

## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It  
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

## 1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

**1A-1. CoC Name and Number:** NY-510 - Ithaca/Tompkins County CoC

**1A-2. Collaborative Applicant Name:** Human Services Coalition of Tompkins County, Inc.

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** United Way of Central New York

## 1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
- 24 CFR part 578

<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
4.	CoC-Funded Victim Service Providers	Nonexistent	No	No
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	No
7.	Disability Service Organizations	Yes	Yes	No
8.	Domestic Violence Advocates	Yes	Yes	No
9.	EMS/Crisis Response Team(s)	No	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	No
11.	Hospital(s)	Yes	No	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	No	No	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	No
15.	LGBT Service Organizations	Yes	Yes	No
16.	Local Government Staff/Officials	Yes	Yes	No
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	No
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	No
30.	Substance Abuse Service Organizations	Yes	Yes	No
31.	Youth Advocates	Yes	Yes	No
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

**By selecting "other" you must identify what "other" is.**

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

**(limit 2,000 characters)**

1. NY-510 eagerly welcomes all individuals or agencies who are interested in working collaboratively to prevent and end homelessness to join the CoC. The CoC posts an open invitation to join the CoC bi-annually, the invitation is distributed via the Human Service Coalition's 3000+ member human service listserv, is posted on the website and shared on social media. CoC staff attend community events and meet with diverse stake-holders including service providers, landlords, grassroots orgs, tenant advocates, local government and private citizens and offer information about the goals of the CoC and how to join.
2. All CoC communications are written in clear language with minimal jargon and in PDF or DOCX format which is accessible to screen readers. Any CoC materials that included an image are posted and shared with a full photo description.
3. The CoC conducts targeted outreach to ensure that people currently experiencing homelessness and those with prior lived experience are aware of

the CoC, and invited to join and sit on the Governance Committee. This outreach is ongoing and primarily deployed by members of the CoC's Enhanced Street Outreach Committee and staff at both permanent supportive housing projects and the emergency shelter as well as by our Youth Advisory Board. 4.CoC staff directly contacted front-line staff at local BIPOC lead and serving organizations including community centers, poverty-alleviation agencies, social justice grassroots orgs, and faith-based community programs to encourage membership in the CoC and to invite the orgs to share information about their programs through the CoC membership network and at public meetings.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

**(limit 2,000 characters)**

1.CoC membership is a diverse group of cross-sector allies with a common mission to prevent and end homelessness in our community. Members represent sectors spanning Non-Profits, Health Care Private-Sector, Mental Health/Substance Abuse providers alongside people with lived experience and direct service staff in the homeless response system. The CoC explicitly solicits opinions from members through structured conversations about specific topics both in full CoC meetings and through our voluntary committees. Additionally CoC staff and leadership are invited to present regularly in public meetings where they have opportunity to hear from stakeholders and interested individuals.

2.The CoC communicates information and gathers feedback through direct community interaction 5x yearly via our Homeless and Housing Task Force (HHTF) meetings. HHTF is the education and outreach arm of the CoC. Meetings are well attended by 60-80 people. These public forums feature rotating presenters who share relevant information on topics ranging from; Fair Housing Law, New Programs, Affordable Housing, Eviction Prevention, Mainstream Benefits, Covid testing and Vaccine and more. HHTF maintains an email list where follow-up information is shared and attendees can ask questions and network.

3. Information gathered at HHTF, CoC, and general public meetings is considered by the CoC in order to develop and implement new and innovative approaches to address homelessness. Some of these include the creation of the CoC Racial Equity Committee and Youth Advisory Board to ensure we have specific committees aligned with relevant community feedback and any new or emerging issues. The CoC is currently in a strategic planning process and has engaged a consultant who will assist the CoC by hosting focus groups that include people experiencing homelessness, service providers, landlords and local business that we anticipate will provide valuable feedback from our stakeholders and that we will use to deploy our strategic plan.

<b>1B-4.</b>	<b>Public Notification for Proposals from Organizations Not Previously Funded.</b>	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:	
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

**(limit 2,000 characters)**

1. The CoC notified the public that our local competition had opened and would be accepting new and renewal application via a widely distributed email blast on 08/20/2021. The announcement included a link to our rank and review process and tool, as well as the full RFP for applicants, our written standards and the estimated ARD and . The same message was posted on our website and on social media on the same date. The CoC met on 09/07/2021 to announce the opening of the competition. At this meeting we shared information about how to apply and rank and review criteria and included a robust Q&A, additionally the CoC emphasized our interest in reading applications from agencies not currently CoC funded.
2. All emails and public postings regarding the competition included language about our interest in seeing new projects apply for funding including one email titled "Local CoC competition Now Open Seeking New Projects!!"
3. All CoC messaging and public postings clearly articulated that proposals for funding must be submitted via e-snaps with a due date of 10/10/2021 at 12:00PM. The messages also contained links to detailed instructions about how to access and navigate e-snaps. CoC staff was available to interested parties to assist with technical questions about the competition, process or e-snaps.
4. The CoC uses the HUD created ranking tool, approved by the Governance Committee. The tool along with a document explaining NY-510's rank and review process was posted for public review the same day the competition was announced. The CoC scores projects based on system performance, a commitment to Housing First, local community need and HUD best practices as well as agency experience. The CoC's Rank and Review Committee reads and scores all projects submitted prior to the application deadline.
5. The CoC effectively communicates with individuals with disabilities via digital communications accessible to screen readers, including phot descriptions and using clear easy to read language and avoiding jargon.

# 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC’s geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Nonexistent
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
-----	--	--

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

**(limit 2,000 characters)**

1. The CoC consults with our local Department of Social Services (DSS) yearly for the allocation of Solutions to End Homelessness Program (STEHP) funds that come to our county via ESG funding allocated to the Office of Temporary Disability Assistance. STEHP funds are used to cover the cost of our contract with United Way of Central NY for our HMIS implementation including the cost of licenses for all providers, training, and report assistance. This collaboration permits NY-510 to offer all 30 of our HMIS licenses free of cost to agencies who enter data into HMIS including transitional housing, and street outreach projects not funded through CoC. In 2020 CoC leadership was a critical partner in planning Tompkins County's ESG-CV allocation from OTDA along with DSS, City and County government, and the Health Department. The CoC provided data including racial equity data and shared our written standards. Our participation in planning was integral in setting the target populations to be served with RRH to prioritize people experiencing homelessness, long term shelter stayers and those who are re-entering the community from jail or prison. Human Services Coalition, the CoC lead agency, was allocated funding through ESG-CV to support the cost of increased sanitation measures for people experiencing unsheltered homelessness.

2. HSC is the local system administrator for HMIS and monitors ESG-CV data monthly and assists ESG-CV recipients with correcting errors and with data entry supports. United Way of Central New York is our HMIS lead agency and submits our Capers to SAGE. All capers have been submitted on time.

3. The CoC publicly posts our annual Point in Time Count and Housing Inventory Count data on our website and send them directly to Ithaca Urban Renewal Agency, the local entity responsible for the Con Plan and acts as the CoC co-chair.

4. The CoC provided all information requested for the Consolidated Plan including de-identified data sourced from HMIS including CAPER reports.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

**(limit 2,000 characters)**

1. The CoC works directly with the McKinney Vento School representative to identify and families with children who are experiencing homelessness. The CoC also works directly with education providers through its active members including Tompkins County Youth Services, School Social Workers, and the Village at Ithaca whose mission is to work with underserved families in our school district. 2. The CoC has a formal partnership who attends CoC membership meetings and is available for consultation and coordination for homeless families being served by the CoC. In addition the CoC membership agency, The Learning Web provides life skills training to youth aging out of foster care as well as operates an RHY drop-in center and supportive housing project. 3. The CoC collaborates with SEAs and LEAs through its Youth Committee and as part of our planning of Coordinated Community Plan for our recently awarded YHDP grant. 4. We are working to formalize our relationships with SEAs and LEAs through our Youth Committee and YHDP planning process. 5. Our CoC is well established throughout our County. School Districts with issues concerning families experiencing homelessness often reach out directly to the CoC through either the CoC coordinator or the Youth Services Department to access available services and to coordinate a plan to keep the family in the district so the children's education is not disrupted. 6. Formal partnerships are currently through Tompkins County Youth Service. We will continue pursuing additional formal partnerships this coming year.

1C-4a.	CoC Collaboration Related to Children and Youth—Educational Services—Informing Individuals and Families Experiencing Homelessness about Eligibility.	
--------	--	--

NOFO Section VII.B.1.d.

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

**(limit 2,000 characters)**

Beginning in 2019 the CoC included a policy in its written standards that CoC funded agencies will institute a policy and procedure in order to inform project participants of their right and eligibility for education services. Part of our focus for our communities planning for our Coordinated Community Plan has been on better informing families and school-age youth about the availability of services through the education system. The work is evolving and the CoC anticipates more complete integration with our partners in education as the YHDP process continues.

<b>1C-4b.</b>	<b>CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.</b>	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	Yes
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

<b>1C-5.</b>	<b>Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.</b>	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

**(limit 2,000 characters)**

1.The Advocacy Center (AC) the only victim services provider in our CoC, has a philosophy of empowerment based, trauma informed care that prioritizes client choice and safety. The AC's Education and Outreach department offers on-site trainings to member agencies on subjects including, Trauma Informed services for survivors of DV and sexual assault, Child Sexual Exploitation and Trafficking, Safety Planning. The AC provides information and resources related to VAWA to all permanent supportive housing providers, and LawNY to ensure VAWA information is widely circulated. Beyond formal trainings the AC operates a 24/7 Hotline that is accessible to both clients and providers with questions or concerns.

2.The AC provided training and consultation to the CE Lead in the way survivors are included in the CE process. This training and guidance insures that best practices are implemented for protecting the confidentiality of survivors, respecting client choice, and safety. DV survivors have access to all projects CE refers to whether or not they opt in to being included in CE. The AC in fully integrated into our CE process and attends monthly case-conferencing meetings.

<b>1C-5a.</b>	<b>Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.</b>	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

**(limit 2,000 characters)**

The Advocacy Center (AC) enters client level data into Empower, a customized database comparable to HMIS. The AC shares deidentified information annually for the Point in Time Count and the Housing Inventory Count. The AC is a part of our current strategic planning efforts and share aggregate data to drive the planning efforts for survivors of DV and sexual assault. Additionally the AC shares information about utilization and current trends in their emergency housing project 5x yearly in the public meeting of our Homeless and Housing Taskforce. The CoC uses qualitative and quantitative data provided by the AC to help guide the CoC's priorities related to survivors.

<b>1C-5b.</b>	<b>Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.</b>	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

<b>1.</b>	<b>prioritize safety;</b>
<b>2.</b>	<b>use emergency transfer plan; and</b>
<b>3.</b>	<b>ensure confidentiality.</b>

**(limit 2,000 characters)**

1. Our CE lead worked directly with the Executive Director and Housing Case Manager of the Advocacy Center(AC) to create and institutionalize our CE process for survivors that values safety. Clients of the AC are screened for CE on-site by staff who are trained in trauma informed care. The CE referral process includes a complete anonymization of identifying information and clients referred via this process are assigned a number that identifies them on the list. No client information or PII is ever entered into HMIS. All referrals to CE are provided as encrypted de-identified information uploaded to a secure site.

2.The CoC shares information and resources for training about Emergency Transfer Plans to permanent supportive housing and rapid rehousing providers. The providers have a requirement to maintain their plans. Emergency Transfer plans are not integrated into our CE system at this time.

3.The CE policy for survivors of DV and sexual assault ensures confidentiality. When a person has been referred via the AC to CE they are assigned a number, when the CE lead refers a client identified by a number they notify the Housing Case Manager at the AC, who then contacts the housing provider directly to share necessary identifying and contact information for the entry into the project. Additionally when a client who was not referred by the AC self-identifies as fleeing or a recent survivor DV in the context of their VI-SPDAT they are provided an optional referral for services at the AC for increased support.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Ithaca Housing Authority	25%	Yes-Both	No

NYS Housing Trust Fund (TCA, LA)	15%	Yes-HCV	Yes
----------------------------------	-----	---------	-----

1C-7a.	<b>Written Policies on Homeless Admission Preferences with PHAs.</b>	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1. steps your CoC has taken, with the two largest PHAs within your CoC’s geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

**(limit 2,000 characters)**

TCAction is the Local Administrator for NYS Housing Trust as well as the primary provider of Head Start, Permanent Supportive Housing, Tenant Based Rental Assistance in the CoC. In 2020 TCAction adopted a homeless preference for applicants who are experiencing homelessness. This measurably changed the HCV waitlist lengths and resulted in an increase of exits to permanent destinations for participants. Ithaca Housing Authority is also a CoC member and valued partner. While they have not yet adopted a general homeless preference for their Public Housing units or HCVs they do maintain MOUs with the CoC for referrals from CE to the Family Unification Program and Emergency Housing Voucher programs. The CoC sends yearly emails to IHA to advocate for their adoption of a general homeless preference. Although the IHA has not formally adopted a homeless preference they do regularly serve people experiencing homelessness and maintain a homeless preference for their EHV and FUP programs. The CoC will continue communications with leadership at IHA towards the goal of adding a general homeless preference.

1C-7b.	<b>Moving On Strategy with Affordable Housing Providers.</b>	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC’s jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	<b>Including PHA-Funded Units in Your CoC’s Coordinated Entry System.</b>	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
--	-----

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

**(limit 2,000 characters)**

1. The CoC includes units from both PHA/HCV providers in our CE process and includes them as part of our multi-agency release of information for Coordinated Entry case conferencing. IHA worked with the CoC to create a referral process from CE into their Emergency Housing Voucher (EHV) and Family Unification Programs (FUP). IHA provides updates and housing outcomes for participants to the CE for entry into HMIS as part of our CE system. TCAction relies on Coordinated Entry as the only pathway to entry into their PSH projects, and Tenant Based Rental Assistance projects and for much of their Mainstream voucher program. TCAction has applied their newly adopted homeless preference to all of their housing programs, to honor that commitment they accept referrals from CE and coordinate closely with the CE lead and committee to verify homelessness and coordinate communication between providers.

2. The CoC and IHA have executed MOUs for for the Emergency Housing Voucher and Family Unification Programs. The CoC and TCA have executed MOUs for the CE referrals of people into their Permanent Supportive Housing, Tenant Based Rental Assistance, and Mainstream voucher programs. TCA has an MOU and data sharing agreement with the CoC for their participation in HMIS including data-entry to projects and CE. Beyond that the CoC has an MOU with Homes and Community Renewal, to administer the State allocation of Emergency Housing Vouchers by referring people from our CE project and assisting in all stages of their approval process, and housing search.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
---	----

1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

**(limit 2,000 characters)**

1.While we didn't submit a joint application with the PHA, the CoC does provide data, drive priorities, and write letters of support and recommendation for both IHA and TCAction.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	-----

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
---	-----

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Ithaca Housing Au...
Homes and Communi...

## **1C-7e.1. List of PHAs with MOUs**

**Name of PHA:** Ithaca Housing Authority

## **1C-7e.1. List of PHAs with MOUs**

**Name of PHA:** Homes and Community Renewal

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	No

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	4
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	4
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

**(limit 2,000 characters)**

The CoC conducts annual monitoring of policy and procedure documents of the funded projects to ensure that projects are using a Housing First philosophy that prioritizes rapid placement into available housing without pre-conditions to entry, and include non-discrimination and equal access policies. The CoC is

invested in Housing First and requires that 100% of of CoC projects adhere to a Housing First Policy. The CoC reviews materials from projects annually to ensure that projects do not have conditions to entry such as required participation in treatment for mental illnesses or Substance Use Disorders, or education or work participation requirements, and that there are policies in place that prevent the discharge of participants due to their lack of engagement with the project or individual treatment plans. The COC closely monitors data from the CE system to ensure that people with the highest levels of vulnerability are being served without additional requirements in CoC projects, and includes a requirement to report and justify in writing the rejection of a client referred via CE .

<b>1C-9b.</b>	<b>Housing First–Veterans.</b>	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
---	-----

<b>1C-10.</b>	<b>Street Outreach–Scope.</b>	
	NOFO Section VII.B.1.j.	

Describe in the field below:	
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

**(limit 2,000 characters)**

1.The CoC's Enhanced Street Outreach Committee members engage with all people experiencing homelessness through regular, sustained, and compassionate contact that prioritizes dignity. Street Outreach staff spend significant time on foot in the local encampment spaces and other places people are congregating with an emphasis on relationship building and vital needs including food, water, tents, COVID testing and vaccine. The team is comprised of staff at a range of agencies and offers services including Coordinated Entry screening, harm reduction services, sanitation, transportation, and linkages to other services. People are not required to enroll in specific services, the team has earned a high level of trust within the community, including with people experiencing homelessness, and providers. 2.The CoC Street Outreach team covers 100% of the CoC's geographic area with an emphasis on the encampment spaces and the downtown urban core.3. Street outreach is conducted 7 days a week and includes evening and holiday hours. Street Outreach staff are on call to respond quickly to emergent issues during non-business hours. 4.Street Outreach is well known to both providers and individuals experiencing homelessness in our area and uses word of mouth, visibility within the community, networking and social media as part of its strategy to reach people least likely to request assistance and those not currently connected to services. Members of the Street Outreach Committee

have recent lived experience and those experiences have helped inform the Street Outreach's commitment to Trauma Informed Care tenets and Harm Reduction. The team "meets people where they are" and serves people without pre-conditions. The people they serve aren't required to fill out any paperwork, disclose identifying information, or participate in any specific programs to receive services. These policies foster genuine trust across communities and increases engagement from people less likely to seek services.

<b>1C-11.</b>	<b>Criminalization of Homelessness.</b>	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	
	CoC Staff sit on the leadership board for a Law Enforcement Assisted Diversion (LEAD)program which aims to decriminalize homelessness and poverty.	Yes

<b>1C-12.</b>	<b>Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).</b>	
	NOFO Section VII.B.1.I.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	42	68

<b>1C-13.</b>	<b>Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.</b>	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

--	--	--

<b>1C-13a.</b>	<b>Mainstream Benefits and Other Assistance—Information and Training.</b>	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

- |    |  |
|----|--|
| 1. | systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area; |
| 2. | communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;  |
| 3. | working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and  |
| 4. | providing assistance with the effective use of Medicaid and other benefits.  |

**(limit 2,000 characters)**

1. The CoC reserves time in all of of 10 annual meetings for providers to share information and updates about available mainstream benefits. These meetings are well attended by front-line staff and leadership across the non-profit and private sectors. During COVID we have successfully shared information widely about stimulus payments, COVID Symptoms, prevention, testing and vaccine. The CoC extends an open invitation to providers wishing to present information about their programs in our monthly meetings. Our local DSS reports out and makes announcements at all CoC and HHTF meetings. 2. The CoC communicates with providers and individuals via the Human Services Listserv and through our 500+ member email lists. We send out any new or changing information including information about SNAP, Medicaid, Health and Mental Health programs as well as local projects and initiatives on an as needed basis, minimum monthly. 3. CoC funded projects prioritize sharing information about health insurance and offer appointments with Health Insurance Navigators employed by the CoC lead agency to assist CoC project participants in their enrollment process. The Navigator is a member of the Enhanced Street Outreach team as well and has been able to work with complicated and unique situations nimbly as part that team. 4. HSC navigators work closely with project participants and staff to make recommendations about how to maximize the use of Medicaid benefits.

