD has not specifically defined the length of permissible delay between documentation of homelessness and project entry. KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)

(AGENCY LETTERHEAD)

Hospitality House

123 Union Street

Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently homeless and receiving services from Hospitality House. We are referring him to your agency for housing to resolve his homelessness. Mr. Doe has been receiving services from our agency and living in locations not meant for human habitation periodically since at least 2012. He is currently living in a park and has been residing outside and at a bus station since April 20, 2015 during which time Hospitality House staff have encountered him residing in these locations at least monthly.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months

Letter D – Client Self Report (Documents More than Remaining Months Needed and breaks of more than 7 nights separating each occasion)

NOTE: For at least 75 percent of the chronically homeless households assisted by a project during an operating year, no more than 3 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter may be documented using a certification by the individual seeking assistance. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report.

August 15, 2015

To Whom It May Concern:

I am writing this letter to verify that I am homeless. I have been homeless since I lost my job and was evicted in 2012. During that time I have lived in many different places. I was arrested in September 2013 and spent about 5 months in jail. When I got out I stayed for a few days at a shelter then with a friend for about two months in February and March 2014. I had to leave my friend's place when he moved, and I camped in the woods for about 6 months during the Spring and Summer of 2014 until it got cold. During that time I kept to myself and didn't tell anyone about my situation. Then I left to stay with my grandmother in Georgia for a few months. When I came back I stayed in a shelter for a few days, then started staying with friends again from about the middle of January 2015 until it started to get warmer in April. Since then I have been sleeping in a park and sometimes a bus station.

Best Regards,

(INSERT SIGNATURE)

John Doe

EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months

Letter E – Intake Worker Certification (Documents Steps Taken to Obtain Third Party Documentation)

NOTE: Where third-party evidence cannot be obtained, a certification by the individual seeking assistance, must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence.

(AGENCY Letterhead)

August 15, 2015

To Whom It May Concern:

Please accept the letter signed by John Doe on 8/15/15 as self-certification of his unsheltered homelessness for the period he lived in the woods in the Spring and Summer of 2014. As he states above, he did not tell anyone about his living situation at that time and did not seek services from any homeless service providers. We have checked with the outreach team and day shelter serving our area and they are unable to provide third party documentation of Mr. Doe's unsheltered homelessness during that period. They did confirm that he is very proud, tries to get by on his own as much as possible without help, and avoids sharing details about his living situation.

Contained in his file are third-party documentation letters containing evidence of 4 separate occasions of homelessness over less than 3 years totaling 10 months. The letter from Mr. Doe documents more than the required additional 2 months and the breaks between each episode in order to confirm Mr. Doe's status as chronically homeless

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Intake Specialist

Appendix D: VI-SPDAT and VI-F-SPDAT

KINGS/TULARE HOMELESS ALLIANCE

ADMINISTRATION

Interviewer's Name:

_____

Agency:

_____

☐ Team
☐ Staff
☐ Volunteer

Survey Date:

DD/MM/YYYY _____/_____/_____

Survey Time:

___ : ___ AM / PM

Survey Location:

_____

CONSENT FOR INTERVIEW

My name is _____ and I'm with the Kings/Tulare Homeless Alliance. I have a 10-minute survey that I would like to complete with you and take a picture of you so we can identify you at a later date. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No response. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to our homeless provider data system and shared with authorized agencies for the purpose of furthering services and housing in the community.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights. Furthermore, your signature below indicates that you agree to have your photo taken unless otherwise the box is checked below.

_____	_____	_____
Date	Signature (or Mark) of Participant	Printed Name of Participant

☐ *No, please do not take my picture.*

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Section 1. Who is the Participant?