<b>1C-14.</b>	<b>Centralized or Coordinated Entry System—Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC’s coordinated entry system:

- |    |  |
|----|--|
| 1. | covers 100 percent of your CoC’s geographic area;  |
| 2. | reaches people who are least likely to apply for homeless assistance in the absence of special outreach; |
| 3. | prioritizes people most in need of assistance; and   |
| 4. | ensures people most in need of assistance receive assistance in a timely manner.                         |

**(limit 2,000 characters)**

1. Our CE system covers the entire geographic area and utilizes 8 entry points for access to CE. Those entry points are agencies trained in trauma informed

care and HMIS and have completed training specific to administering the VI-SPDAT. These entry points include our local DSS, the Emergency Shelter, Street Outreach, Re-entry projects basic needs orgs. and other housing focused agencies. 211 is also trained in Coordinated Entry and are able to screen people for entry over the phone which increases our CoC's reach into more rural areas of the County and offers privacy to people who are hesitant to disclose their homelessness.

2. Our Coordinated Entry system prioritizes client choice and no one is ever required to participate. Staff in the Emergency Shelter, and street outreach engage in ongoing conversations with people hesitant to be part of CE and work to reduce barriers to entry for people who are hesitant. 3. Our CE system prioritizes people with the highest needs for referral into PSH and RRH projects based on their vulnerability index as determined by the VI-SPDAT. People who are chronically homeless and the highest scoring people are referred to available units they meet eligibility criteria in advance of people with lower vulnerability scores regardless of the length of time they have been in the CE list. The CE committee holds monthly case conferencing to share updates and work together to find solutions for our most vulnerable community members.

4. The CoC monitors data from the CE project to assess for efficiency and speed including tracking the length of time from our CE lead's referral to entry into housing.

<b>1C-15.</b>	<b>Promoting Racial Equity in Homelessness–Assessing Racial Disparities.</b>	
	NOFO Section VII.B.1.o.	

<b>Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?</b>	Yes
---	-----

<b>1C-15a.</b>	<b>Racial Disparities Assessment Results.</b>	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

<b>1.</b>	<b>People of different races or ethnicities are more likely to receive homeless assistance.</b>	Yes
<b>2.</b>	<b>People of different races or ethnicities are less likely to receive homeless assistance.</b>	No
<b>3.</b>	<b>People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.</b>	No
<b>4.</b>	<b>People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.</b>	Yes
<b>5.</b>	<b>There are no racial or ethnic disparities in the provision or outcome of homeless assistance.</b>	No
<b>6.</b>	<b>The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.</b>	No

1C-15b.	<b>Strategies to Address Racial Disparities.</b>	
	NOFO Section VII.B.1.o.	
	Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.	

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	<b>Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.</b>	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

**(limit 2,000 characters)**

The CoC is committed to improving racial equity in our local system and working diligently Beyond the CoC's commitment to applying resources to all the above approaches, the CoC has joined the Regional Racial Justice Advisory Committee (RRJAC) a statewide group of CoC staff and providers led by CARESofNY working collaboratively to identify and deploy racial equity approaches through a set of coordinated recommendations to CoCs that include changes to the way CE is administered and better training and modified outreach techniques. Participation in the RRJAC has offered members increased access to training, education and data analysis tools to assess racial equity in our home CoCs and improve our fluency in communicating about racial inequity within our system. Locally our CoC has a population of 6% people of color yet they represent 38% of people served in the homeless response system. Our first area of concentration in our efforts to promote racial

equity is to research and test new screening tools for our Coordinated Entry system. Currently we are using the VI-SPDAT which has known areas of concern for racial equity in outcomes. Additionally we are working to ensure CoC leadership better represents the population we serve by increasing the diversity of our Governance Committee and staff representation of BIPOC members.

<b>1C-16.</b>	<b>Persons with Lived Experience–Active CoC Participation.</b>	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	3	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	2	1
3.	Participate on CoC committees, subcommittees, or workgroups.	2	1
4.	Included in the decisionmaking processes related to addressing homelessness.	3	1
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

<b>1C-17.</b>	<b>Promoting Volunteerism and Community Service.</b>	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	No
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

## 1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	<b>Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.</b>	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

**(limit 2,000 characters)**

The CoC quickly mobilized to address the needs of people in unsheltered locations in response to COVID. The CoC formed the Enhanced Street Outreach Committee in March of 2020 and began meeting weekly to coordinate our response and its implementation. Members of the Committee include all agencies with a street outreach position, the emergency shelter, REACH medical a local harm reduction medical practice, food and meal providers, and mainstream benefit navigators. The CoC lead agency applied for and was awarded 2 grants from private foundations to support the costs of strategies. These included the placement of 3 portable toilets and 12 hand-washing stations in our local encampment, development and distribution of materials about COVID and its spread specific to people in unsheltered locations, the team obtained and distributed PPE, as well as facilitated the delivery of prepared meals and grocery items. We deployed a medical street outreach project which is available 8 hours per week to people in experiencing unsheltered homelessness and includes COVID testing and vaccine on-site in the encampment as well as wound care, Medication Assisted Treatment and behavioral health services.

2. The Emergency shelter reduced their congregate beds from 20 to 8 and sheltered all others in local motels. The CoC assisted the shelter in the acquisition of and distribution of PPE to staff and clients as well as provided up to date information on best practices for social distancing, sanitation, cleaning and prioritizing staff safety.

3. The CoC likewise provided information and resources to Transitional housing providers about COVID response best practices. The Enhanced Street Outreach team extended some of their services to include people living in

transitional housing including meal and grocery delivery, PPE, supports for technology and support with sanitation and cleaning.

<b>1D-2.</b>	<b>Improving Readiness for Future Public Health Emergencies.</b>	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

**(limit 2,000 characters)**

The CoC improved our preparation for future public health emergencies through forming and strengthening our relationships with critical partners including the local Health and Emergency Response departments. The increased communication facilitated important conversations and a better shared understanding of the ways that public health and homelessness intersect. The urgency of the pandemic required the CoC, public health, government, and the non-profit sectors to work more effectively across silos to create and carry-out strategies for our disease response that are inclusive of people experiencing homelessness. These plans include a non-congregate shelter plan, communication strategies, sanitation, and supply chain for critical needs such as PPE and cleaning products. The CoC will be adding policy to our Written Standards for future and continued public health emergencies that include health and safety information, ideas for technology supports, critical partnerships, and best practices for the safety of staff and participants in housing programs.

Tompkins County experienced minimal spread of COVID in our population of people experiencing homelessness but did have a twin pandemic of the spread of Hepatitis A in the homeless populations. This outbreak allowed our CoC the opportunity to apply much of the protocol including, testing, quarantine, contact tracing and vaccine that we had designed through our collaboration for COVID response.

<b>1D-3.</b>	<b>CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.</b>	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

<b>1.</b>	<b>safety measures;</b>
<b>2.</b>	<b>housing assistance;</b>
<b>3.</b>	<b>eviction prevention;</b>
<b>4.</b>	<b>healthcare supplies; and</b>
<b>5.</b>	<b>sanitary supplies.</b>

**(limit 2,000 characters)**

The CoC was a crucial partner in planning the priorities for our ESG-CV funding and were involved in all areas of planning. The CoC also assisted in the planning process for CDBG-CV funds.

1. ESG-CV funds were used to support the additional costs of motel rooms for people who were exposed and/or tested positive for COVID and needed to

- quarantine which helped limit the spread of COVID in our community.
- 2. The bulk of our ESG-CV funds were used for a Rapid Rehousing project which quickly moved people out of shelter settings and into permanent housing. The RRH project administered by our local DSS prioritized people reentering society from jail or prison and those of older ages or who are immunocomprised for the first round of entries into the project. The RRH project includes rental assistance and optional light-touch case management including housing location as needed.
- 3. ESG-CV funded 2 prevention projects. ESG-PREV will serve people at risk of homelessness due to non-payment eviction with rental arrears and additional supports after the NYS eviction moratorium has been lifted. Currently people who are doubled up or staying in places where they will have to leave imminently are served with the PREV project. Additionally ESG-CV helps support the cost of an added housing attorney at LawNY, who provide free legal services for low income residents of our CoC.
- 4. ESG-CV funding is used to support the increased costs of providing PPE to people living and working at our emergency shelter.
- 5. ESG-CV was allocated to the CoC lead agency to support the ongoing costs of 3 portable toilets located in the encampment site.

<b>1D-4.</b>	<b>CoC Coordination with Mainstream Health.</b>	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

**(limit 2,000 characters)**

- 1. The CoC partnered closely with REACH medical who has stepped up to be the premiere healthcare provider for people experiencing homelessness locally. REACH and the CoC worked together to acquire and distribute materials and signage specific to people experiencing homelessness including information about topics like safer drug use and sex work during covid. We created a system to distribute PPE to street outreach providers, front-line shelter staff and people experiencing homelessness as well as created a training video about proper PPE usage. The CoC worked with REACH as they designed and implemented mobile COVID testing and on a project that provides financial incentives for getting either COVID or HEP-A vaccine. These initiatives measurably reduced the spread of COVID in our community. REACH also worked with the CoC to distribute warm clothes, sleeping bags, and other supplies necessary for people who are sheltering in place outdoors in Central NY. The CoC also worked closely with our local Health Department to coordinate and inform all of our approaches to reducing the spread of Covid.
- 2. The CoC monitored the initiatives listed above through regular conversations with direct service providers including street outreach, and emergency shelter staff. The CoC also quickly sent out any new or developing best practices for COVID response created by HUD, CDC, or NAEH.

<b>1D-5.</b>	<b>Communicating Information to Homeless Service Providers.</b>	
--------------	---	--

NOFO Section VII.B.1.q.

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

- |    |                                  |
|----|----------------------------------|
| 1. | safety measures;                 |
| 2. | changing local restrictions; and |
| 3. | vaccine implementation.          |

**(limit 2,000 characters)**

1. The CoC used its monthly meetings, large scale email blasts, social media posts and person to person communication to share emerging information about COVID safety measures generally and specific to people experiencing homelessness about social distancing, hand washing and masks. The CoC worked with the Health Department to develop materials that specifically addressed homelessness and COVID-19 safety. The CoC shared materials from the CDC, HUD, NAEH, and local sources to providers efficiently in response to any changing guidance. 2. The CoC effectively communicated with provider agencies about changing national and local guidelines quickly and efficiently and participated townhalls, and other public forums to share information about COVID and people experiencing homelessness. The CoC also advocated against the clearing of an encampment site that was proposed based on CDC guidelines. 3. The CoC uses email, print media, social media, small and large meetings to share information about vaccine eligibility guidelines, how to make an appointment and helped with transportation access to vaccine sites. Additionally the CoC worked with REACH medical to design and pilot mobile vaccination and vaccine pop-ups for vulnerable community members.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
-------	--	--

NOFO Section VII.B.1.q.

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

**(limit 2,000 characters)**

The CoC advocated for people experiencing homelessness to be included in the earliest as possible group of categories eligible to be vaccinations. The CoC closely followed the guidance of the CDC, HUD, and NAEH to stay up-to date about vaccine eligibility and deploy well thought out plans to facilitate vaccination in our CoC to both staff at homeless response providers and people experiencing homelessness. As soon as eligibility was announced the CoC helped facilitate large scale vaccine pop-up events at our emergency shelter, transitional housing and permanent supportive housing sites. Street outreach and other staff at agencies worked directly with individuals eligible to receive vaccine to provide current, fact based information answer questions and add credibility for clients interested in learning more or in getting vaccinated. The CoC added COVID specific vaccine and exposure questions to its intake assessments for emergency shelter.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

**(limit 2,000 characters)**

The Advocacy Center saw an increase in callers to their 24/7 hotline and people seeking emergency DV shelter throughout the pandemic. To respond AC increased their capacity to answer calls and act as advocates by increasing their staffing and the technology that supports their hotline. The AC offered a series of mini-trainings to members of the Enhanced Street Outreach team and shelter providers about the effects of COVID on DV incidents and worked in close collaboration with the CoC for outreach approaches to reach people who are experiencing or at risk of DV. While the CoC didn't see a large increase in people fleeing DV immediately based on PIT data we are aware that there is likely to continue to be increased domestic violence incidents throughout the continuing pandemic. The CoC has communicated more often with the AC since 2020. The AC did reduce its number of shelter beds on-site in response to CDC guidance and made accommodations for people to be supported in non-congregate confidential sites.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

**(limit 2,000 characters)**

The CoC made several adjustments to its CE system as a COVID response. The CoC added health screening and COVID symptom checking assessments to HMIS along with optional vaccine tracking information. Beyond these changes in HMIS the CoC nimbly shifted its procedures from being generally performed in person to being able to assess people's vulnerability and add them to the CE project virtually or by phone by creating a verbal release of information and streamlining the process for referral. The CoC additionally prioritized people over 65 or with health problems for referral into available projects.

## 1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
- 24 CFR part 578

<b>1E-1.</b>	<b>Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	<b>NOFO Section VII.B.2.a. and 2.g.</b>	

<b>1.</b>	<b>Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.</b>	08/20/2021
<b>2.</b>	<b>Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.</b>	09/08/2021

<b>1E-2.</b>	<b>Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.</b>	
	<b>NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.</b>	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

<b>1.</b>	<b>Established total points available for each project application type.</b>	Yes
<b>2.</b>	<b>At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).</b>	Yes
<b>3.</b>	<b>At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).</b>	Yes
<b>4.</b>	<b>Used data from a comparable database to score projects submitted by victim service providers.</b>	No
<b>5.</b>	<b>Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.</b>	No
<b>6.</b>	<b>Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.</b>	No

<b>1E-2a.</b>	<b>Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.</b>	
---------------	---	--

NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

- |    |  |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and  |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

**(limit 2,000 characters)**

1. The CoC is dedicated to preventing and ending homelessness. Identifying and providing the highest quality housing options for vulnerable populations is a critical feature of our rank and review process along with ensuring CoC projects are serving people with the most severe service needs. Using HMIS data, CE data and other local information the CoC determined that the populations with the highest severity of needs include, People who are Chronically Homeless, have current or a history of Substance Use Disorder, severe mental health disorders, families experiencing homelessness and people with a history of victimization including survivors of Domestic Violence and Sexual Abuse. All of the new and renewal projects in our priority list prioritize and serve people with significant barriers including youth, people with substance use disorder, mental illness diagnoses and families.

2. The CoC rank and review committee examined project Annual Performance Report data from HMIS for renewal projects to determine if they were in fact serving people with highest needs. The CoC scores projects objectively according to their performance. The CoC also examines utilization rates for projects as well as the cost per unit for project applicants. All projects are required to use CE for entries. The CoC recognizes that part of our commitment to Housing First and serving the most vulnerable, can result in a higher rate of exits to temporary or homeless destinations from PSH projects. Although this may have an adverse affect on our over-all system performance the CoC recognizes the need for these projects to continue operating from a position of Housing First.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
-------	--	--

NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

- |    |  |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;   |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;  |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

**(limit 2,000 characters)**

1. The process of determining our rating factors continues to evolve. The CoC will continue working with organizations who serve populations who over-represented in the homeless response system. We are currently undersgoing a strategic planning process funded by the County and City which will include focus groups of people experiencing homelessness to determine new or additional factors to include in our rating and ranking system. This independent

review from an outside consultant will be completed by early 2022 and influence our rating factors in the 2022 competition.

2. The CoC is working to improve inclusion of BIPOC and other populations over-represented in our system. The rank and review committee for FY21 is made up of representatives from orgs that aren't submitting applications. The committee includes City and County representatives, Veterans Services, Local DSS, and a representative from a Faith Based organization. Those on the committee serve populations who are unequally impacted by homelessness and bring informed decision making to the process.

3. Each of the organizations that have applied for either renewal or new funding serve populations that reflect the demographics over-represented in the homeless response system. The Rank and Review team considers the racial equity data of applicants and reviews the APRs of applicants when considering new and renewal projects.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.	
NOFO Section VII.B.2.f.		

Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

**(limit 2,000 characters)**

1. The written process for reallocation is posted online and available to applicants year round as part of our rank and review procedure document. The process outlines the reasons for reallocation such as a project declining to renew their funding, a project adjusting their budget to reflect a reduced amount, or poor performance. Under performing projects are defined as those who have low utilization rates, do not participate in our CE system, those not serving a CoC identified population, misuse or nonuse of Federal Funds and projects whose design have a negative impact on system performance overall. 2. The CoC identified one project for reallocation in this year's local competition using this process. 3. The CoC reallocated the funding of one of our renewal projects based on their inability to commit to a Housing First stance combined with the submission of their application after the local competition had closed. 4. N/A 5. The project that was reallocated was notified via a personal email from CoC staff.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.	
NOFO Section VII.B.2.f.		

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes
--	-----

1E-5. Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
NOFO Section VII.B.2.g.	

1. Did your CoC reject or reduce any project application(s)?	Yes
2. If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/29/2021

1E-5a. Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/29/2021
---	------------

1E-6. Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.2.g.	

Enter the date your CoC’s Consolidated Application was posted on the CoC’s website or affiliate’s website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021
--	------------

## 2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
 - 24 CFR part 578

<b>2A-1.</b>	<b>HMIS Vendor.</b>	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	WellSky
--	---------

<b>2A-2.</b>	<b>HMIS Implementation Coverage Area.</b>	
	Not Scored—For Information Only	

Select from dropdown menu your CoC’s HMIS coverage area.	Multiple CoCs
--	---------------

<b>2A-3.</b>	<b>HIC Data Submission in HDX.</b>	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
---	------------

<b>2A-4.</b>	<b>HMIS Implementation—Comparable Database for DV.</b>	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- |    |   |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and             |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

**(limit 2,000 characters)**

1. The Advocacy Center enters client level information including identifying information into Empower, a customized database that is comparable to HMIS and collects the same data elements as those required by the HUD 2020 data standards.
2. The AC does submit deidentified data for the PITC and on request for other CoC initiatives but is not currently submitting System Performance Measure data to the CoC. The CoC will work with our HMIS lead agency and the Advocacy to determine the feasibility of their providing SPMs for review to the CoC.

<b>2A-5.</b>	<b>Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.</b>	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	120	9	111	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	26	0	26	100.00%
4. Rapid Re-Housing (RRH) beds	68	0	68	100.00%
5. Permanent Supportive Housing	115	0	115	100.00%
6. Other Permanent Housing (OPH)	18	0	0	0.00%

<b>2A-5a.</b>	<b>Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.</b>	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

1. Second Wind Cottages(SWC) is the Other Permanent Housing project in our HIC. SWC is a small non-profit organization serving 18 men exiting homelessness primarily directly from unsheltered homelessness with permanent housing cottages. The CoC values their membership and will continue to offer SWC use of a license, training and support with HMIS. To date SWC has declined to participate in HMIS citing concerns related to their mission and the increased work burden to their mostly volunteer staff. The CoC will extend the invitation to participate in HMIS at least quarterly and work to demonstrate the benefit of HMIS by sharing reports and insights sourced from HMIS.

NOTE: there is an error in our FY2021 HDX competition report related to the ES beds in HMIS. All ES shelter beds including motel sites are entered in HMIS  
 2. The CoC will communicate with the Board and Staff at SWC through email, phone and personal meetings with the goal of having them join HMIS and

continue to participate in the CoC including on the Point in Time planning Committee.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
---	---------

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

- |    |  |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent.               |

**(limit 2,000 characters)**

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
---	-----

## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
---	-----

2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
--	-----

## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless—Risk Factors.</b>	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

**(limit 2,000 characters)**

1.The CoC has significantly reduced our number of people experiencing homelessness for the first time from 689 in FY2019 to 499 in FY2020. The risk factors the CoC has identified for persons becoming homeless for the first time include low or very-low income, rent-burdened and volatile or instable relationships. To determine these risk factors the CoC consulted HMIS data including SPMS and Stella-P. To interpret data from the above sources we look at the following data points; Residence prior to Entry, Income and Conditions at Entry along with DV experience. This year we are adding a set of optional yes/no questions to our HMIS intake that seek to better answer the question of "Why" people become homeless. The CoC uses quantitative and qualitative data from focus groups and stakeholders to assess for themes in risk factors. The CoC is examining our racial equity data to assess the ways that structural racism impacts people’s likelihood to become homeless.

2.The CoC is invested in continuing to decrease our number of people experiencing homelessness and is using several strategies. First we are working to increase information sharing across CoC member agencies who provide services to ensure that the full range of housing programs including prevention, mediation, financial assistance and diversion services are understood and referrals are made effectively by staff in agencies serving people experiencing homelessness. Second, we aim to increase the number of financial resources including RRH and other resources through our role as collaborator in allocation of funding sources including ESG-CV, CDBG-CV and others. Finally CoC member agencies attempt to intervene as early as possible when a person is identified as being at risk of becoming homeless for the first time and connect people with prevention and diversion services including legal assistance to prevent eviction.

3.CoC governance committee and the Director of Housing Initiatives are

responsible to oversee this strategy.

<b>2C-2.</b>	<b>Length of Time Homeless–Strategy to Reduce.</b>	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.

**(limit 2,000 characters)**

1.The CoC deploys several strategies to reduce the Length of Time (LOT) people experience homelessness including; Working diligently to increase the supply of Affordable Housing, expanding rapid rehousing and vouchers programs, reallocating ARD to new permanent supportive housing projects. Additionally the CoC ensures that all funded projects maintain a Housing First philosophy and works closely with projects not funded through CoC to increase the number of people experiencing homelessness served in those programs. The CoC shares data and provides letters of support for CoC members seeking funding from local, state and federal funding sources including Empire State Supportive Housing Initiatives (ESSHI) as part of our commitment to increasing supply of affordable units of supportive housing available to people exiting homelessness. 2.The CoC identifies clients with the longest LOT homeless through careful monitoring of our HMIS data including our CE project, Emergency Shelter and Street Outreach. We use this data to set priorities for emerging projects such as the ESG-CV RRH project and TBRA who both have priorities for people with the longest LOT homeless.3. The CE lead and the Director of Housing Initiatives are responsible for these strategies.

<b>2C-3.</b>	<b>Exits to Permanent Housing Destinations/Retention of Permanent Housing.</b>	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

**(limit 2,000 characters)**

1. The CoC's current strategy to increase the rate at which people in unsheltered and emergency shelter locations exit to permanent destinations is to quickly connect the most vulnerable people to permanent supportive housing(PSH) projects through efficient use of our CE system. CoC funded PSH projects offer robust wrap-around services that allow people exiting from homelessness to stabilize and be connected with vital supports in a unit with out preconditions to service or time-limits. In our CoC the PSH projects have the lowest rates of return to homelessness when compared to other housing models. The CoC's CE project refers people to PSH projects who have the highest vulnerability to PSH and those who have mid-range scores are referred

to RRH projects including ESG-CV, STEHP, TBRA and transitional units. In 2020 the CoC developed and filled a landlord engagement specialist role employed by the collaborative applicant. This position works with landlords to increase the number and quality of units available to people who use a RRH or HCV to help pay their rent.2. In order to increase the rate of retention for people who already reside in a PSH project the CoC supports providers in providing holistic, trauma-informed services, and linkages such as education and employment resources, mainstream and other benefits and connections to healthcare. The CoC hosts an annual small grant competition using County funding to align with CoC goals. As part of the CoC's commitment to increasing the housing stability of people in or exiting permanent housing projects the CoC funded a position at the Salvation Army to follow-up with and provide client centered case management services including transportation, technology supports, life skills, education and employment for people recently housed after a period of homelessness.

<b>2C-4.</b>	<b>Returns to Homelessness–CoC’s Strategy to Reduce Rate.</b>	
	NOFO Section VII.B.5.e.	

Describe in the field below:

1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC’s strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

**(limit 2,000 characters)**

1. The CoC identifies people who return to homelessness by monitoring and analyzing data sourced from HMIS including CE project data and closely tracking any returns to homelessness. The CoC also collaborates with street outreach providers for known returns to homelessness that may not have appeared in HMIS data yet, or unsheltered returns. The CoC uses data about returns to homelessness to create strategies to reduce returns and better serve people with housing and supports that have a history of homelessness. The CE lead and Director of Housing Initiatives analyze both quantitative and qualitative data to inform our strategies and measure our successes. 2. The CoC's strategy to reduce returns to homelessness is to address the barriers to remaining housed people exiting homelessness often face. This includes referrals for supports, for life skills, financial programs to assist with rent and utilities, help with technology including cell phones, legal assistance, and small programs that fill gaps like the cost of trash tags for renters. The CoC also supports legal assistance for people facing eviction as a strategy to prevent returns to homelessness. 3. The ESG-CV workgroup, CE lead and Director of Housing Initiatives are responsible for implementing and monitoring this strategy.

<b>2C-5.</b>	<b>Increasing Employment Cash Income-Strategy.</b>	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC’s strategy to increase employment income;
----	--

2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

**(limit 2,000 characters)**

1. The global pandemic has certainly impacted our CoC's emphasis on increasing cash income from employment and our area saw measurable job-loss in all sectors since the onset of COVID. Generally our strategy is to quickly connect all people who are able and willing to appropriate employment services based on their skill sets and needs. 2. The CoC has existing relationships at Challenge Industries, Youth Employment Services and Workforce NY and shares information with our member agencies about their offerings, especially when they are targeted towards participants with barriers to employment. Prior offerings have included on-site services in PSH and transitional housing sites for pre-vocation, subsidized employment and traditional employment opportunities. During COVID, requirements to be working or seeking employment have lifted in favor of health and safety requirements for people receiving services through our PSH, or local DSS. 3. The CoC governance committee and TCDSS are responsible for this strategy.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

**(limit 2,000 characters)**

1. Pre-pandemic the CoC participated in the promotion of private employment opportunities including job fairs specific to people with certain barriers to employment including re-entering from jail or prison or being in recovery from substance use disorder. Participation in these events fostered relationships that will be important as our community continues to rebuild after COVID. When it is safe for the CoC to begin promoting large in-person events we will do so, until then we support our members with information and resource for available employment programs.

2. All of the PSH sites have education and employment counseling available on-site to residents. The PSH site that is home to Youth has on-site in person GED-TASC classes available free of cost to residents. The local community college partners with OAR to offer free college prep classes for people experiencing homelessness who have a history of involvement with the criminal justice system which has proven quite successful locally. The CoC looks forward to growing our efforts around employment and education as the COVID crisis begins to wane.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC’s strategy to increase non-employment cash income;
2.	your CoC’s strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.

**(limit 2,000 characters)**

1. The CoC's strategy to increase non-employment cash income has been to quickly and efficiently distribute information about available resources including stimulus payments, child tax credit, and unemployment benefits to providers who serve people experiencing homelessness. The CoC designed materials to be clear and easy to understand to be shared with people in the shelter or in our encampment site and via social media listing pandemic related financial benefits people may be eligible for. The CoC facilitated technology and planning support to a project run by street outreach where people were helped individually with determining what pandemic benefits they may qualify for and applying for them as needed. Mainstream benefits providers are fully represented and integrated into the CoC membership body which helped create clear communication across providers. Additionally the CoC worked with a local bank to implement a system so that unbanked people could cash their stimulus payments. 2. The CoC has several strategies to increase people's access to non-employment cash income including being a core member of a group working to implement a guaranteed income pilot to Ithaca which will launch in December of 2021 that has an eligibility priority for people who are rent-burdened. The CoC continues to encourage providers to be trained in SOAR to increase access to SSDI benefits for people in their projects. 3. The Director of Housing Initiatives is responsible for overseeing this strategy.

## 3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
- 24 CFR part 578

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Resources.</b>	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
---	----

<b>3A-1a.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

<b>3A-2.</b>	<b>New PSH/RRH Project—Leveraging Healthcare Resources.</b>	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
--	----

<b>3A-2a.</b>	<b>Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.6.b.	

<b>1.</b>	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
<b>2.</b>	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	No

<b>3A-3.</b>	<b>Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.</b>	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

### 3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

- |    |   |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and   |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

**(limit 2,000 characters)**

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
- 24 CFR part 578

<b>3C-1.</b>	<b>Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.</b>	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	----

<b>3C-2.</b>	<b>Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- |    |   |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.   |

**(limit 2,000 characters)**

## 4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	<b>New DV Bonus Project Applications.</b>	
	NOFO Section II.B.11.e.	

<b>Did your CoC submit one or more new project applications for DV Bonus Funding?</b>	No
<b>Applicant Name</b>	
This list contains no items	

## 4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	1C-14 CE Assessme...	11/12/2021
1C-7. PHA Homeless Preference	No	1C-7 PHA Homeless...	11/12/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	1E-1 Local Compet...	11/12/2021
1E-2. Project Review and Selection Process	Yes	1E-2 Project Revi...	11/12/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	1E-5 Public Posti...	11/12/2021
1E-5a. Public Posting—Projects Accepted	Yes	1E-5a Public Post...	11/12/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

## **Attachment Details**

**Document Description:** 1C-14 CE Assessment Tool

## **Attachment Details**

**Document Description:** 1C-7 PHA Homeless Preference

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** 1E-1 Local Competition Announcement

## **Attachment Details**

**Document Description:** 1E-2 Project Review and Selection Process

## **Attachment Details**

**Document Description:** 1E-5 Public Posting-Projects Rejected-Reduced

## **Attachment Details**

**Document Description:** 1E-5a Public Posting Projects Accepted

## **Attachment Details**

**Document Description:**

## Submission Summary

**Ensure that the Project Priority List is complete prior to submitting.**

Page	Last Updated
<b>1A. CoC Identification</b>	11/11/2021
<b>1B. Inclusive Structure</b>	11/11/2021
<b>1C. Coordination</b>	11/11/2021
<b>1C. Coordination continued</b>	11/11/2021
<b>1D. Addressing COVID-19</b>	11/11/2021
<b>1E. Project Review/Ranking</b>	11/12/2021
<b>2A. HMIS Implementation</b>	11/11/2021
<b>2B. Point-in-Time (PIT) Count</b>	10/20/2021
<b>2C. System Performance</b>	11/11/2021
<b>3A. Housing/Healthcare Bonus Points</b>	11/02/2021
<b>3B. Rehabilitation/New Construction Costs</b>	10/21/2021

FY2021 CoC Application	Page 50	11/12/2021
------------------------	---------	------------

<b>3C. Serving Homeless Under Other Federal Statutes</b>	10/21/2021
<b>4A. DV Bonus Application</b>	11/02/2021
<b>4B. Attachments Screen</b>	Please Complete
<b>Submission Summary</b>	No Input Required

## 1C-14 Centralized or Coordinated Entry (CE) System-Assessment Tool

This Attachment details NY-510's CE Intakes and process. It includes the following:

1. VI-SPDAT V2.0 for Single Adults
2. VI-SPDAT V2.0 for Families
3. TAY-VI-SPDAT V1.0 for Transition Age Youth
4. NY-510 CE Policy and Procedure Manual
5. NY-510 CE Pre-Screening Questionnaire
6. NY-510 Client Consent Form
7. NY-510 Verbal Client Consent Form

## 1C-14 Centralized or Coordinated Entry (CE) System-Assessment Tool

This Attachment details NY-510's CE Intakes and process. It includes the following:

### **1. VI-SPDAT V2.0 for Single Adults**

**Vulnerability Index -  
Service Prioritization Decision Assistance Tool  
(VI-SPDAT)**

**Prescreen Triage Tool for Single Adults**

**AMERICAN VERSION 2.01**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.  
1 (800) 355-0420 [info@orgcode.com](mailto:info@orgcode.com) [www.orgcode.com](http://www.orgcode.com)

**COMMUNITY  
SOLUTIONS**



## Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

### VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

#### **Current versions available:**

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

[www.orgcode.com/products/vi-spdatt/](http://www.orgcode.com/products/vi-spdatt/)

### SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

#### **Current versions available:**

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

[www.orgcode.com/products/spdat/](http://www.orgcode.com/products/spdat/)

## SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

### **Current SPDAT training available:**

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

### **Other related training available:**

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ___/___/____	<b>Survey Time</b> ___:___	<b>Survey Location</b> _____

## Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

## Basic Information

<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____
		<b>Consent to participate</b> <input type="radio"/> Yes <input type="radio"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

**SCORE:**

0

## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

**Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

**SCORE:**

0

2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_ Years

Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

**SCORE:**

0

## 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

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

**SCORE:**

0

5. Have you been attacked or beaten up since you've become homeless?  Y  N  Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

**SCORE:**

0

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?  Y  N  Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:  
0

8. Does anybody force or trick you to do things that you do not want to do?  Y  N  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?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:  
0

### 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?  Y  N  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?  Y  N  Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:  
0

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  Y  N  Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:  
0

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?  Y  N  Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:  
0

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?  Y  N  Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:  
0

## D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Y  N  Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Y  N  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?  Y  N  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?  Y  N  Refused
19. When you are sick or not feeling well, do you avoid getting help?  Y  N  Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?  Y  N  N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

**SCORE:**

0

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?  Y  N  Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

**SCORE:**

0

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?  Y  N  Refused
- b) A past head injury?  Y  N  Refused
- c) A learning disability, developmental disability, or other impairment?  Y  N  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?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

**SCORE:**

0

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

**SCORE:**

0

## VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  Y  N  Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.**

**SCORE:**

0

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?  Y  N  Refused

**IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.**

**SCORE:**

0

### Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /1	<b>Score: Recommendation:</b> 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
<b>GRAND TOTAL:</b>	<b>0 /17</b>	

### Follow-Up Questions

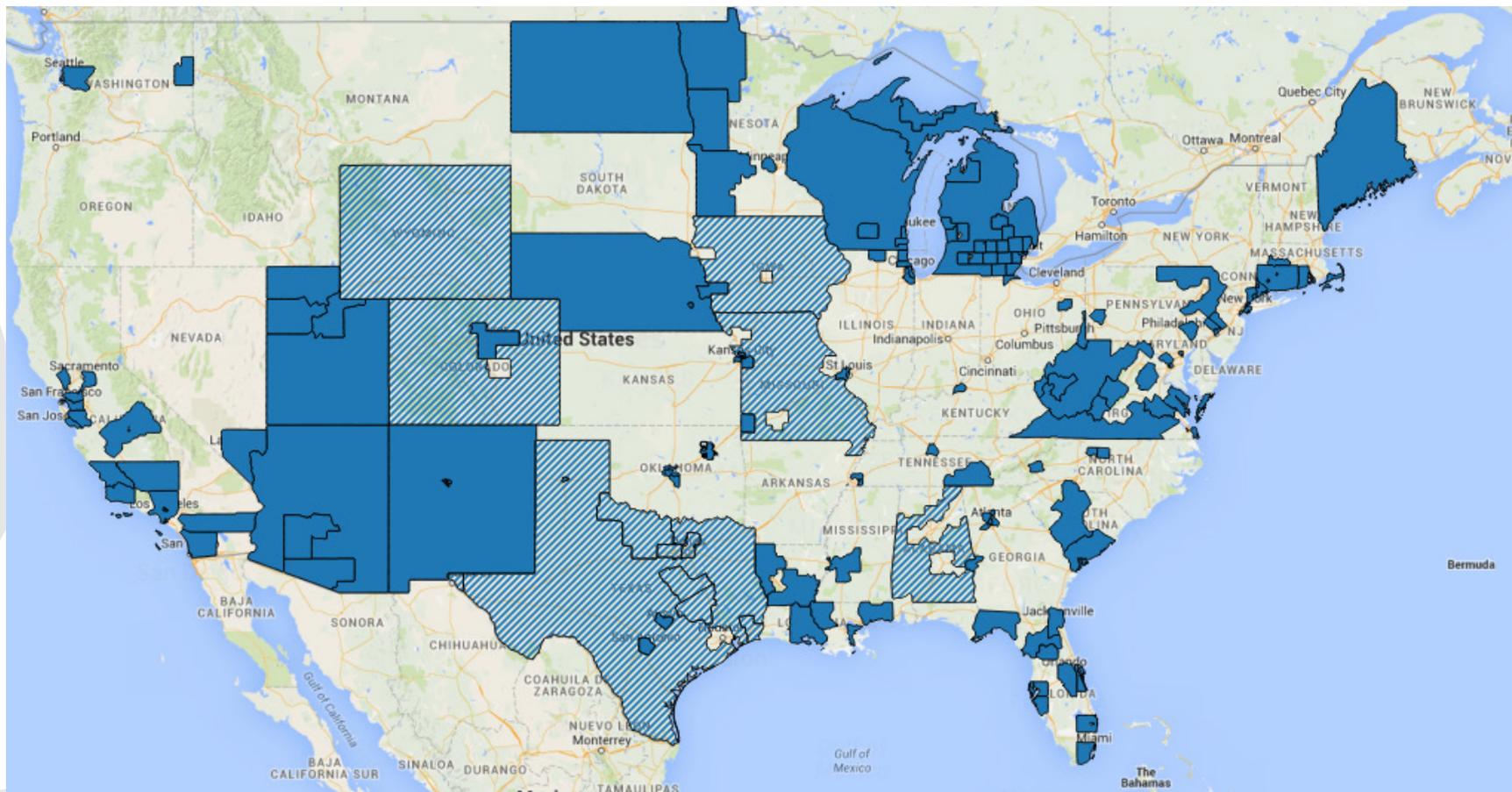
<b>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</b>	place: _____ time: ___ : ___ or <b>Night</b>
<b>Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?</b>	phone: (____) _____ - _____ email: _____
<b>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- legal status in country
- children that may reside with the adult at some point in the future
- ageing out of care
- income and source of it
- safety planning
- mobility issues
- current restrictions on where a person can legally reside

## Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

**Alabama**

- Parts of Alabama Balance of State

**Arizona**

- Statewide

**California**

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

**Colorado**

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

**Connecticut**

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

**District of Columbia**

- District of Columbia

**Florida**

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

**Georgia**

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

**Hawaii**

- Honolulu

**Illinois**

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

**Iowa**

- Parts of Iowa Balance of State

**Kansas**

- Kansas City/Wyandotte County

**Kentucky**

- Louisville/Jefferson County

**Louisiana**

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

**Massachusetts**

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

**Maryland**

- Baltimore City
- Montgomery County

**Maine**

- Statewide

**Michigan**

- Statewide

**Minnesota**

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

**Missouri**

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

**Mississippi**

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

**North Carolina**

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

**North Dakota**

- Statewide

**Nebraska**

- Statewide

**New Mexico**

- Statewide

**Nevada**

- Las Vegas/Clark County

**New York**

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

**Ohio**

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

**Oklahoma**

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

**Pennsylvania**

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

**Rhode Island**

- Statewide

**South Carolina**

- Charleston/Low Country
- Columbia/Midlands

**Tennessee**

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

**Texas**

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

**Utah**

- Statewide

**Virginia**

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

**Washington**

- Seattle/King County
- Spokane City & County

**Wisconsin**

- Statewide

**West Virginia**

- Statewide

**Wyoming**

- Wyoming Statewide is in the process of implementing

1C-14 Centralized or Coordinated Entry (CE) System-Assessment Tool

**2. VI-SPDAT V2.0 for Families**

**Vulnerability Index -  
Service Prioritization Decision Assistance Tool  
(VI-SPDAT)**

**Prescreen Triage Tool for Families**

**AMERICAN VERSION 2.0**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.  
1 (800) 355-0420 [info@orgcode.com](mailto:info@orgcode.com) [www.orgcode.com](http://www.orgcode.com)

**COMMUNITY  
SOLUTIONS**



## Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

### VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

#### **Current versions available:**

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at

[www.orgcode.com/products/vi-spdatt/](http://www.orgcode.com/products/vi-spdatt/)

### SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

#### **Current versions available:**

- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

[www.orgcode.com/products/spdat/](http://www.orgcode.com/products/spdat/)

## SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

### **Current SPDAT training available:**

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

### **Other related training available:**

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ___/___/____	<b>Survey Time</b> ___:___	<b>Survey Location</b> _____

## Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

## Basic Information

<b>PARENT 1</b>	<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
	<b>In what language do you feel best able to express yourself?</b> _____		
	<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____
			<b>Consent to participate</b> <input type="radio"/> Yes <input type="radio"/> No
<b>PARENT 2</b>	<input type="checkbox"/> No second parent currently part of the household		
	<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
	<b>In what language do you feel best able to express yourself?</b> _____		
	<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____
			<b>Consent to participate</b> <input type="radio"/> Yes <input type="radio"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			<b>SCORE:</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;">0</div>

## Children

- How many children under the age of 18 are currently with you? \_\_\_\_\_  Refused
- 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
- IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant?  Y  N  Refused
- Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. **SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. **0**

## A. History of Housing and Homelessness

- Where do you and your family sleep most frequently? (check one)
  - Shelters
  - Transitional Housing
  - Safe Haven
  - Outdoors**
  - Other (specify):** \_\_\_\_\_
  - Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

**0**

- How long has it been since you and your family lived in permanent stable housing? \_\_\_\_\_ Years  Refused
- In the last three years, how many times have you and your family been homeless? \_\_\_\_\_  Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

**0**

## 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 they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they 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

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

0

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless?  Y  N  Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

0

- 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?  Y  N  Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

0

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?  Y  N  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 they don't know, share a needle, or anything like that?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

0

## 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?  Y  N  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?  Y  N  Refused

**IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.**

**SCORE:**

0

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?  Y  N  Refused

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.**

**SCORE:**

0

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?  Y  N  Refused

**IF "NO," THEN SCORE 1 FOR SELF-CARE.**

**SCORE:**

0

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?  Y  N  Refused

**IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.**

**SCORE:**

0

## D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?  Y  N  Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Y  N  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?  Y  N  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?  Y  N  Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.**

**SCORE:**

0

## VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

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?  Y  N  Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

0

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?  Y  N  Refused

b) A past head injury?  Y  N  Refused

c) A learning disability, developmental disability, or other impairment?  Y  N  Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

0

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use?  Y  N  N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

0

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?  Y  N  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?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

0

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?  Y  N  Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

0

## 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?  Y  N  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?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

0

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?  Y  N  Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days?  Y  N  Refused

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week?  Y  N  N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

0

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?  Y  N  Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

0

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?  Y  N  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?  Y  N  Refused

b) 2 or more hours per day for children aged 12 or younger?  Y  N  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?  Y  N  N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

0

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /2	<b>Score: Recommendation:</b> 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
E. FAMILY UNIT	0 /4	
<b>GRAND TOTAL:</b>	<b>0 /22</b>	

## Follow-Up Questions

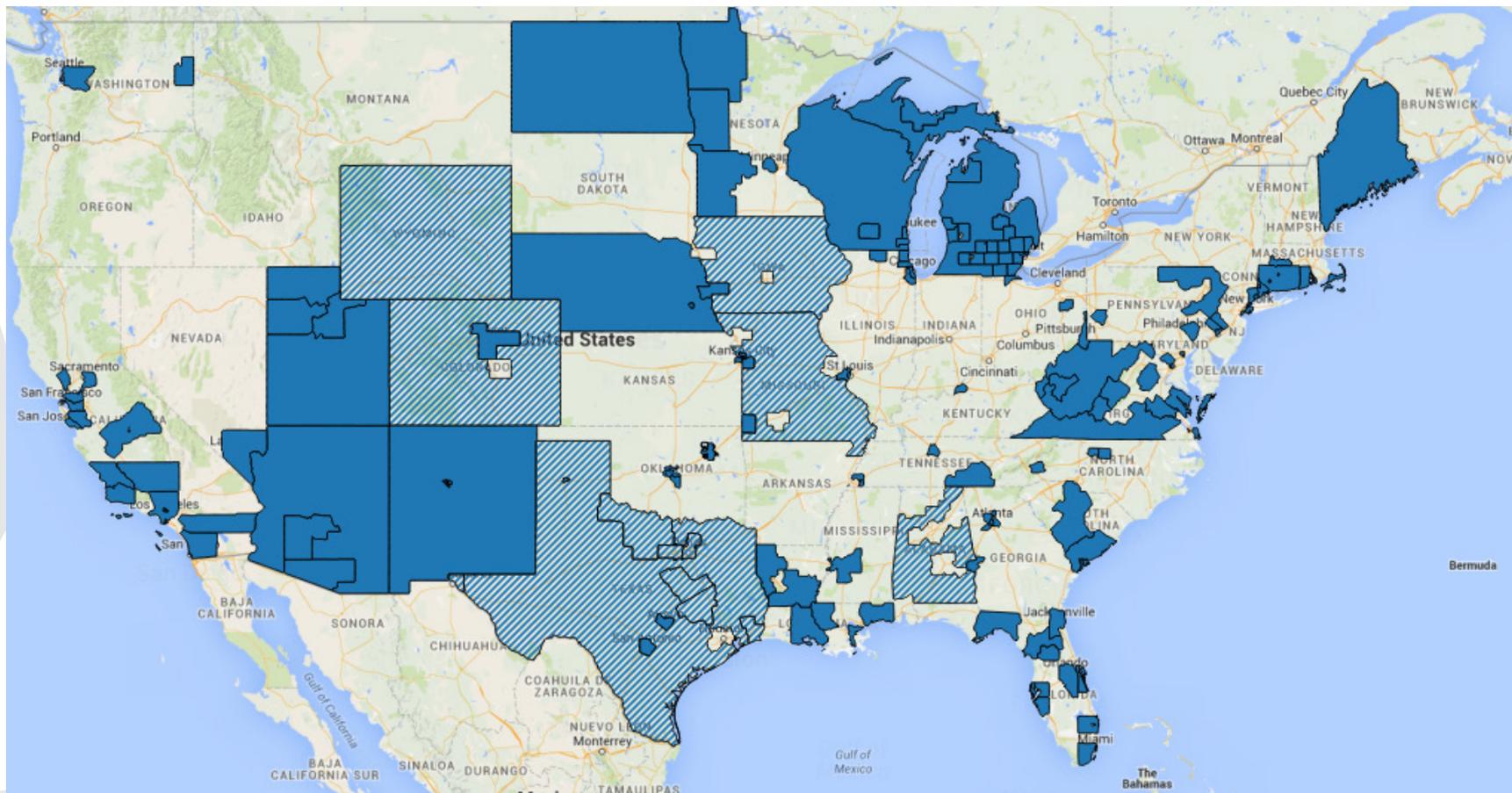
<b>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</b>	place: _____ time: ___ : ___ or <b>Night</b>
<b>Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?</b>	phone: (____) _____ - _____ email: _____
<b>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

## Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

**Alabama**

- Parts of Alabama Balance of State

**Arizona**

- Statewide

**California**

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

**Colorado**

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

**Connecticut**

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

**District of Columbia**

- District of Columbia

**Florida**

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

**Georgia**

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

**Hawaii**

- Honolulu

**Illinois**

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

**Iowa**

- Parts of Iowa Balance of State

**Kansas**

- Kansas City/Wyandotte County

**Kentucky**

- Louisville/Jefferson County

**Louisiana**

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

**Massachusetts**

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

**Maryland**

- Baltimore City
- Montgomery County

**Maine**

- Statewide

**Michigan**

- Statewide

**Minnesota**

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

**Missouri**

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

**Mississippi**

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

**North Carolina**

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

**North Dakota**

- Statewide

**Nebraska**

- Statewide

**New Mexico**

- Statewide

**Nevada**

- Las Vegas/Clark County

**New York**

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

**Ohio**

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

**Oklahoma**

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

**Pennsylvania**

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

**Rhode Island**

- Statewide

**South Carolina**

- Charleston/Low Country
- Columbia/Midlands

**Tennessee**

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

**Texas**

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

**Utah**

- Statewide

**Virginia**

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

**Washington**

- Seattle/King County
- Spokane City & County

**Wisconsin**

- Statewide

**West Virginia**

- Statewide

**Wyoming**

- Wyoming Statewide is in the process of implementing

1C-14 Centralized or Coordinated Entry (CE) System-Assessment Tool

**3. TAY-VI-SPDAT V1.0 for Transition Age Youth**

**Transition Age Youth -  
Vulnerability Index -  
Service Prioritization Decision Assistance Tool  
(TAY-VI-SPDAT)**

**“Next Step Tool for Homeless Youth”**

**AMERICAN VERSION 1.0**

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,  
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.  
1 (800) 355-0420 [info@orgcode.com](mailto:info@orgcode.com) [www.orgcode.com](http://www.orgcode.com)

**COMMUNITY  
SOLUTIONS**



Eric Rice, PhD

**USC**  
SCHOOL OF  
SOCIAL WORK



## Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

### VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

#### **Current versions available:**

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

[www.orgcode.com/products/vi-spdatt/](http://www.orgcode.com/products/vi-spdatt/)

### SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

#### **Current versions available:**

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

[www.orgcode.com/products/spdat/](http://www.orgcode.com/products/spdat/)

## SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

### **Current SPDAT training available:**

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

### **Other related training available:**

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

## The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ___/___/____	<b>Survey Time</b> ___:___	<b>Survey Location</b> _____

## Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

## Basic Information

<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____
		<b>Consent to participate</b> <input type="radio"/> Yes <input type="radio"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

**SCORE:**

0

## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters                       Couch surfing                       Other (specify): \_\_\_\_\_  
 Transitional Housing        Outdoors  
 Safe Haven                       Refused

**IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.** **SCORE:**

2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_ Years  Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_  Refused

**IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.** **SCORE:**

## 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, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_  Refused

**IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.** **SCORE:**

5. Have you been attacked or beaten up since you've become homeless?  Y  N  Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.** **SCORE:**

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?  Y  N  Refused
8. Were you ever incarcerated when younger than age 18?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES**. **SCORE:**  
0

9. Does anybody force or trick you to do things that you do not want to do?  Y  N  Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**. **SCORE:**  
0

### C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  Y  N  Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?  Y  N  Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT**. **SCORE:**  
0

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  Y  N  Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**. **SCORE:**  
0

14. 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?  Y  N  Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**. **SCORE:**  
0

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home?  Y  N  Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?  Y  N  Refused
- c) Because your family or friends caused you to become homeless?  Y  N  Refused
- d) Because of conflicts around gender identity or sexual orientation?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

0

- e) Because of violence at home between family members?  Y  N  Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**.

SCORE:

0

## D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Y  N  Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Y  N  Refused
- 18. 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?  Y  N  Refused
- 19. 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?  Y  N  Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help?  Y  N  Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

0

**NEXT STEP TOOL FOR HOMELESS YOUTH**

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?  Y  N  Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  Y  N  Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

**SCORE:**

0

25. 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?  Y  N  Refused
- b) A past head injury?  Y  N  Refused
- c) A learning disability, developmental disability, or other impairment?  Y  N  Refused
26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

**SCORE:**

0

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

**SCORE:**

0

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  Y  N  Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

**SCORE:**

0

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /1	<b>Score: Recommendation:</b> 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /5	
D. WELLNESS	0 /5	
<b>GRAND TOTAL:</b>	0 /17	

## Follow-Up Questions

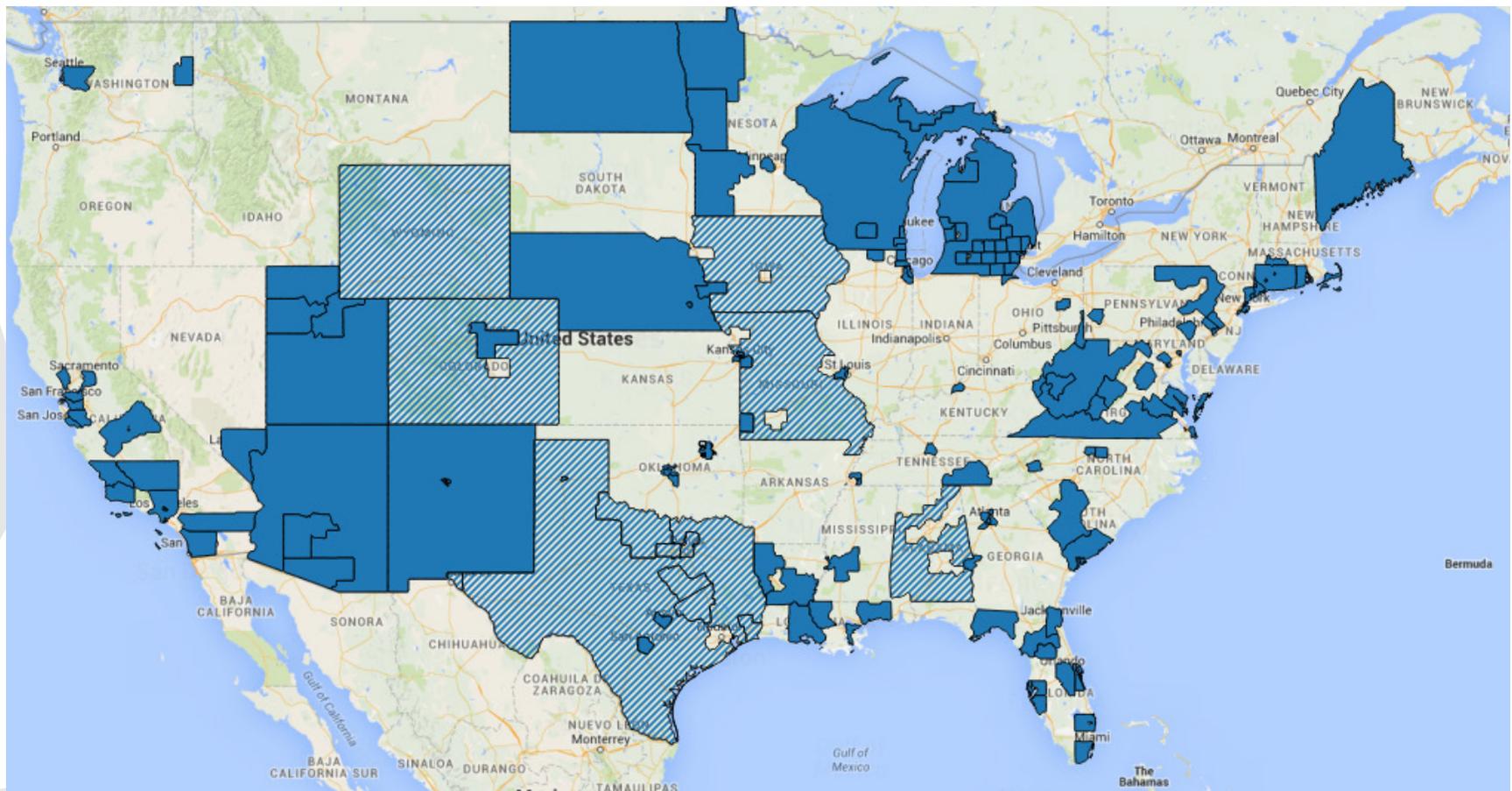
<b>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</b>	place: _____ time: ___ : ___ or <b>Night</b>
<b>Is there a phone number and/or email where someone can get in touch with you or leave you a message?</b>	phone: (____) _____ - _____ email: _____
<b>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

## Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



## NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

### Alabama

- Parts of Alabama Balance of State

### Arizona

- Statewide

### California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

### Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

### Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

### District of Columbia

- District of Columbia

### Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

### Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

### Hawaii

- Honolulu

### Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

### Iowa

- Parts of Iowa Balance of State

### Kansas

- Kansas City/Wyandotte County

### Kentucky

- Louisville/Jefferson County

### Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

### Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

### Maryland

- Baltimore City
- Montgomery County

### Maine

- Statewide

### Michigan

- Statewide

### Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

### Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

### Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

### North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

### North Dakota

- Statewide

### Nebraska

- Statewide

### New Mexico

- Statewide

### Nevada

- Las Vegas/Clark County

### New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

### Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

### Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

### Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

### Rhode Island

- Statewide

### South Carolina

- Charleston/Low Country
- Columbia/Midlands

### Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

### Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

### Utah

- Statewide

### Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

### Washington

- Seattle/King County
- Spokane City & County

### Wisconsin

- Statewide

### West Virginia

- Statewide

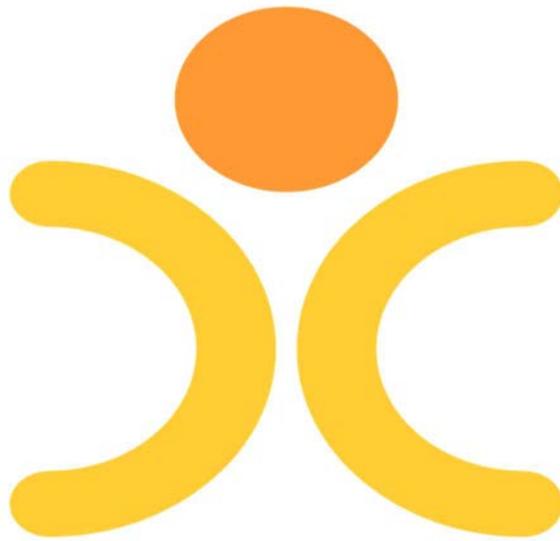
### Wyoming

- Wyoming Statewide is in the process of implementing

1C-14 Centralized or Coordinated Entry (CE) System-Assessment Tool

**4. NY-510 CE Policy and Procedure Manual**

**Ithaca/Tompkins County Continuum of Care**  
**Coordinated Entry Policies and Procedures**



# TABLE OF CONTENTS

## Overview

Overview.....	1
This Document.....	2
Basic Definitions.....	<a href="#">2-3</a>
Homeless Defintions.....	<a href="#">3-4</a>
Target Population.....	<a href="#">4</a>
Goals and Guiding Principles.....	4-5

## Key Components of the Coordinated Entry Process

Screening Overview.....	6
Coordinated Entry (CE) Organizations.....	7
CE Staff Responsibilities.....	7
System Entry.....	8
Phone Calls.....	8
The Assessment Process.....	8-9
Job Responsibilities of Assessment Staff.....	10
Data Collection.....	11
Basis of Referrals.....	11-12
Making Referrals and Prioritizing Consumers.....	12
Priority List Management and Notification of Referral.....	13
Special Populations.....	13
Post-Referral Procedure.....	13

## Declined Referrals and Grievance Procedures

Program Declines Referral.....	13
Consumer Declines Referral.....	14
Provider Grievances.....	14
Consumer Grievances.....	14

## Governance

Roles and Responsibilities.....	15
Policies and Procedures.....	15-16

<b>Evaluation.....</b>	<b>17</b>
------------------------	-----------

## Contact

<b>Information.....</b>	<b>18</b>
-------------------------	-----------

## **ATTACHMENTS**

Attachment A: Project Background and Timeline

Attachment B: NY-510 HMIS Data Collection & Multiple Party Release of Information

Attachment C: Tompkins County Coordinated Entry (CE)

Participating Agency Memorandum of Understanding

Attachment E: Coordinated Entry Metrics

## **APPENDICES**

APPENDIX A: Flow Chart

APPENDIX B: VI-SPDAT - Coordinated Entry for Individuals, Youth, and Families

APPENDIX C: HUD Homeless Definition –Eligibility by Component Chart

APPENDIX D: Priority Listing Formula Explanation

## OVERVIEW

The Coordinated Entry system is designed to identify, engage, assess and refer consumers who are experiencing homelessness or are at risk of becoming homeless.