Name: _____

Date of Birth: _____ **SSN:** _____

Section 2. Use and Disclosure of Health Information

I authorize the use or disclosure of the above named individual's health information, which may contain medical, mental health, or substance abuse history and treatment information, as follows:

Who Will Be Disclosing Information About the Individual? The following entities may use or disclose the information:
ABLE Industries, Adventist Health, Aspiranet, Bethlehem Center, CA Department of Rehabilitation, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions Recovery Alternative Program, City of Hanford, City of Porterville, City of Tulare, City of Visalia, Community Services and Employment Training, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, Kings Community Action Organization, Kings County Housing Authority, Kings County Health and Human Services, Kings County Mental Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, KingsView, Lighthouse Rescue Mission, Open Gate Ministries, PAAR Center, Resources for Independence, Salvation Army, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, The Warehouse, Tulare County, Tulare County Housing Authority, Tulare Regional Medical Center, Turning Point of Central California, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Westcare

Who May Be Receiving Information About the Individual? The information may be disclosed to:
ABLE Industries, Adventist Health, Aspiranet, Bethlehem Center, CA Department of Rehabilitation, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions Recovery Alternative Program, City of Hanford, City of Porterville, City of Tulare, City of Visalia, Community Services and Employment Training, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, Kings Community Action Organization, Kings County Housing Authority, Kings County Health and Human Services, Kings County Mental Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, KingsView, Lighthouse Rescue Mission,

Open Gate Ministries, PAAR Center, Resources for Independence, Salvation Army, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, The Warehouse, Tulare County, Tulare County Housing Authority, Tulare Regional Medical Center, Turning Point of Central California, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Westcare

Section 3. What Information About the Individual Will Be Disclosed?

☐ Diagnosis	☐ Lab Report	☐ Immunization Record
☐ History & Physical	☐ Medication Record	☐ Progress Note
☐ Assessment	☐ Plan of Care	☐ Other: Written/Verbal

Exception or information I do not want disclosed: _____

Section 4. What is the Purpose of the Disclosure?

To determine eligibility for housing and supportive services to the individual identified in this release.

Section 5. What is the Expiration Date or Event?

This authorization must expire within 1 year, or either on a specific date or upon a specific event. Please choose either:

- ☐ The following expiration date (no more than 2 years from today): _____
- ☐ The following specific event (needs to happen within 2 years): _____

Section 6. Important Rights and Other Required Statements You Should Know

- You can revoke this authorization at any time by writing to the Kings/Tulare Homeless Alliance at PO Box 1742, Visalia, CA 93279. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- The information disclosed based on this authorization may be redisclosed by the recipients and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records or you may ask us for a copy at any time by writing to the Kings/Tulare Homeless Alliance.

- You may request a restriction or limitation on the protected health information to be used or disclosed.

Section 7. Signature of the Individual

I have reviewed this authorization and have had my rights explained/read to me. I hereby consent to release of my health information as specified above.

Signature: _____ Date (required): _____

Section 8. Signature of Personal Representative (if applicable)

Signature: _____ Date (required): _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal documents giving you this authority.

Relationship to the individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

HMIS CONSENT FORM

When you request or receive services from a participating agency, we collect information about you and your household and enter it into a database system called the Homeless Management Information System (HMIS). This system helps us to better understand homelessness, to improve service delivery, and to evaluate the effectiveness of services provided to the homeless and those at-risk of homelessness.

What information is collected?

Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- Housing information (may include address, type of housing, homeless status, and reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Legal history/information
- Medical information
- Services needed and provided; outcomes of services provided

What happens to the information collected?

- Details of your medical/health status will **only** be shared between Partner Agencies using HMIS.
- With your approval, information collected is shared with authorized personnel at Partner Agencies.
- Collectively, data on the homeless population in Kings and Tulare counties (but not personal identifying information) is used in statewide reports on homelessness.

NOTE: HMIS uses many security protections to ensure confidentiality and only Partner Agencies who have signed an Interagency Network Data Sharing Agreement have access. A list of Partner Agencies can be found on our website at www.kingstularecoc.org.

Why should you agree to have your information shared with HMIS Partner Agencies?

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless persons, services available and services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to restrict access to personal information that you are providing about yourself and your minor children. You may modify this consent with respect to the sharing of your information at any time.

Opt Out: If you wish to opt out of having your information collected in the Kings/Tulare HMIS, please write "I do not consent", sign and date this section. Otherwise, leave blank.