### Key Elements

#### No Wrong Door Approach to Services

Consumers can enter into any participating agency within the continuum of care and they are linked with a staff person trained to identify their needs, assess their situation and make the appropriate referral.

#### Standardized Assessment

The use of a standardized assessment tool to identify vulnerabilities and assist in placing consumers in the right interventions. The assessment has a section specific to youth and is aligned with the CoC's Order of Priority. Consumers with the highest vulnerability score are placed at the top of the wait list for all housing programs within the CoC for which they are eligible.

#### Referrals

Based on the results of the Vulnerability Index, a consumer will be referred to a homelessness assistance program, and other service providers when appropriate.

All housing and service providers who receive funding from the Department of Housing and Urban Development (HUD) through the Continuum of Care (CoC) or Emergency Solutions Grants (ESG) are required to participate in the Coordinated Entry system. The system is a proven national best practice and all housing and service providers in the county are encouraged to participate. When implemented effectively, coordinated entry can minimize the time and frustration consumers who are in crisis may face when trying to access services and also:

- Reduce new entries into homelessness through a coordinated system of diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before having their needs met;
- Reduce or erase entirely the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and progress the goal of ending homelessness.

## **This Document**

These policies and procedures will govern the implementation, governance and evaluation of the coordinated entry system in Tompkins County. These policies may only be changed by the approval of the Continuum of Care (CoC) Governance Committee based on recommendations from the Coordinated Entry (CE) of the CoC.

## **Basic Definitions**

Housing Provider: An organization that provides housing to people experiencing homelessness or at risk of becoming homeless. The providers below are members of the Coordinated Entry Team of the CoC:

- Lakeview Mental Health
- Tompkins Community Action
- The Learning Web
- The Advocacy Center
- St. John's Community Services
- Second Wind Cottages
- Catholic Charities
- Opportunities, Alternatives, and Resources (OAR)

Service Provider: An organization that provides services to people experiencing homelessness or at-risk of becoming homeless. The providers on the list are trained in the Coordinated Entry system. Organizations can be added at any time after completing a Memorandum of Understanding (MOU) and training on the assessment tool.

- 211
- Tompkins County Department of Social Services
- Tompkins Community Action
- The Learning Web
- The Advocacy Center
- St. John's Community Services
- Second Wind Cottages
- Loaves and Fishes
- Family & Children Services
- Catholic Charities
- Opportunities, Alternatives, and Resources (OAR)
- Ithaca Health Alliance
- Southern Tier Care Coordination/STAP
- Child Development Council
- Soldier On
- Cayuga Medical Center
- County Office for the Aging

Cayuga Addiction Recovery Services  
Alcohol and Drug Council of Tompkins County  
Multicultural Resource Center  
Ithaca Police Department  
Tompkins County Sheriff Department

Program: A specific set of services or housing intervention offered by a provider.

Consumer: A person experiencing homelessness or at risk of becoming homeless; a person who is being assessed through the coordinated entry system.

- Adult- age 25+ use Individual tool (or Family tool, if more than one person in household)
- Youth- age 18-24- use Youth tool (or Family tool)
- Veterans- use age based tool but have immediate follow up to hot line numbers for immediate attention

Housing Interventions: Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs.

### **Definition of Homeless**

On January 4, 2012, final regulations went into effect to implement changes to the U.S. Department of Housing and Urban Development's (HUD's) definition of homelessness contained in the Homeless Emergency Assistance and Rapid Transition to Housing Act. The definition affects who is eligible for various HUD-funded homeless assistance programs. The full definition can be found in the final rule:

<https://www.govinfo.gov/content/pkg/FR-2011-12-05/pdf/2011-30942.pdf>

The definition includes four broad categories of homelessness:

#### Category 1: Literally Homeless

People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided if they were in shelter or a place not meant for human habitation before entering the institution.

#### Category 2: Imminent Risk of Homeless

People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing.

#### Category 3: Homeless under Other Federal Statutes

Families with children or unaccompanied youth who are unstably housed and likely to continue in that state.

#### Category 4: Fleeing/Attempting to Flee Domestic Violence

People who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening situations related to violence; have no other residence; and lack the resources or support networks to obtain other permanent housing.

*Please see Appendix C for HUD Homeless Definition – Eligibility by Component table*

### **Target Population**

The Coordinated Entry system is intended to serve persons experiencing homelessness and those at imminent risk of homelessness. Homelessness will be defined in accordance with the official HUD definition of homelessness detailed on page three (3). Persons at imminent risk of homelessness are those who believe they will become homeless, according to the HUD definition, within the following 72 hours, documented with a three-day notice. Consumers not at risk of imminent homelessness should be referred to prevention resources available in the community.

This Coordinated Entry process was developed primarily for residents of Tompkins County.

The Ithaca/ Tompkins Coordinated Entry Forms can be found in Appendix B of this document. There are currently 4 parts:

1. Screening Questions
2. Adult/Individual Tool (VI-SPDAT)- assessment tool for ages 25+
3. Youth Tool (TAY-VI-SPDAT)- assessment tool for ages 16-24
4. Family Tool (VI-FSPDAT)- assessment tool for families of any age

### **Goals and Guiding Principles**

The goal of the coordinated entry system is to provide each consumer with services and supports to meet their housing needs with a focus on a rapid return to permanent housing. Below are the guiding principles that will help Tompkins County meet these goals:

1. **Consumer Choice:** Consumers will be given information about the programs available to them and have some degree of choice about which programs they want to participate in.

2. **Collaboration:** Because coordinated entry is being implemented system wide, it requires a great deal of collaboration between providers within the CoC, other local service providers, mainstream assistance agencies, funders, and other key partners. Collaboration will be fostered through open communication and transparency, monthly meetings between partners and CE staff, and consistent reporting on the performance of the coordinated entry system.
3. **Accurate Data Collection:** CE staff are required to track the referrals made after a consumer is assessed and provide that information to the CoC Coordinator at the monthly CE meeting. Data collected will reveal what resources consumers need the most and will help in determining how best to allocate, or reallocate, resources. Consumers' rights regarding data collection will be made explicit, and no consumer will be denied services for refusing to share their information, however, consumers must be made aware that refusing to share some information may reduce their housing options.
4. **Performance-Driven Decision Making:** Decisions about, and modifications to, the coordinated entry system will be driven primarily by the need to improve the performance of homelessness assistance and system performance measures. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.
5. **Housing First:** Coordinated entry will support a "housing first" approach, and will thus work to connect consumers with an appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible, with little to no barriers to entry.
6. **Prioritizing the Hardest to House:** Coordinated entry referrals will prioritize consumers that appear to be the hardest to house or serve for program beds and services. This approach will ensure an appropriate match between the most intensive services and the consumers least likely to succeed with a less intensive intervention, while giving consumers with fewer housing barriers more time to work out a housing solution on their own. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.

## KEY COMPONENTS OF THE COORDINATED ENTRY PROCESS

### Screening Overview

This section outlines and defines the key components of coordinated entry and how the coordinated entry process will work. Ithaca/Tompkins CoC uses a *No Wrong Door* approach to providing screenings and assessments.

With the No Wrong Door approach, there are multiple ways a consumer can access the system:

1. A consumer presents at a CAT organization and is assessed by a trained CE staff person
2. A consumer presents at an organization where there are no trained assessors, the staff person will contact 211 to begin an initial screening. 211 will guide the caller to a CE organization to complete the assessment in-person.
3. A consumer can call 211 directly to be screened and then referred; this is most likely to occur after regular business hours.

All consumers experiencing homelessness or at imminent risk of homelessness should be directed to one of the above options to be assessed prior to receiving any services or admission to any homelessness assistance program, with the exception of situations where assessment hours have ended for the day and the person needs emergency shelter, which the consumer would then present to the emergency shelter to receive assistance.

The CE organizations will have the capacity to conduct a full assessment in person, and consumers experiencing homelessness will be assessed and referred to homelessness assistance services. CE organizations are approved by the Coordinated Entry Team and sign the Tompkins County Coordinated Entry Participating Agency Memorandum of Understanding (MOU) agreeing to the operational guidelines of the coordinated entry process. A copy of this MOU can be found in attachment C of this document. The designated CE organizations in Tompkins County are:

- Lakeview Mental Health
- Tompkins Community Action
- The Learning Web
- The Advocacy Center
- St. John's Community Services
- Second Wind Cottages
- Catholic Charities
- Tompkins County DSS- Special Services Unit
- Tompkins County Mental Health Department
- Family and Children's Services – Street Outreach worker

This list will be updated if and when additional designated CE organizations are added or removed.

## **Coordinated Entry (CE) Organizations**

The VI-SPDAT, used widely across the country, will be administered by trained assessment staff at each agency listed above.

Outreach staff whose agencies have been approved by CE will assess consumers living on the street or other places not meant for human habitation. The St. John's Community Services shelter staff and Tompkins County Department of Social Services (DSS) staff who work with consumers being discharged from jails and hospitals are included in this process.

All staff that administers assessments will receive training on the standardized assessment forms to be used, proper referral and prioritization procedures, and priority list management. Staff will also receive training in serving domestic violence survivors and other topics specific to special populations as needed. It is the responsibility of the CoC to ensure this training for staff is available and occurs on a regular basis (at least quarterly).

Throughout this manual, assessment staff will find instructions and guidance on how to conduct assessments, make referrals, and prioritize consumers for services. However, not every conceivable situation is covered in this manual. Assessment staff will need to rely on their judgment, their training, and their supervisor in exceptional situations.

## **CE Staff Responsibilities**

CE staff will be responsible for all homelessness assistance assessments, including initial prevention/diversion assessments. CE organizations are required to notify the CoC of the availability of CE staff who will be administering assessments so the information can be provided to the consumer, who will then be able to make an appointment or be assessed during walk-in hours.

The CoC Coordinator, under the Human Service Coalition, will help to identify resources and programs available based on an individual basis as well as update the community-wide wait list, store the agency MOUs and consumer assessments, and provide housing agencies with consumer information when there are openings.

Each trained assessor at the CE organizations will be linked directly to a CE member who will provide support and technical assistance on an ongoing basis.

### **System Entry**

Tompkins County will operate under the “no wrong door” approach outlined on page six (6). It is prohibited for any homelessness assistance organizations to admit or serve consumers without them having first gone through the coordinated entry process and received a referral to their agency. Emergency shelters and domestic violence shelters are excluded from this as appropriate.

### **Phone Calls**

Staff at the CE organizations, 2-1-1, or other provider locations who answer phones may encounter consumers experiencing or at imminent risk of homelessness who are interested in being assessed or receiving services. All of these callers should be asked the pre-screening questions:

1. Are you currently homeless or do you think you will become homeless within the next 72 hours? *Homeless means living in a place not meant for human habitation, in emergency shelter, in transitional housing, or exiting an institution where you stayed for up to 90 days and were in shelter or a place not meant for human habitation beforehand. **Youth under age 25 who are couch surfing qualifies as homeless.***
2. Are you interested in receiving homelessness assistance services?
3. Have you met with anyone at DSS about your housing situation?
4. Are you under the age of 25? *If so, use the Youth VI tool*
5. Are you fleeing or attempting to flee domestic violence?

If the consumer answers yes to questions 1 and 2, they should then be informed of the nearest CE organization where they can be assessed. CE organizations are required to notify the CoC of their availability to assess consumers.

If the consumer answers yes to question 3, DSS Special Services should be contacted prior to Administering the tool to avoid duplication.

## **The Assessment Process**

Assessment refers to the process of administering the applicable VI-SPDAT to determine which programs or services are most appropriate to meet the needs of the consumer and prioritize them for housing. Assessment staff will be trained on administering and scoring as well as client choice and privacy, and program eligibility.

Assessments will be administered at the following trained CE organizations:

Lakeview Health Services  
Tompkins Community Action  
The Learning Web  
St. John's Community Services  
Catholic Charities  
Tompkins County DSS- Special Services Unit  
Tompkins County Mental Health

### *While Assessment Staff Are On Duty:*

1. Each consumer presenting at a CE agency, or other agency that works with consumers, will be asked the prescreening questions to determine if they should be assessed using the vulnerability tool that the consumer does not need homelessness assistance services, they will be directed to more appropriate resources.
2. If the consumer is eligible according to the pre-screening process, they will be directed to an available CE staff member. The CE member will then explain the assessment process and share and discuss data confidentiality documents with the consumer. If the consumer signs the **Tompkins County HMIS Data Collection Information** (Attachment B of this document) and the **NY-510 CoC Coordinated Entry Multiple Party Release Form** (Attachment F of this document) the CE staff member will begin the vulnerability tool. If the consumer is seeking domestic violence specific services, they will be referred immediately to the Advocacy Center or emergency shelter. If a consumer refuses to sign the release forms, the CE staff person should alert the consumer that homelessness assistance would potentially be limited.
3. Consumers who are eligible for diversion will be provided with a list of available resources to help them stay in housing, mediate disputes, or other resources for alternative housing as appropriate. The CE staff person will need to utilize judgment and knowledge of resources to assess what alternatives are available to the consumer at the time. CE staff are required to complete a referral form that will be passed to the CE team for review.
4. If the consumer is successfully diverted, they will end their engagement with the assessment worker, who will make a note in the assessment form and report to the CE that the consumer was diverted.

5. Consumers who are not eligible for diversion will continue with the assessment process. This process will prioritize the consumer for housing interventions and accompanying services, including transitional housing, rapid re-housing, and permanent supportive housing.

*If Assessment Staff Are Off Duty (After Assessment Hours):*

1. Consumers presenting with a need for emergency shelter should be offered a bed at the shelter or another available crisis housing center.
2. Shelter staff will conduct the assessment and provide the information to the CoC Coordinator.
3. If the consumer has called the 211 call center, the call center will provide the list of CE organizations and earliest available time for a full screening. 211 will also provide information on accessing the shelter after-hours.

## **Job Responsibilities of Assessment Staff**

**Coordinated Entry (CE) Staff Member Duties:**

4. Administer assessments to consumers attempting to access the coordinated entry process
5. Report any capacity issues to the CE staff supervisor
6. Record assessment tool results on paper or electronically and enter into HMIS or send to Coordinated Entry Lead
7. Be knowledgeable of data confidentiality and consumer confidentiality rights and be able to explain these rights to each consumer
8. Obtain a signed data confidentiality agreement from each consumer whose information is collected
9. Refer consumers ineligible for homeless assistance services to other, more appropriate community resources

**Coordinated Entry Staff Supervisor Duties:**

In addition to the responsibilities listed above:

10. Ensure that CE staff are following all policies and procedures and help them address any obstacles to doing their jobs

**Coordinated Entry Lead Duties:**

11. Accept assessments
12. Monitor CE entries and exits in HMIS
13. Provide appropriate resources & linkages when needed

## **Data Collection**

Data will be collected on everyone that is assessed through the coordinated entry process. This section, in addition to instructions embedded within the assessment tool, will detail when and how consumer information will be collected.

After the consumer has completed the pre-screening questions and is eligible to be assessed, the CE staff member will review, with the consumer, the confidentiality form and explain what data will be collected, how it will be shared, with whom it will be shared, and the consumer's rights regarding the use of their data. CE staff will be responsible for ensuring consumers understand their rights. When the forms are complete, the CE staff member will begin the assessment process using the VI-SPDAT. The assessment can be completed in hard copy format or on the computer. However, agencies are required to provide the client assessment score and information to the CE Lead within 24 hours for input onto the community wait list in HMIS. Agencies are also required to provide the signed ROI, in electronic format via secure upload or upload into HMIS for the monthly CE meetings, to the CE Lead for safe keeping.

Some consumers should never be entered into the spreadsheet. These include:

- Consumers who are fleeing or attempting to flee domestic violence should never have information shared unless it is with DV specific agencies and/or the consumer has agreed. The assessment should be done on a paper form and passed off to the appropriate provider (The Advocacy Center). If they are being served by a domestic violence provider, that agency may enter their information into a comparable database.
- Consumers who do not sign a data confidentiality form should also never have their data entered into HMIS. Consumers who do not consent to their information being shared would reduce their ability to access certain housing programs.

Access to parts of each consumer record or assessment form may be restricted for safety reasons or by consumer request.

## **Basis of Referrals**

Referrals to additional services will be made based on the following factors:

- Results of the assessment tool process;
- Bed availability and size of intervention priority lists;
- Established system wide priority populations; and
- Program eligibility admission criteria, including populations served and services offered.

Each of these elements is discussed in more detail below.

The Vulnerability Tool has a built-in scoring mechanism that will prioritize households for access to different housing interventions. This will serve as a starting point for discussion between the CE staff member and the consumer about what Services will be most effective. The CE staff member will complete a full review and compile all appropriate resources available to the consumer. A list of resources is included in the tool.

Agencies must contact the CoC Coordinator by email regarding the number of available beds or units (specifying which bed or unit the population is for if they serve multiple populations) as units become available or at least monthly.

The community wait list will be maintained by the CoC lead organization, the Human Service Coalition. Housing providers will contact the CoC Coordinator for the information of the next consumer on the list that meets their program eligibility. Each housing provider will still utilize their program application and report to the CoC Coordinator on the outcome. If enrolled in the program, the HMIS information is to be collected (if a HUD funded program). If determined to be ineligible, the provider must inform the CoC Coordinator of the decision and provide written justification when a consumer is denied entry into a program.

The Coordinated Entry Team will review the wait list on a monthly basis. The Team will monitor trends and review the reports of eligibility determinations.

The Vulnerability Tool has a built-in points system which will facilitate the most vulnerable being placed highest on the list and connected with appropriate programs based on their score. The assessment process will be geared toward prioritizing consumers with the most intensive service needs and housing barriers (e.g. chronically homeless and households with multiple episodes of homelessness).

The Continuum of Care will revisit the Coordinated Entry System and vulnerability tool annually to ensure the tool is aligned with the CoC and HUD priorities. The vulnerability tool being used at intake will be updated to reflect any changes to the priority groups. The Coordinated Entry Team will be responsible for ensuring changes and updates are distributed to the CE agencies and larger CoC.

Referrals will be based on each program's eligibility criteria, including populations served. For example, programs that serve only single adult men will only receive single adult men as referrals. An outline of program eligibility will be used to assist providers in determining which programs a consumer may be eligible for based on their situation and assessment.

All housing providers receiving CoC and ESG funds are required to participate in the coordinated assessment process. Providers must submit program eligibility criteria to the Coordinated Entry Team before they can participate in the coordinated assessment process. Any changes to a program's eligibility criteria or target population must be sent immediately to the CoC Coordinator and the Coordinated Entry Team Chair to ensure referral protocol is updated accordingly. If the Team has a concern that a program's requirements may be contributing to "screening out" or excluding consumers from needed services, the Team may request to meet with the provider to discuss their criteria. If the Team can clearly show a link between underserved populations and eligibility criteria from a provider, and the provider is unwilling to modify the criteria, the Team may recommend to the CoC Governance Committee that provider be de-prioritized for CoC or other sources of funding.

### **Making Referrals and Prioritizing Consumers**

The referral process will be standard across all assessment sites.

1. After the assessment process is complete, the CE staff will make an immediate referral to appropriate services, and submit the consumer's information to the CE Lead, through HMIS or secure upload, to be included on the wait list.
2. If the consumer was not prioritized for any interventions, the CE staff should explain why and what other services will be available to them (e.g., shelter case management, connection to mainstream resources, help connecting with family or friends). The Ithaca/Tompkins Vulnerability Tool Resource tab provides guidance. The consumer, if experiencing homelessness should be referred to the emergency shelter immediately where they will receive case management and other services to help them connect to housing.
3. If the consumer is first on the list for a particular intervention and there is an opening in a program they are eligible for (and it is during that program's business hours), a referral should be made directly to that program via the CoC Coordinator.
4. The CoC Coordinator will be responsible for coordinating the referrals from the assessing agency to the program which the consumer is eligible. The CE agency that assessed the client will be responsible for submitting the required documents to the CoC coordinator via fax, secure upload, or the monthly CE meeting.
5. If there is not currently an opening at an appropriate program within the intervention, the consumer should be referred to the appropriate emergency shelter or other housing resource. The CE staff should explain that once a spot opens up for them, they will be notified.

### **Priority List Management and Notification of Referral**

The Human Services Coalition, via the CoC Coordinator will be responsible for maintaining the community wait list and providing service providers with eligible clients as openings become available. CE staff, during the assessment process, is responsible for making and documenting immediate referrals and submitting the referrals to the CE Team and CoC Coordinator.

### **Special Populations**

Consumers with special needs who present to a CE agency may need to be directed to specific resources that are not covered in this manual or through the vulnerability assessment. CE staff

are encouraged to confer with their program supervisor and CE member to ensure proper referrals are made and documented.

It is extremely important that veterans are connected to the appropriate hotline phone numbers after hours. 211 should have these numbers on hand for immediate linkage.

### **Post-Referral Procedure**

Once successfully placed in a program, the consumer should be connected to a case manager to assist in other service needs. The housing provider is responsible for notifying the CoC Coordinator in writing of the program placement and completing the appropriate HMIS data entry. The consumer will be removed from the spreadsheet and their placement reported to CE Team at the monthly meeting.

## **DECLINED REFERRALS AND GRIEVANCE PROCEDURES**

### **Program Declines Referral**

In the instance a program declines a referral from the CoC coordinator, the program must provide written justification that corresponds to one of the below stated reasons: The person does not meet the program's eligibility criteria;

- The person would be a danger to others or themselves if allowed to stay at this particular program; and
- The person has previously caused serious conflicts within the program (e.g. was violent with another consumer or program staff).

If the program determines a consumer is ineligible for their program after the referral from the CoC Coordinator, the consumer will be kept on the wait list, but will be encouraged to visit DSS special services for emergency placement, if necessary.

Programs that refuse more than three (3) consumers in a 12 month period will have their criteria reviewed by the Coordinated Entry Team.

### **Consumer Declines Referral**

CE staff, through the administration of the vulnerability assessment and discussion with the consumer, should attempt to meet each consumer's needs while also respecting community-wide prioritization standards. Every effort should be made to engage the consumer in appropriate programs. However, consumers have the right to refuse interventions they feel do not fit their needs. While consumer choice will be honored, the CoC has the right to limit the number of program refusals any consumer can have per episode of homelessness. If a consumer continuously declines housing options the CE will try to identify and find solutions to the barrier.

**Provider Grievances**

Providers should address any concerns about the process to the CoC Coordinator unless they believe a consumer is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. The CoC Coordinator will discuss the issue with the Coordinated Entry Team Chair. If a solution cannot be determined the Chair will arrange for the provider's representative to attend the next CAT meeting to resolve the issue. If a more immediate resolution is needed, the Chair will be in charge of determining the best course of action. The Chair will provide a written summary of the Team's decision regarding the grievance that will be sent to the provider filing the grievance.

**Consumer Grievances**

The CE staff member or the CE staff supervisor will address any complaints by consumers as best they can when problems arise. Complaints that should be addressed directly by the CE staff member or staff supervisor include complaints about how the consumer was treated by assessment staff, assessment center conditions, or violation of confidentiality agreements. Any other complaints will be referred to the CoC Coordinator and the CE chair. The CE will be brought in to identify solutions as appropriate. Any complaints filed by a consumer will include the consumer's name and contact information so the Chair can contact them and ask them to attend a team meeting to discuss the grievance. The Chair will provide a written summary of the Team's decision regarding the grievance that will be sent to the consumer.

## **GOVERNANCE**

### **Roles and Responsibilities**

The coordinated entry process will be governed by the Coordinated Entry Committee of the CoC. This group will be responsible for:

- Investigating and resolving consumer and provider complaints or concerns about the process, other than declined referrals (which will be dealt with using the process described on page 12);
- Providing information and feedback to the CoC, CoC Governance Council, and the community at-large about coordinated entry;
- Evaluating the efficiency and effectiveness of the coordinated entry process;
- Reviewing performance data from the coordinated entry process; and
- Recommending changes or improvements to the process based on performance data, to the CoC and CoC Governance Committee.
- Review grievances received from providers and/or consumers.

### **Policies and Procedures**

#### **CE Composition**

The Coordinated Entry Team will include the following seats:

- CoC Coordinator;
- 211 call center staff;
- emergency shelter staff representative;
- Permanent Supportive Housing Program Staff;
- Street outreach staff;
- veteran services representative;
- youth services representative;
- mental health representative;
- Tompkins County DSS Special Services representative

Other seats that may be included in future iterations of the committee are faith-based organizations, substance use service providers, school system representatives, and front-line staff in service organizations.

#### **CE Chair**

The Team will have a chair. The chair will be responsible for:

- Putting together an agenda for each meeting, based on communications or agenda items submitted by providers or consumers;
- Serving as the point of contact for anyone seeking more information or having concerns about the coordinated assessment process; and
- Ensuring minutes are taken at each meeting.

The CoC Governance Committee will appoint the chair from within the Coordinated Entry Team.

#### *Expectations of Members*

To remain in good standing and be allowed to vote and participate as members of the Coordinated Entry Team, all members must attend at least 75 percent of meetings. The chair must attend 90 percent of meetings. Meetings will take place at least once a month, more if determined necessary.

#### *Term Length and Limits*

Each organization listed above commits to having a member seated on the committee at all times.

#### *Meeting Schedule and Agenda*

The CE committee will meet at least monthly to review actual assessments and referrals made through coordinated entry and monitor the list placements and outcomes. CE will hold a special meeting once quarterly to conduct a review overall process.

#### *Voting Procedures*

Decisions made at meetings are made based on a majority vote by CE members present at the meeting the decision is required. Any decisions that would lead to a modification of the coordinated entry process, including changes to the vulnerability tool or policies and procedures, must be approved by majority vote by the Team AND approved by the CoC Governance Council.

#### *Conflicts of Interest*

If at any point a provider or consumer wishes to address a complaint or grievance with a provider or agency that is a representative on the CE, that particular representative must recuse themselves from participating in those proceedings or voting on the outcome of that particular issue.

#### *Review of Coordinated Entry Committee Policies and Procedures*

The policies and procedures governing the CE will be separated into a bylaw document that must be approved by the CoC Governance Committee. The CoC Governance Committee should review these bylaws bi-annually or at the request of the Coordinated Entry Team.

## EVALUATION

The coordinated entry process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency. Evaluation will be carried out primarily through the Coordinated Entry Team and any consultants or third Parties engaged to assist.

Evaluation mechanisms will include the following:

1. **A monthly review of the coordinated entry process.** The CE will review individual assessments and referrals monthly. The team will identify any barriers in the system and discuss potential solutions.
2. **Quarterly review of coordinated system metrics:** The CE will review system performance and metric quarterly. Data to be reviewed, and the thresholds that should be met, will be developed based on the document in Attachment \_\_\_.
3. **A verbal report will be issued to the community every six months on coordinated entry and homelessness assistance system outcomes.** This report will include trends from the month-to-month analysis of coordinated entry data, as well as the total number of assessments and referrals made, successes to be shared, and a note from the Chair on the progress of the system.
4. **An annual report on the homelessness assistance system with a section devoted to coordinated entry.** Major findings from this annual report should be presented at the CoC and Homeless & Housing Task Force meeting the month it is released by a member of the Team.

## **CONTACT INFORMATION**

Questions about these policies and procedures should be directed to:

### **CoC Coordinator**

Liddy Bargar  
Continuum of Care Coordinator  
Human Services Coalition of Tompkins County  
118 N. Tioga St, Suite 304  
Ithaca, NY 14850  
[607-273-8686](tel:607-273-8686) phone  
[607-273-3002](tel:607-273-3002) fax  
[lbargar@hsctc.org](mailto:lbargar@hsctc.org)

### **Coordinated Entry Lead**

Taylor Fellman  
Accounting Manager & CE Lead  
Human Services Coalition of Tompkins County  
118 N. Tioga St, Suite 304  
Ithaca, NY 14850  
[607-273-8686](tel:607-273-8686) phone  
[607-273-3002](tel:607-273-3002) fax  
[tfellman@hsctc.org](mailto:tfellman@hsctc.org)

### **Coordinated Entry Team Chair**

Danielle Harrington  
Housing Services Director  
Tompkins Community Action  
701 Spencer Road  
Ithaca, New York 14850  
607-273-8816 phone  
607-273-3293 fax  
[Danielle.harrington@tcaction.org](mailto:Danielle.harrington@tcaction.org)

## **Attachment A**

### **Project Background**

Under the direction of HUD and the goals of NY-510 Ithaca/Tompkins CoC 10 year plan and mission to end homelessness, the Coordinated Assessment Team was created and charged with creating and implementing a system to best serve individuals and families at risk of or experiencing homelessness. The Coordinated Assessment Team developed a vulnerability tool and created policies and procedures to guide the implementation. Below is a timeline of the group's activities.

### **Timeline of Coordinated Assessment Activities**

Activity	Date
Kick off Meeting	April 2016
Tool identification & Development	April & May 2016
Policy & Procedure writing	June 2016
Review and Approval of Coordinated Assessment Committee	July 2016
Present to CoC Governance Committee	August 2016
Present to full CoC	September 2016
Present to Homeless and Housing Taskforce	October 2016
Train community Partners	October 2016
Implement	November 2016 to March 2017
Meet with Full CoC for feedback	April 2017



## CNYHMIS Client Consent Form

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agency: \_\_\_\_\_ Program: \_\_\_\_\_

I know that this agency is part of the CNY HMIS (Homeless Management Information System). The CNY HMIS is a system that uses computers to collect information about homelessness in order to help plan and pay for services to people who are homeless or requiring services to prevent homelessness. The CNY HMIS is administered by the Housing and Homeless Coalition of Central New York (HHCCNY).

With this written consent, CNY HMIS agencies that offer me services may enter, see, and update basic information about me and/or my children including name, gender, race, ethnicity, birth date, veteran status, proof of homelessness, income, insurance, disabilities (including HIV/AIDS status) and service transactions related to housing, food, and material goods.

The Agency shall only release client records to non-partner agencies with proper written consent by the client unless otherwise permitted by relevant laws or regulations. Any research performed with this data is completely de-identified. No personally identifying information will ever be revealed in research or public reporting from HMIS data.

Decisions to deny outreach, shelter, or housing will not be based solely on information in this system. My decision to sign or not sign this consent document will not be used to deny outreach, shelter, or housing services.

I may withdraw the consent except for information that has already been given out or actions already taken, by informing the agency in writing that I want to withdraw my consent. This consent will **end one year** from the date signed.

I have a right to see my CNY HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.

### **Tompkins County Coordinated Entry Network:**

The Advocacy Center, Catholic Charities, Family and Children's Service of Ithaca, Human Services Coalition of Tompkins County, Lakeview Health Services, The Learning Web, Opportunities and Resources (OAR), Soldier On, St. John's Community Services, Tompkins Community Action, Tompkins County DSS- Special Services Unity, and the United States Department of Veterans Affairs.

**Dates of release** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date of first service) (One year from date of first service)

### Coordinated Entry Releases

- I authorize HSC to share my homelessness history as it is recorded in HMIS with \_\_\_\_\_ (Agency name) and other Coordinated entry Agencies
- I authorize \_\_\_\_\_ (Agency name) and HSC to record and share my medical information pertaining to my eligibility for housing programs. This information is only shared with Coordinated Entry Agencies, and the minimum necessary information is collected and shared.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Witness

\_\_\_\_\_  
Date

Only check if you are **rescinding** authorization to release information in HMIS.

- I rescind my authorization to the CNY HMIS. I do not want any future information to be shared with other agencies in the HMIS

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Consent on behalf of household members** – An adult head of household may provide consent on behalf of their family members to share their information in the HMIS.

Head of household name: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Witness

\_\_\_\_\_  
Date

# Attachment C



## NY-510 Continuum of Care (CoC)- Coordinated Entry Process

### Participating Agency Memorandum of Understanding

Participating Agency:	Date:
Designee(s):	CE Trained Staff Person(s):

This document describes the roles and responsibilities of the Coordinated Entry Participating Agency within the Ithaca/Tompkins CoC:

**Participating Agency:** Any housing or service provider that receives funding through the Continuum of Care Program Competition, Ithaca/Tompkins NY-510 COC, Or Emergency Solutions Grant is required to participate in Coordinated Entry. Agencies that are not funded through the program competition are encouraged to participate.

#### Responsibilities of the Coordinated Entry Staff:

- Complete annual and ongoing training on use of the Vulnerability Tool and referral process
- Maintain a file containing hard copies of completed tool
- Provide information to CoC Coordinator within 24 hours after the client is assessed for entry into the CoC housing wait list using approved process
- Follow all policies and procedures outlined in the Coordinated Entry Policy and Procedure Manual.
- Attend regular monthly CE meetings

#### Confidentiality and Informed Consent

- Completion of the intake and tool will occur in a confidential environment with secure computer system to ensure that client's privacy is maintained.
- Workstations for CE users will be password protected.
- CE data will not be shared by participating agency with another provider without the client signing a release of information.

**Participating Agency, Director/Designee**

**Coordinated Entry Lead**

\_\_\_\_\_

\_\_\_\_\_

**Date**

**Date**

\_\_\_\_\_

\_\_\_\_\_

## **Attachment E**

### **Coordinated Entry Metrics**

#### **Process Metrics**

- Number of assessments completed
- Number of assessments completed weekly at each site/by each assessment staff member
- Percent of households receiving diversion assistance
- Number of households receiving diversion assistance
- Percent of declined referrals (provider)
- Number of declined referrals (provider)
- Percent of decline referrals (consumer)
- Number of declined referrals (consumer)
- Average amount of time spent per assessment
- Number of complaints filed with Coordinated Entry Committee (provider)
- Number of complaints filed with Coordinated Entry Committee (consumer)
- Average wait time for an assessment

#### **Outcome Measures**

- Percent of households exiting from homelessness to permanent housing
- Number of households exiting from homelessness to permanent housing
- Percent of households diverted but requesting shelter placement within 12 months
- Number of households diverted but requesting shelter placement within 12 months
- Average length of episodes of homelessness
- Number of repeat entries into homelessness
- Number of new entries into homelessness



1C-14 Centralized or Coordinated Entry (CE) System-Assessment Tool

**5. NY-510 CE Pre-Screening Questionnaire**

# NY-510 Coordinated Entry Questionnaire

Interviewer's Name & Agency: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What is your gender identity?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Gender Non-conforming <input type="checkbox"/> Other <input type="checkbox"/> Decline to state
What is your race? (check all that apply)	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify): _____
What is your ethnicity?	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
Have you ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you been in jail or prison in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Do you have a permanent physical disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Do you identify as a member of the LGBTQIA+ community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever experienced Domestic Violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
DV: If yes, when did this experience occur? In the last...	<input type="checkbox"/> 0-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1 year + <input type="checkbox"/> Refused
DV: If yes, are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____
Where did you live prior to becoming homeless?	<input type="checkbox"/> City of Ithaca <input type="checkbox"/> Tompkins County <input type="checkbox"/> Other part of NY state <input type="checkbox"/> Somewhere else (specify): _____
How many people are in your household and will need to be housed? (Include children who are not currently present but with whom you hope to be housed)	How many? _____ Family Composition (if applicable): _____ _____
Are you interested in any of these housing programs? (check all that apply)	<input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Family Re-Unification
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	

1C-14 Centralized or Coordinated Entry (CE) System-Assessment Tool

**6. NY-510 Client Consent Form.**



## CNYHMIS Client Consent Form

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agency: \_\_\_\_\_ Program: \_\_\_\_\_

I know that this agency is part of the CNY HMIS (Homeless Management Information System). The CNY HMIS is a system that uses computers to collect information about homelessness in order to help plan and pay for services to people who are homeless or requiring services to prevent homelessness. The CNY HMIS is administered by the Housing and Homeless Coalition of Central New York (HHCCNY).

With this written consent, CNY HMIS agencies that offer me services may enter, see, and update basic information about me and/or my children including name, gender, race, ethnicity, birth date, veteran status, proof of homelessness, income, insurance, disabilities (including HIV/AIDS status) and service transactions related to housing, food, and material goods.

The Agency shall only release client records to non-partner agencies with proper written consent by the client unless otherwise permitted by relevant laws or regulations. Any research performed with this data is completely de-identified. No personally identifying information will ever be revealed in research or public reporting from HMIS data.

Decisions to deny outreach, shelter, or housing will not be based solely on information in this system. My decision to sign or not sign this consent document will not be used to deny outreach, shelter, or housing services.

I may withdraw the consent except for information that has already been given out or actions already taken, by informing the agency in writing that I want to withdraw my consent. This consent will **end one year** from the date signed.

I have a right to see my CNY HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.

### **Tompkins County Coordinated Entry Network:**

The Advocacy Center, Catholic Charities, Family and Children's Service of Ithaca, Homes and Community Renewal, Human Services Coalition of Tompkins County, Ithaca Housing Authority, Lakeview Health Services, The Learning Web, Opportunities and Resources (OAR), Soldier On, St. John's Community Services, Tompkins Community Action, Tompkins County DSS- Special Services Unity, and the United States Department of Veterans Affairs.