_____	_____	_____
(Write "I do not consent")	Signature	Date

☐ **Please treat information about my children age 17 or younger the same as mine.**

This consent will expire seven (7) years from the date signed. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive.

_____	_____	_____
Client Name (please print)	Client Signature	Date
_____	_____	_____
Agency Personnel Name (please print)	Agency Personnel Signature	Date

BASIC INFORMATION

First Name _____ Nickname _____ Last Name _____

☐ Partial, Street Name, or Code Name Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

In what language do you feel best able to express yourself? _____

Date of Birth: DD/MM/YYYY____/_____/_____ Age: _____ Social Security Number: _____-_____-_____

☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

A. HISTORY OF HOUSING & HOMELESSNESS

1.	Where do you sleep most frequently? (check one)	☐ Shelters ☐ Transitional Housing ☐ Outdoors ☐ Other (SPECIFY): _____ ☐ Refused
2.	How long has it been since you lived in permanent stable housing?	_____ ☐ Refused
3.	In the last three years, how many times have you been homeless?	_____ ☐ Refused
	a) Total # of months homeless in past three years?	_____ ☐ Refused

B. RISKS

4. In the past six months, how many times have you……

	a) Received health care at an emergency department/room?	_____ ☐ Refused
	b) Taken an ambulance to the hospital?	_____ ☐ Refused
	c) Been hospitalized as an inpatient?	_____ ☐ Refused
	d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ ☐ Refused
	e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____ ☐ Refused
	f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____ ☐ Refused
5.	Have you been attacked or beaten up since you've become homeless?	☐ Yes ☐ No ☐ Refused
6.	Have you threatened to or tried to harm yourself or anyone else in the last year?	☐ Yes ☐ No ☐ Refused
7.	Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	☐ Yes ☐ No ☐ Refused
8.	Does anybody force or trick you to do things that you do not want to do?	☐ Yes ☐ No ☐ Refused
9.	Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	☐ Yes ☐ No ☐ Refused

C. SOCIALIZATION & DAILY FUNCTIONING

10.	Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	☐ Yes ☐ No ☐ Refused
11.	Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐ Yes ☐ No ☐ Refused
12.	Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	☐ Yes ☐ No ☐ Refused
13.	Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ Yes ☐ No ☐ Refused
14.	Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	☐ Yes ☐ No ☐ Refused

D. WELLNESS

15.	Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ Yes ☐ No ☐ Refused
16.	Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ Yes ☐ No ☐ Refused
17.	If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ Yes ☐ No ☐ Refused
18.	Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ Yes ☐ No ☐ Refused
19.	When you are sick or not feeling well, do you avoid getting help?	☐ Yes ☐ No ☐ Refused
20.	*FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?	☐ Yes ☐ No ☐ Refused
21.	Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	☐ Yes ☐ No ☐ Refused
22.	Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐ Yes ☐ No ☐ Refused
23.	Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying because of:	
	a) A mental health issue or concern?	☐ Yes ☐ No ☐ Refused
	b) A past head injury?	☐ Yes ☐ No ☐ Refused
	c) A learning disability, developmental disability, or other impairment?	☐ Yes ☐ No ☐ Refused
24.	Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ Yes ☐ No ☐ Refused
25.	Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	☐ Yes ☐ No ☐ Refused
26.	Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	☐ Yes ☐ No ☐ Refused
27.	*YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	☐ Yes ☐ No ☐ Refused

E. DEMOGRAPHICS

Ethnicity:	☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino	☐ Client Doesn't Know ☐ Client Refused	☐ Data Not Collected
Race:	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American	☐ Native Hawaiian/Pacific Islander ☐ White ☐ Client Doesn't Know	☐ Client Refused ☐ Data Not Collected
Gender:	☐ Male ☐ Female ☐ Transgender Male to Female	☐ Transgender Female to Male ☐ Doesn't Identify as Male, Female or Transgender	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Disabling Condition:	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused	☐ Data Not Collected
Veteran Status:	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused	☐ Data Not Collected

FOLLOW UP

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time:_____:_____or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____)_____-_____ email: _____
SURVEYOR: Take picture. Any final notes that you'd like to convey?	

KINGS/TULARE HOMELESS ALLIANCE

ADMINISTRATION

Interviewer's Name:	Agency:	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date:	Survey Time:	Survey Location:
DD/MM/YYYY _____/_____/_____	___ : ___ AM / PM	_____

CONSENT FOR INTERVIEW

My name is _____ and I'm with the Kings/Tulare Homeless Alliance. I have a 10-minute survey that I would like to complete with you and take a picture of you so we can identify you at a later date. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No response. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to our homeless provider data system and shared with authorized agencies for the purpose of furthering services and housing in the community.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights. Furthermore, your signature below indicates that you agree to have your photo taken unless otherwise the box is checked below.

_____	_____	_____
Date	Signature (or Mark) of Participant	Printed Name of Participant ☐ *No, please do not take my picture.*
_____	_____	_____
Date	Signature (or Mark) of Participant	Printed Name of Participant ☐ *No, please do not take my picture.*

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Section 1. Who is the Participant?

Name: _____

Date of Birth: _____ **SSN:** _____

Section 2. Use and Disclosure of Health Information

I authorize the use or disclosure of the above named individual's health information, which may contain medical, mental health, or substance abuse history and treatment information, as follows:

Who Will Be Disclosing Information About the Individual? The following entities may use or disclose the information:
ABLE Industries, Adventist Health, Aspiranet, Bethlehem Center, CA Department of Rehabilitation, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions Recovery Alternative Program, City of Hanford, City of Porterville, City of Tulare, City of Visalia, Community Services and Employment Training, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, Kings Community Action Organization, Kings County Housing Authority, Kings County Health and Human Services Agency, Kings County Mental Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, KingsView, Lighthouse Rescue Mission, Open Gate Ministries, PAAR Center, Resources for Independence, Salvation Army, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, The Warehouse, Tulare County, Tulare County Housing Authority, Tulare Regional Medical Center, Turning Point of Central California, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Westcare

Who May Be Receiving Information About the Individual? The information may be disclosed to:
ABLE Industries, Adventist Health, Aspiranet, Bethlehem Center, CA Department of Rehabilitation, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions Recovery Alternative Program, City of Hanford, City of Porterville, City of Tulare, City of Visalia, Community Services and Employment Training, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, Kings Community Action Organization, Kings County Housing Authority, Kings County Health and Human Services Agency, Kings County Mental Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way,

KingsView, Lighthouse Rescue Mission, Open Gate Ministries, PAAR Center, Resources for Independence, Salvation Army, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, The Warehouse, Tulare County, Tulare County Housing Authority, Tulare Regional Medical Center, Turning Point of Central California, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Westcare

Section 3. What Information About the Individual Will Be Disclosed?

☐ Diagnosis	☐ Lab Report	☐ Immunization Record
☐ History & Physical	☐ Medication Record	☐ Progress Note
☐ Assessment	☐ Plan of Care	☐ Other: Written/Verbal

Exception or information I do not want disclosed: _____

Section 4. What is the Purpose of the Disclosure?

To determine eligibility for housing and supportive services to the individual identified in this release.

Section 5. What is the Expiration Date or Event?

This authorization must expire within 1 year, or either on a specific date or upon a specific event. Please choose either:

- ☐ The following expiration date (no more than 2 years from today): _____
- ☐ The following specific event (needs to happen within 2 years): _____

Section 6. Important Rights and Other Required Statements You Should Know

- You can revoke this authorization at any time by writing to the Kings/Tulare Homeless Alliance at PO Box 1742, Visalia, CA 93279. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- The information disclosed based on this authorization may be redisclosed by the recipients and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records or you may ask us for a copy at any time by writing to the Kings/Tulare Homeless Alliance.

- You may request a restriction or limitation on the protected health information to be used or disclosed.

Section 7. Signature of the Individual

I have reviewed this authorization and have had my rights explained/read to me. I hereby consent to release of my health information as specified above.

Signature: _____ Date (required): _____

Section 8. Signature of Personal Representative (if applicable)

Signature: _____ Date (required): _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal documents giving you this authority.