**Dates of release** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date of first service) (One year from date of first service)

### Coordinated Entry Releases

- I authorize HSC to share my homelessness history as it is recorded in HMIS with \_\_\_\_\_ (Agency name) and other Coordinated entry Agencies
- I authorize \_\_\_\_\_ (Agency name) and HSC to record and share my medical information pertaining to my eligibility for housing programs. This information is only shared with Coordinated Entry Agencies, and the minimum necessary information is collected and shared.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Witness

\_\_\_\_\_  
Date

Only check if you are **rescinding** authorization to release information in HMIS.

- I rescind my authorization to the CNY HMIS. I do not want any future information to be shared with other agencies in the HMIS

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Consent on behalf of household members** – An adult head of household may provide consent on behalf of their family members to share their information in the HMIS.

Head of household name: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Witness

\_\_\_\_\_  
Date

1C-14 Centralized or Coordinated Entry (CE) System-Assessment Tool

**7. NY-510 Verbal Client Consent Form**



# CNYHMIS Verbal Consent Form



Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agency: \_\_\_\_\_ Program: \_\_\_\_\_

Read the following aloud:

“This agency is part of the CNY HMIS (Homeless Management information System). The CNY HMIS is a system that uses computers to collect information about homelessness in order to help plan and pay for services to people who are homeless or requiring services to prevent homelessness. The CNY HMIS is administered by the Housing and Homeless Coalition of Central New York (HHCCNY). A list of participating agencies is available upon request.

With this written consent, CNY HMIS agencies that offer you services may see basic information about you and/or your children including name, gender, race, ethnicity, birth date, veteran status, proof of homelessness, income, insurance, disabilities (including HIV/AIDS status) and service transactions related to housing, food, and material goods.

The Agency will only release your records to non-partner agencies with proper written consent from you unless otherwise permitted by relevant laws or regulations. Any research performed with this data is completely de-identified. No personally identifying information will ever be revealed in research or public reporting from HMIS data.

Decisions to deny outreach, shelter, or housing will not be based solely on information in this system. Your decision to agree to share your information will not be used to deny outreach, shelter, or housing services.

You may withdraw the consent except for information that has already been given out or actions already taken, by informing the agency in writing that you want to withdraw your consent. This consent will **end one year** from the date signed.

You have a right to see your CNY HMIS record, ask for changes, and to have a copy of your record from this agency upon written request.

Do you consent to sharing information about your services at this agency between

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ with the CNY HMIS?  
(Date of first service) (One year from date of first service)

Client consented To HMIS release:  Yes  No

Do you consent to sharing detailed information regarding your homeless history, medical conditions that relate to housing, and information about your preferences for housing with the Coordinated Entry System? A list of agencies participating in the Coordinated Entry System is available upon request.”

Client consented to Coordinated Entry Release:  Yes  No

### Tompkins County Coordinated Entry Network:

The Advocacy Center, Catholic Charities, Family and Children’s Service of Ithaca, Homes and Community Renewal, Human Services Coalition of Tompkins County, Ithaca Housing Authority, Lakeview Health Services, The Learning Web, Opportunities and Resources (OAR), Soldier On, St. John’s Community Services, Tompkins Community Action, Tompkins County DSS- Special Services Unit, and the United States Department of Veterans Affairs.

Verbal consent was obtained on: \_\_\_\_\_  
Date

Verbal consent was given to: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Consent on behalf of household members** – An adult head of household may provide consent on behalf of their family members to share their information in the HMIS.

Head of household name : \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you consent to sharing your household member's names and dates of births with CNY HMIS?

**Client consented to sharing household member's names and dates of births:**  Yes  No

**Verbal consent was obtained on:** \_\_\_\_\_  
Date

**Verbal consent was given to:** \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

1C-7: Public Housing Agencies Within Your CoC's Geographic Area-New Admissions-General/Limited Preference.

This attachment contains the following:

1. Tompkins Community Action's Administrative Plan with a General Homeless Preference
2. Executed MOU between Ithaca Housing Authority and the CoC demonstrating their Limited Homeless Preference for the EHV program
3. Executed MOU between Homes and Community Renewal and the CoC demonstrating the limited homeless preference for the EHV program

1C-7: Public Housing Agencies Within Your CoC's Geographic Area-New Admissions-General/Limited Preference.

**1. Tompkins Community Action's Administrative Plan with a General Homeless Preference**

## **Section 1.0 SELECTION AND ADMISSION POLICIES**

It is the policy of HCR to ensure that all families who express an interest in housing assistance are given equal opportunity to apply and are treated in a fair and consistent manner. This section describes the policies and procedures for selecting and admitting families to the Statewide Section 8 Housing Choice Voucher (HCV) Program including completion of an application for assistance, placement and/or denial of placement on the waiting list and limitations on who may apply.

Unless otherwise approved by HCR (and HUD if regulatory waiver is required), these selection and admission processes apply to all local program areas in HCR's Statewide Program jurisdiction.

### **1.01 Hiring a Housing Choice Voucher Participant as an Employee of the Local Administrator's Organization**

HUD rules and regulations do not prohibit a PHA from hiring as an employee a person who is also a participant in the PHA's HCV program. However, when hiring such person, the LA should apply the same Section 8 standards and policies set forth in HUD rules and regulations and HCR's Administrative Plan. The standards and policies currently used to safeguard the privacy and confidentiality of tenant information and tenant files should apply equally to the employee. Special efforts should be taken to assure that the employee/recipient is not receiving preferential treatment. This policy also applies to program participants who are relatives of employees.

Where feasible, the LA should utilize the services of another PHA/LA to conduct inspections, interim and annual reexaminations.

The LA **must submit, within 90 days of initial participation,** the names of all employees and known relatives of employees who are participants in their Housing Choice Voucher program to their HCR Statewide Section 8 Voucher Program Representative. A relative for the purpose of this requirement is defined as follows (and includes the same for relationships created by marriage): spouse, child, sibling, parent, grandparent, grandchild, aunt, uncle, niece, nephew, cousin.

### **1.02 Eligibility of Local Administrator's Employees for Housing Choice Voucher Program Assistance**

HUD rules and regulations do not prohibit an employee (*who is otherwise qualified*) of a PHA from applying and receiving HCV program assistance from the PHA with whom he/she is employed.

Therefore, when an employee of the LA applies for Housing Choice Voucher Program assistance, the LA should apply the same Section 8 standards and policies set forth in HUD

rules and regulations and HCR's Administrative Plan. The standards and policies currently used to safeguard the privacy and confidentiality of tenant information and tenant files should apply equally to the employee. Special efforts should be taken to assure that the employee/applicant is not receiving preferential treatment. This policy also applies to relatives of employees.

The word "relative" as used in this section pertains to parent, child, grandparent, grandchild, sister, or brother of any employee.

### **1.03 Preferences**

HCR has established local preferences for tenant-based vouchers within the Housing Choice Voucher Program to further objectives towards improved residential stability, expanding housing opportunities and alleviating homelessness within New York State.

Each LA must give preference to applicants on their general tenant-based waiting list for the Housing Choice Voucher Program, as described below:

**First priority** shall be given to the following:

#### **Households defined as Homeless.**

A qualified household must fall under one of the two categories listed below as defined by HUD (10% of each LA's general allocation of regular vouchers must be dedicated to this preference - additional information below):

Category 1: An individual or family who *lacks a fixed, regular, and adequate nighttime residence*, meaning:

a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; *or*

b. An individual or family living in a supervised 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, or local government programs for low-income individuals); *or*

c. An individual who is exiting an institution where he or she 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 4: Any individual or family who:

a. Is *fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking*, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; *and*

b. Has no other residence; *and*

c. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

In addition to identifying as one of the categories listed above, **HCR requires** the applicant provide or obtain written verification from a coordinating shelter, housing provider, service agency or institution (for those being discharged) confirming the same.

**Second priority** will be given to the following (No limitation):

**Households identified as Elderly and/or Disabled (as defined by HUD) or Families with Dependent Children.**

**Third priority** (No limitation):

**All applicants who do not meet the criteria to claim one of the preferences described above but meet all other eligibility criteria as described in HUD regulations and this Administrative Plan.**

As allowed under HUD regulations, HCR has exercised its' discretion to limit the number of applicants that may qualify for a local preference, therefore, 10% of each LA's general allocation of regular vouchers, not including those programs with a separate project number (i.e., Mainstream, VASH), must be designated for the above stated homeless preference. As long as the maximum threshold of 10% for each LA has not been reached, the homeless preference remains active within their jurisdiction. Once an LA has reached the maximum allowable participants for this preference, all remaining applicants will be chosen in order of remaining priorities and by position on the waiting list. Once a participant's voucher, that was initially qualified for assistance under the homeless preference has been terminated or relinquished, the LA must re-activate the homeless preference until the maximum allowable threshold is reached. Each LA will be responsible for maintaining their tenant-based waiting list in accordance with these requirements.

For the PBV program, while the homeless preference stated above is not applicable, each project sponsor is encouraged to consider a homeless preference for their project as allowed by and through the competitive selection process, funding requirements and any additional programmatic requirements applicable at the time of award.

All LA's with closed waiting lists must first offer current applicants on the waiting list who qualify to receive the benefit of the preference to move up on the waiting list accordingly. The notice to applicants must include how to successfully apply and establish themselves with the homeless preference status which would include the same format we implement for new applicants including contacting the partnering agencies for referrals and/or determination of preference eligibility. If a closed waiting list is opened to establish homeless applicants, the LA should specify on any public notice that current waiting list applicants will also be given the benefit of the preference.

HUD regulations currently require mandatory prohibitions to the HCV program. Policies regarding sex offender status, meth production, evictions within 3 years from federal assistance and those family members currently engaged in illegal drug use or threatening activity are all still mandatory prohibitions to the program. In addition, as no policy, whether mandated by HUD or discretionary as set forth in HCR's administrative plan, can be limited to or excluded from any one population (i.e. homeless population), all policies and/or available opportunities within the program must be followed, enforced and made available to all participants, as applicable.

Any additional special purpose programs with preferences or a targeted population as required by HUD are listed in Section 3.0 of this Administrative Plan and will be provided under separate notice.

#### **1.04 Opening the Waiting List**

Each LA will utilize the following procedures for opening any waiting list, including opening a waiting list solely for the purpose of a limited scope and/or a targeted population:

When the LA determines that there are an insufficient number of applicants on its local waiting list, the LA will advertise through public notice in local media of general circulation and any available minority media in the LA jurisdiction. The public notice should provide information on income and other general eligibility requirements; and should also contain the following:

- The dates, time, location, and other relevant contact information regarding where families may apply;
- The program(s) for which applications will be taken (general list, PBV, mainstream, etc);
- The specified period (if any) for which applications will be received by the LA; and
- A brief description of the program;
- A statement that individuals with disabilities are eligible for the program and that reasonable accommodations will be made where necessary to ensure equal participation in housing assistance;
- A statement affirming compliance with equal housing opportunity requirements; and affirming compliance with equal housing opportunity requirements; and
- The federal Equal Housing Opportunity Logo.

Within 30 days of closing the waiting list, if an application is requested or submitted by a person with a disability, such request will be granted/accepted as a reasonable accommodation.

In conjunction with opening the waiting list, the LA is required to prepare an Affirmative Fair Housing Marketing Plan which addresses:

- Conducting outreach to advocacy groups (i.e., disability rights groups) on the availability of housing assistance;

- Identifying and outreaching to the population that is least likely to apply, both minority and non-minority groups, through various forms of media (i.e., radio stations, posters, newspapers) within the marketing area and through various community groups.

### **1.05 Closing the Waiting List**

The LA may discontinue receiving applications if there are enough applicants to fill anticipated openings for the next **24** months. A local waiting list may **not** be closed if to do so would have a discriminatory effect inconsistent with applicable civil rights laws.

The LA will announce the closing of the waiting list by public notice.

### **1.06 Updating and Purging the Waiting List**

The LA will update and purge its waiting list (*including any active PBV waiting lists*) at least annually to ensure that the pool of applicants reasonably represents families still actively interested in Section 8 HCV assistance. Updating enables the LA to update information regarding address, family composition, income category and preferences. The number of applicants on the waiting list should be at least equal to 50% of the LA's current program size or sufficient to cover the next 24 months of anticipated available vouchers, whichever is greater.

Prior to updating the waiting list:

- The LA must retain a copy of the pre-updated waiting list report.
- All applicants who are affected by the update must be notified by mail.

The updating/purging process must be performed at minimum for those applicants considered reachable within a 12 month period for each active waiting list. All correspondence must include the name and address of the applicant notified.

The LA should advise applicants to provide updated contact information in writing. Applicants will be advised that they will be removed from the waiting list if they cannot be reached at the address provided on the initial application.

The letter will indicate that the purpose of the contact is:

- to determine applicant interest in remaining on the waiting list; and
- to offer the family an opportunity to update any information previously provided to the LA.

The contact letter will require the applicant to provide return correspondence in the following circumstances:

1. The applicant wishes to be removed from the waiting list, or
2. The applicant wishes to update information currently on file provided by the LA to expedite return of requested information.

Contact letters returned by the Post Office as undeliverable will be grounds for removing an applicant from the waiting list. However, if a letter is returned by the Post Office with a forwarding address, the LA should update the information on the computer and re-mail the letter to the new address. In such cases, an applicant's name should not be removed from the active waiting list and determined ineligible unless the applicant fails to respond to this notice.

In addition, and if applicable, the LA should also notify the contact person or organization provided by the applicant on **Form HUD-92006**, "Supplement to Application for Federally Assisted Housing (see section of form entitled "Reason for Contact")", before removing the applicant's name from the active waiting list.

The LA will compare results of the update to regular annual program participant attrition rates. If the initial update results in an inadequate number of applicants to offset regular program attrition rates, the LA will conduct additional outreach until it is determined that there are sufficient numbers of active applicants.

### **1.07 Removal of Applicants from the Waiting List**

The LA will remove an applicant's name from the waiting list under the following conditions:

- The applicant requests, in writing, that his/her name be removed;
- The applicant fails to respond to a written request for information;
- Correspondence is returned to the LA by the Post Office as undeliverable;
- The applicant misses two or more scheduled appointments/briefings; or
- The applicant does not meet either program eligibility or screening criteria.

Before removing an applicant from the waiting list due to the applicant's failure to respond to a written request, a second letter must be mailed to the applicant. If the applicant does not respond to the second notice within ten (10) business days, the name of the applicant will be removed from the waiting list.

When an extenuating circumstance prevents an applicant from responding to an LA's correspondence which resulted in the applicant being removed from the active waiting list and determined ineligible, reinstatement of the applicant shall be granted by the LA subject to acceptable documentation verifying the extenuating circumstance. If reinstatement is granted, the applicant will retain his/her original position on the waiting list.

Requests for reinstatement to the waiting list due to extenuating circumstances must be made within 60 days of the LA's notice informing the applicant that his/her name will be removed from the active waiting list. **Requests that are received after the 60 days period must be denied.**

Extenuating circumstances include, but are not limited to the following:

- When a death has occurred in the family;
- Hospitalization;
- Illness;
- Incarceration; and
- Other circumstances determined by the LA

In no event will an applicant's name be held in abeyance on the active waiting list based on his/her representation that he/she is not ready to be processed when reached on the list.

Applicants' files must be retained for at least three years after the date an application is closed, withdrawn from the waiting list, or determined ineligible.

### **1.08 Screening of Applicants**

As part of LA processes for determining eligibility for participation, the LA will conduct criminal background checks on all adult household members, including live-in aides. These checks will be used to identify circumstances under which assistance must be denied in accordance with the requirements of Section 1.9.

All adult applicant family members will be required to sign a release of information which will authorize the LA to access criminal records.

This check may be made through state or local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last three years. If the individual has lived outside the local area, the LA may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC). The LA will also check with the State sex offender registration program to determine if an individual is subject to a lifetime registration requirement as a State sex offender.

Additional screening is the responsibility of the owner. Upon the written request of a prospective owner, the LA will provide any factual information or third party written information they have relevant to a voucher holder's history of, or ability to, comply with material standard lease terms.

The LA will not screen family behavior or suitability for tenancy. The LA will not be liable or responsible to the owner or other persons for the family's behavior or the family's conduct in tenancy.

The owner is responsible for screening and selection of the family to occupy the owner's unit. At or before LA approval of the tenancy, the LA will inform the owner that screening and selection for tenancy is the responsibility of the owner. The owner is responsible for screening families based on their tenancy histories, including such factors as:

- Payment of rent and utility bills;
- Caring for a unit and premises;
- Respecting the rights of other residents to the peaceful enjoyment of their housing;
- Drug-related criminal activity or other criminal activity that is a threat to the health, safety or property of others; and
- Compliance with other essential conditions of tenancy.

All screening procedures will be administered uniformly, fairly and in such a way as not to violate rights to privacy or discriminate on the basis of race, color, nationality, religion, familial status, disability, sex or other legally protected groups under federal, New York State or local fair housing laws.

To the maximum extent possible, the LA will involve other community and governmental entities in the promotion and enforcement of this policy. This policy will be posted on the LA's bulletin board and copies made readily available to applicants and participants upon request.

### **1.09 Grounds for Denial of Assistance**

There are two automatic bars for which the LA will permanently deny assistance:

1. The LA **will** permanently deny assistance to a family if any member of the family has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally-assisted housing.
2. The LA **will** permanently deny assistance to anyone subject to a lifetime registration requirement as a State sex offender.

The LA will also deny assistance to applicants who:

1. do not meet any one or more of the eligibility criteria;
2. do not supply information or documentation required by the application process;
3. fail to complete any aspect of the application or lease-up process;
4. have a history of criminal activity by any household member involving crimes of physical violence against persons or property, or any other criminal activity, including drug-related criminal activity that **would adversely affect the health, safety or well-being of other participants or staff, or cause damage to the property**. The LA may only consider prior criminal convictions or pending arrests and may not consider arrests and/or accusations that did not result in a conviction. Even where convictions exist, those convictions cannot be an automatic bar to the applicant being granted assistance unless they are one of the two automatic bars discussed above. However, such history will not serve as the basis to

deny assistance if it has been at least five (5) years since the conviction or service of sentence whichever is later, where there has been no other such intervening criminal activity during that period that would serve as the basis to deny assistance.

5. have engaged in illegal drug use or a pattern of alcohol abuse (as specified below) within 1 year of initial lease-up of an applicant:
  - A member of the household has demonstrated a pattern of drug or alcohol abuse that threatens the health, safety or right to peaceful enjoyment of other residents and/or persons in the immediate vicinity of the premises.

The LA may waive the decision to deny assistance if:

- the person responsible for the prohibited action demonstrates successful completion of or are participating in a credible rehabilitation program approved by the LA, or
- the circumstances leading to the violation no longer exist because the person who engaged in prohibited drug-related or alcohol-related activity is no longer in the household due to death or incarceration.
- The LA may approve assistance to an eligible family, provided that the household member(s) determined to have engaged in the proscribed activities will not reside in the unit. If the violating member is a minor, the LA may consider individual circumstances with the advice of Juvenile Court officials.