Relationship to the individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

HMIS CONSENT FORM

When you request or receive services from a participating agency, we collect information about you and your household and enter it into a database system called the Homeless Management Information System (HMIS). This system helps us to better understand homelessness, to improve service delivery, and to evaluate the effectiveness of services provided to the homeless and those at-risk of homelessness.

What information is collected?

Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- Housing information (may include address, type of housing, homeless status, and reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Legal history/information
- Medical information
- Services needed and provided; outcomes of services provided

What happens to the information collected?

- Details of your medical/health status will **only** be shared between Partner Agencies using HMIS.
- With your approval, information collected is shared with authorized personnel at Partner Agencies.
- Collectively, data on the homeless population in Kings and Tulare counties (but not personal identifying information) is used in statewide reports on homelessness.

NOTE: HMIS uses many security protections to ensure confidentiality and only Partner Agencies who have signed an Interagency Network Data Sharing Agreement have access. A list of Partner Agencies can be found on our website at www.kingstularecoc.org.

Why should you agree to have your information shared with HMIS Partner Agencies?

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless persons, services available and services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to restrict access to personal information that you are providing about yourself and your minor children. You may modify this consent with respect to the sharing of your information at any time.

Opt Out: If you wish to opt out of having your information collected in the Kings/Tulare HMIS, please write "I do not consent", sign and date this section. Otherwise, leave blank.

_____	_____	_____
(Write "I do not consent")	Signature	Signature

☐ **Please treat information about my children age 17 or younger the same as mine.**

This consent will expire seven (7) years from the date signed. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive.

_____	_____	_____
Client Name (please print)	Client Signature	Date
_____	_____	_____
Client Name (please print)	Client Signature	Agency Initials

BASIC INFORMATION

PARENT 1

First Name _____ Nickname _____ Last Name _____

☐ Partial, Street Name, or Code Name Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

In what language do you feel best able to express yourself? _____

Date of Birth: DD/MM/YYYY____/_____/_____ Age: _____ Social Security Number: _____-_____-_____

☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

PARENT 2

First Name _____ Nickname _____ Last Name _____

☐ Partial, Street Name, or Code Name Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

In what language do you feel best able to express yourself? _____

Date of Birth: DD/MM/YYYY____/_____/_____ Age: _____ Social Security Number: _____-_____-_____

☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

CHILDREN

1.	How many children under the age of 18 are currently with you?	_____ ☐ Refused
2.	How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?	_____ ☐ Refused
3.	*IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant?	☐ Yes ☐ No ☐ Refused

4. Please provide a list of children's names and ages:

First Name	Last Name	Date of Birth	Age	SSN

A. HISTORY OF HOUSING & HOMELESSNESS

5.	Where do you and your family sleep most frequently? (check one)	☐ Shelters ☐ Transitional Housing ☐ Outdoors	☐ Other (SPECIFY): _____ ☐ Refused
6.	How long has it been since you and your family lived in permanent stable housing?	_____	☐ Refused
7.	In the last three years, how many times have you and your family been homeless?	_____	☐ Refused
	a) Total # of months homeless in past three years for you and your family?	_____	☐ Refused

B. RISKS

8. In the past six months, how many times have you or anyone in your family……

a)	Received health care at an emergency department/room?	_____ ☐ Refused
b)	Taken an ambulance to the hospital?	_____ ☐ Refused
c)	Been hospitalized as an inpatient?	_____ ☐ Refused
d)	Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ ☐ Refused
e)	Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____ ☐ Refused
f)	Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____ ☐ Refused

9.	Have you or your family been attacked or beaten up since you've become homeless?	☐ Yes ☐ No ☐ Refused
10.	Have you or anyone in your family threatened to or tried to harm yourself or anyone else in the last year?	☐ Yes ☐ No ☐ Refused
11.	Do you or anyone in your family have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	☐ Yes ☐ No ☐ Refused
12.	Does anybody force or trick you or anyone in your family to do things that you do not want to do?	☐ Yes ☐ No ☐ Refused
13.	Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	☐ Yes ☐ No ☐ Refused

C. SOCIALIZATION & DAILY FUNCTIONING

14.	Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	☐ Yes ☐ No ☐ Refused
15.	Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐ Yes ☐ No ☐ Refused
16.	Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	☐ Yes ☐ No ☐ Refused

17.	Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ Yes ☐ No ☐ Refused
18.	Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused your family to become evicted?	☐ Yes ☐ No ☐ Refused

D. WELLNESS

19.	Has your family ever had to leave an apartment, shelter program, or other place you were staying because of your physical health of you or anyone in your family?	☐ Yes ☐ No ☐ Refused
20.	Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ Yes ☐ No ☐ Refused
21.	If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	☐ Yes ☐ No ☐ Refused
22.	Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ Yes ☐ No ☐ Refused
23.	When someone in your family is sick or not feeling well, does your family avoid getting medical help?	☐ Yes ☐ No ☐ Refused
24.	Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?	☐ Yes ☐ No ☐ Refused
25.	Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	☐ Yes ☐ No ☐ Refused
26.	Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying because of:	
	a) A mental health issue or concern?	☐ Yes ☐ No ☐ Refused
	b) A past head injury?	☐ Yes ☐ No ☐ Refused
	c) A learning disability, developmental disability, or other impairment?	☐ Yes ☐ No ☐ Refused
27.	Do you or anyone in your family have any mental health or brain issues that would make it hard for you or your family to live independently because help would be needed?	☐ Yes ☐ No ☐ Refused
28.	Does any single member of your household have a medical condition, mental health concerns, **and** experience with substance use?	☐ Yes ☐ No ☐ Refused
29.	Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	☐ Yes ☐ No ☐ Refused
30.	Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	☐ Yes ☐ No ☐ Refused
31.	*YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?	☐ Yes ☐ No ☐ Refused

E. FAMILY UNIT

32.	Are there any children that have been removed from the family by a child protection service within the last 180 days?	☐ Yes ☐ No ☐ Refused
33.	Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	☐ Yes ☐ No ☐ Refused
34.	In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	☐ Yes ☐ No ☐ Refused
35.	Has any child in the family experienced abuse or trauma in the last 180 days?	☐ Yes ☐ No ☐ Refused
36.	*IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?	☐ Yes ☐ No ☐ Refused
37.	Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	☐ Yes ☐ No ☐ Refused
38.	Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	☐ Yes ☐ No ☐ Refused
39.	Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	☐ Yes ☐ No ☐ Refused
40.	After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...	
	a) 3 or more hours per day for children aged 13 or older?	☐ Yes ☐ No ☐ Refused
	b) 2 or more hours per day for children aged 12 or younger?	☐ Yes ☐ No ☐ Refused
41.	*IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	☐ Yes ☐ No ☐ N/A or Refused

F. DEMOGRAPHICS

Relationship to HOH (spouse/partner/child/etc.)	**Gender** (Use codes below)	**Hispanic/Latino** (Y or N)	**Race** (Use codes below)	**Disabled** (Y or N)	**Veteran** Served on active Duty (Y or N)
SELF					

Gender Codes:

(F) Female
(M) Male
(TGMF) Transgendered Female to Male
(TGFM) Transgendered Male to Female
(DI) Doesn't Identify as Male, Female or Transgender
(REF) Client Refused
(D/K) Client Doesn't Know
(DNC) Data Not Collected

Race Codes *(select all that apply)*:

(AM) American Indian/Alaskan Native
(AS) Asian
(BL) Black/African American Native
(HA) Hawaiian/Other Pacific Islander
(W) White
(REF) Client Refused
(D/K) Client Doesn't Know
(DNC) Data Not Collected

FOLLOW UP

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time:_____:_____or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____)_____-_____ email: _____
SURVEYOR: Take pictures (adults only). Any final notes that you'd like to convey?	

Appendix E: Grievance Form

Grievance Form

Your Name: _____

Phone Number: _____

Program Name: _____

Have you filed a grievance with the agency? ☐ Yes ☐ No If Yes, what was the outcome?
Please state your concern *(use back of form, if necessary)*:
What action would you suggest?

Your Signature: _____ Date: _____