If assistance is to be denied because of criminal activity, drug or alcohol abuse as outlined above, the denial will be based upon either of the following:

- Preponderance of evidence – defined as “*evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not.*”
  - Credible Evidence – defined as “*evidence provided by police and court systems such as drug raids, drugs found in the dwelling unit, evidence which is tied to the activity, warrants issued, arrests made, etc.*”
6. currently owe rent or other obligations to any housing authority in connection with the public housing or Section 8 programs;
  7. have committed fraud, bribery, or any other corruption in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from;

8. have a family member who was evicted from federally-assisted housing within the last five years;
9. have a household member who has been evicted from federally-assisted housing for drug-related criminal activity within the last three (3) years prior to anticipated date of admission. “Drug-related criminal activity” is defined as the illegal manufacture, sale, distribution or possession with the intent to manufacture, sell or distribute a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802. However, an eviction within the last 3 years for drug-related criminal activity is not an automatic bar since the LA will provide assistance if:
  - The evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program approved by the LA; or
  - The circumstances leading to the eviction no longer exist (for example, the household member has died or is incarcerated);
10. have a family member who is illegally using a controlled substance or abuses alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. The LA may waive this requirement if:
  - the person demonstrates to the LA’s satisfaction that the person is no longer engaging in drug-related criminal activity or abuse of alcohol;
  - the person has successfully completed a supervised drug or alcohol rehabilitation program;
  - the person has otherwise been rehabilitated successfully; or
  - the person is participating in a supervised drug or alcohol rehabilitation program.
11. have engaged in or threatened abusive or violent behavior towards any LA staff member;
12. have a family household member who has been terminated under the Pre-Merger Certificate or Voucher Programs or Housing Choice Voucher Program during the last three years. This three-year prohibition does not apply to a family member who voluntarily withdrew from the program, and was in good standing at that time;
13. have a family member who has been convicted of manufacturing or producing methamphetamine;
14. have a family member with a lifetime registration under a State sex offender registration program; or
15. is a welfare-to-work (WTW) family that willfully and persistently failed to fulfill its obligations under the welfare- to-work voucher program within the last three years.

In considering whether to deny or terminate assistance because of any actions or failure to act by the members of the family, the LA must look at relevant circumstances such as the seriousness of the case the extent of participation or culpability of the individual family members, mitigating circumstances related to the disability of a family member, and the effects of denial on the other family members who were not involved in the action or failure.

These circumstances governing denial of assistance to applicants shall also be applicable to any and all instances wherein a participant family wishes to admit an additional family member who meets any of the above conditions.

### **1.10 Confidentiality of Criminal Records**

The LA will ensure that any criminal record received is maintained confidentially, not misused or improperly disseminated, and must be destroyed once the purpose for which it was requested is accomplished.

All criminal reports, while needed, will be housed in a locked file with access limited to LA staff individuals responsible for screening and determining eligibility for initial and continued assistance. Misuse of the above information by any employee of the LA will be grounds for termination of employment.

If the family is determined eligible for initial or continued assistance, the criminal report must be shredded as soon as the information is no longer needed for eligibility or continued assistance determination.

If the family's assistance is denied or terminated, the criminal record information must be shredded immediately upon completion of the review or hearing procedures and the final decision.

The LA will document in the family's file the circumstances of the criminal report and the date the report was destroyed.

### **1.11 Notification of Negative Actions**

Any applicant whose name is being removed from the waiting list will be notified in writing by the LA that he/she has ten (10) business days from the date of the written correspondence to request an informal review. The letter will also indicate that the applicant's name will be removed from the waiting list if he/she fails to respond within the time limit specified.

If an applicant's criminal record was obtained from a state or local agency under section 24 CFR 5.903 or 5.905 (that is, obtained a criminal conviction or sex offender record of an adult household member from a law enforcement agency using the approved consent form) showing that a household member has been convicted of a crime relevant to applicant screening, the

family must first be provided with the subject record and an opportunity to review and dispute the accuracy and relevancy before a denial of admission is communicated if based on the same information. Written notification indicating the applicant has (10) days from the date of the written correspondence to review and/or dispute must be provided prior to a notice of denial.

The LA's system of removing applicants' names from the waiting list will not violate the rights of persons with disabilities. If an applicant's failure to respond to a request for information or updates was caused by the applicant's disability, the LA will provide a reasonable accommodation. If the applicant indicates that he/she did not respond due to a disability, the LA will verify that the applicant is disabled.

An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.

### **1.12 Application Procedures**

Each LA will utilize a standardized application form approved by HCR. The applicant will be responsible for completing all sections of the application. If an applicant with a disability requests assistance as a reasonable accommodation, the LA will arrange for it.

The primary purpose of the application intake function is to gather pertinent eligibility information on applicants. This process will also be utilized by LAs to provide such information to applicants as may be necessary to ensure accurate and timely decisions concerning eligibility and to expedite provision of assistance to eligible families.

Prospective applicants may either complete the application at the LA's office or request that one be sent to them for completion and return.

Each application must be accompanied by proof of the applicant's current address. The only exceptions to this requirement are:

- a. Project-based applicants; however, if an applicant applies to both waiting lists (project-based and Housing Choice Voucher), proof of residency is required for the HCV waiting list.
- b. Applicants who are not residing in the LA's jurisdiction at the time of application.

Should an applicant be unable to provide the required proof of residency at the time of initial application, they will be considered a "non-resident" applicant as defined in Section 1.17.

At a minimum, the application will contain the following information:

1. Head-of-household name, address, and phone number;
2. Dates of birth for all family members;

3. Social Security numbers for all family members in accordance with HUD regulations and guidance, and HCR policy notices.
4. Racial and ethnic designation of the head of household;
5. Preferences either authorized by HCR or required by HUD;
6. Annual gross income for each family member;
7. Date application was submitted; and
8. Form HUD-92006, Supplement to Application for Federally Assisted Housing. *Note: While HUD requires that this form be included as a Supplement to the PHA's Application for Federally Assisted Housing, the applicant has the option of providing additional contact information, or declining to do so. Regardless of the option chosen, the signed and dated form must be maintained in the applicant's file.*
9. Veteran status for Head of Household, Co-Head, and Spouse.

Upon receipt in the LA's office, the date and time of each application will be recorded on the application form. Persons submitting applications will not be required to attend an interview; information on the application will be accepted on a "self-certified" basis until the applicant is contacted for a pre-selection final eligibility determination. Incomplete applications will be returned to a family, together with a statement of what information is necessary to complete the application.

Each person submitting an application will receive written acknowledgment of receipt of the application from the LA. As further described below, the acknowledgment will indicate the applicant's tentative eligibility status.

Applicants who have submitted a complete application and have been determined to be preliminarily eligible for Section 8 HCV assistance will be placed on the waiting list until assistance is available. In the acknowledgment letter, the LA will briefly indicate the steps that will follow after the applicant's name has been placed on the waiting list.

While documents verifying date of birth may be requested at the time of submission of the application, an applicant should not be denied placement on the waiting list if this documentation is not provided. Such verification is only required at the time of the final eligibility determination.

Disclosure of Social Security numbers by applicants must conform to HUD regulations and guidance, and to HCR policy notices. Accordingly, applicant(s) have up to 180 days to meet HUD's Social Security documentation requirements before being removed from the waiting list.

If an applicant is determined ineligible based on the information provided in the application, the LA will notify the family in writing (in an accessible format upon request as a reasonable

accommodation), state the reason(s), and inform the family of its right to an informal review. Persons with disabilities may request to have an advocate attend the informal review as a reasonable accommodation.

### **1.13 Applicant Status While on Waiting List**

All applicants who are placed on the waiting list will be informed of their responsibility to report changes in address in writing within 30 days of occurrence. Applicants will also be required to report changes in income, family composition and/or other items potentially affecting applicant eligibility.

Applicants will be notified that, if the LA is unable to contact the family due to its failure to promptly submit a change of address notification, it may result in its name being dropped from the waiting list. Applicants will also be dropped from the waiting list if they fail to respond to written requests for information or action within LA-specified time frames.

Exceptions will be granted for applicants with disabilities, as defined in 24 CFR §5.403 who were not able to respond within the time frame due to their disability. Exceptions may also be granted for applicants hospitalized for sufficient duration if the failure to respond is/was due to the hospitalization.

### **1.14 Time of Selection**

When funding is available, families will be selected from the waiting list in sequence, regardless of family size, subject to income targeting requirements.

### **1.15 Income Targeting Requirement**

The same income targeting rule that applies to participant-based vouchers also applies to project-based vouchers (PBV). The 75% targeting requirement is a combined factor for any LA with both participant-based and project-based vouchers.

LAs are responsible for ensuring that, in any given year, of the **combined total** of participant-based and project-based admissions, not less than 75% of admissions must be families with incomes at or below 30% of area median.

HCR's "targeting year" is the same as its program fiscal year of April 1 through March 31. LAs should look at the previous year's admission activity to determine the overall percentage of families admitted who were at or below 30% of median. No adjustments to administrative practices will be necessary if it is considerably above 75%.

HCR does not grant waivers of the income targeting policy for which an owner or landlord can apply.

In order to ensure that the targeting requirements are met on an overall basis, it is necessary that LAs meet these requirements on an individual basis. However, HCR may exercise its discretion to modify this requirement on an “as needed” or individual basis, in view of the initial impact on targeting that may result from PBV move-ins.

For PBV vacancies, LAs must continue doing everything possible to admit families with incomes at or below 30% of median. However, the LA is permitted to raise the targeting income ceiling to 50% of area median income if the LA can demonstrate that sufficient families at the 30% of area median income level are not available. In this situation, LAs should primarily, **if not solely**, admit families having incomes at or below 30% of area median income to tenant-based HCV openings, until the overall percentage of the LAs annual admissions equals or exceeds 75% of families at this income level.

### **1.16 Selection of Families from the Waiting List**

Unless otherwise approved by HCR (and HUD if such approval is necessary), the selection of participants in all LA Program jurisdictions will be according to the following local selection order:

- For participant households with more than one family member, selection will be based on date and time of application (*or in the case of an LA using a lottery selection process, in the order generated by the lottery selection process.*)
- For single person households, persons who are elderly, disabled, handicapped or displaced will be selected before other single person households.

The qualification for the above listed preference and/or any subsequent preferences that may be added is based solely on an applicant’s status **at the time of selection from the waiting list**. LAs must not ask an applicant claiming disability to specify the exact nature of (or state or explain) his/her disability, nor does the applicant have to submit proof of said disability; documentation can only state that the applicant is disabled.

Notwithstanding the above, if necessary to meet the statutory requirement that 75% of newly admitted families in any fiscal year be extremely low-income families (unless a different target is agreed to by HUD), the LA retains the right to skip higher income families on the waiting list to reach extremely low-income families. This measure will only be taken if it appears the goal will not otherwise be met. To ensure this goal is met, HCR and each LA will monitor incomes of newly admitted families and the incomes of the families on the waiting list.

If there are an insufficient number of extremely low-income families on the waiting list, the LA will conduct outreach on a non-discriminatory basis to attract sufficient numbers of extremely low-income families in order to reach the statutory requirement.

### **1.17 First-Year Limitation on Where Family Can Lease a Unit at Initial Participation in the Program**

A “non-resident” applicant is required to utilize the voucher for the first 12 months in the initial Local Administrator’s jurisdiction.

For the purposes of this provision, a “non-resident” applicant is one where neither the head of household or spouse had a “domicile” (legal residence) in the jurisdiction of the Local Administrator at the time the family submitted an application for participation in that LA’s program. This section does not apply when the family or a member of the family is or has been the victim of domestic violence, dating violence, sexual assault, or stalking, as provided in 24 CFR part 5, subpart L (Protection for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking), and the move is needed to protect the health or safety of the family or family member, or any family member who has been the victim of a sexual assault that occurred on the premises during the 90-calendar-day period preceding the family’s request to move.

The term “Legal Domicile” is defined as follows: *“The legal residence of the household head or spouse as determined in accordance with State and local law.”* New York State case law defines “domicile” as *“one’s [the household head or spouse] principal and permanent place of residence where he/she always intends to return to from wherever he/she may be temporarily located and from which he/she has no present intention of moving. In other words, the ‘domicile’ is the location where a person intends to make his or her home indefinitely.”*

Families will be advised that, if contacted for admission to the local program wherein they were a “non-resident” at the time of application, they must utilize the assistance for 12 consecutive months in the jurisdiction of the program where they are being admitted before portability may be granted. In order to exercise their right to port, the family must provide supportive documentation establishing 12 consecutive months of residency with assistance. All documentation received must completely and sufficiently support the family’s residency claim. If there is insufficient evidence to support the residency claim, the portability request must be denied. If any documentation submitted to establish residency is determined fraudulent, the family must be terminated. All “non-resident” applicants must be advised of this policy upon acceptance of their application by the LA and at the time the family is contacted to establish an eligibility certification interview.

Conversely, if the family was a resident in the LA’s jurisdiction at the time of application, they will be eligible for portability at the time of initial issuance of the voucher.

The legal residence reported by the applicant at the time of application is the determining factor in the implementation of these provisions.

### **1.18 Eligibility of Students for Assisted Housing under Section 8**

An LA should apply 24 CFR 5.609(b)(9) when determining the eligibility of a student and calculating income.

An LA shall deny Section 8 assistance if the head of household is enrolled as a full-time student at an institution of higher education unless one or more of the following circumstances applies:

- The head of households is over the age of 23;
- The head of households is a veteran of the United States military;
- The head of household is married;
- The head of household has at least one dependent child;

The above exceptions do not apply to a student residing in a Section 8 assisted unit with his or her parent(s) or who lives with his/her parent(s) who are applying to receive Section 8 assistance. Students who are living with their parents who are, individually or jointly, ineligible for assistance may not apply.

### **Tuition and Fees**

LAs should evaluate income verification for students on a case-by-case basis. Typically, financial aid amounts exceeding tuition, fees, and other required educational expenses must be included when calculating the household's annual income. This rule applies except where the head of household falls into one of the exceptions listed above, in which case any income received from an Institution of Higher Education, including student stipends, work study, etc., is excluded. This exclusion only applies if the LA determines that the head of household is a full-time student at that Institution.

When evaluating whether a head of household qualifies as a full-time student, an LA should review the student's bill, account statement, IRS Form 1098-T, or any official documentation from the school directly. As a guide, the school's website may assist in providing an itemized list of tuition and fees typically charged students. Student loan proceeds are also excluded from income calculations.

If a program participant is seeking an income exclusion, the burden of proof is on the applicant. If the applicant provides inconsistent, conflicting, or non-credible information, it is appropriate for the LA to seek clarity and request additional supporting documentation as needed. While the LA may ask the participant, among other things, if they are a student and where they are enrolled in an educational program, 24 CFR 5.609(b)(9) does not provide a standard for determining when a participant qualifies as a student or what qualifies as an educational program.

Questions the LA may ask when evaluating student eligibility and calculating income may include:

- 1) Is the participant charged tuition and/or any other required fees and charges? If yes, what are itemized charges?
- 2) Is the financial assistance being provided intended to cover, in whole or in part, the tuition and/or other required fees and charges as are defined in PIH Notice 2015-21 and Housing Notice 2015-12?

3) Is the financial assistance provided under the Higher Education Act of 1965 from private sources or higher education institutions (as defined by the Higher Education Act of 1965)?

### **1.19 Initial Eligibility Certification**

At the point of selection from the waiting list, all adult household applicants will be required to participate in an initial eligibility certification interview. Single persons who claim that they are elderly, disabled, handicapped or displaced must have that status verified prior to the LA's scheduling of the initial eligibility certification interview.

Information used to verify an applicant's eligibility at initial certification for the HCV program must be current, that is within 60 days of the issue date of a voucher. Upon verification of the applicants' information, the LA must update the electronic "Wait List Applicant Report" for each applicant. A copy of the "Wait List Data Sheet" must be maintained in each applicant's file.

After the above preference is verified, applicants will be required to participate in a full eligibility certification interview with an LA representative in accordance with 24 CFR 982.301. The certification and briefing interview afford the LA an opportunity to discuss the family's circumstances in greater detail, to clarify information which has been provided by the family, and to ensure that all required information is accurate and complete. The briefing phase of the interview is used as a vehicle to provide information about the certification and verification process, as well as to advise the family of other PHA services or programs which may be available.

At the certification interview, the applicant will be required to furnish complete and accurate information requested by the interviewer. The LA representative will initially complete the certification based on written and/or verbal information provided by the applicant.

At the conclusion of the certification interview, the applicant will sign and certify that all information is complete and accurate.

### **1.20 Requirement to Attend Briefing Interview**

All adult family members are required to attend the interview and sign the eligibility certification. Exceptions may be made for students attending school out of state or for members for whom attendance would be a hardship. Interviews must be held in a manner which meets the requirements set forth by HUD and this Administrative Plan. They may be conducted in person, remotely via video-teleconferencing, or through other virtual platforms. To conduct a briefing remotely, the methodology must be consistent with the requirements in Section 14.05 (Hearing Procedures) of this Administrative Plan. It is incumbent on the LA to ensure the same equal opportunity and nondiscrimination requirements for individuals with disabilities and limited English proficient (LEP) persons under Section 504 of the Rehabilitation Act of 1973 (Section 504), the Americans with Disabilities Act of 1990 (ADA), Title VI of the Civil Rights Act of 1964, and the Fair Housing Act are followed.

The head of household or the head and spouse are required to attend the interview. If the head of household cannot attend the interview, the spouse may attend to complete the certification and certify for the family. However, the head of household will be required to attend an interview within three days to review the information and to certify by signature that all of the information is complete and accurate.

If an applicant misses a scheduled appointment, does not contact the LA to reschedule, cannot be contacted by the LA to reschedule or misses two scheduled meetings, the LA will reject the application and the applicant will be removed from the waiting list.

If an applicant is denied assistance due to failure to attend the full certification interview, the applicant will be notified in writing and offered an opportunity to request an informal review.

Reasonable accommodation will be made for persons with a disability who require an advocate or accessible offices. A designee will be allowed to participate in the interview process, but only with permission of the person with a disability.

The head of household and spouse will be required to sign the certification form and/or a supplemental form/worksheet containing the family composition, income, asset and allowance information for the family. As required by the LA, other adult members may also be asked to sign these forms.

**All** adult members must sign:

- HUD Form 9886 (Release of Information);
- any supplemental forms and/or documents required by the LA;
- declarations and consents related to citizenship/immigration status; and
- a consent form to release criminal conviction records and to allow the LA to receive records and use them in accordance with HUD regulations.

Applicants may also be required to sign specific verification forms for information which is not covered by HUD form 9886. Failure to do so when required will be cause for denial of the application for Section 8 assistance.

If the LA determines during or after the interview that additional information is needed directly from the applicant, the LA will specify in writing what information is required and what kind of documentation must be provided by the applicant to verify it. The family will be given ten business days to supply requested information. If the information is not supplied in this time period, the LA may deny assistance.

### **1.21 Portability Moves from Other PHAs**

Local Administrators are required to adhere to HUD's portability requirements for initial and receiving PHAs, as set forth in HUD regulations and PIH Notices.

Policies related to absorption or billing of portability moves are established by HCR as PHA. HCR reserves the right to revise its portability billing guidelines based on budget authority granted by HUD and unit baseline allocations established by HCR for each local program.

**1.22 Income Verification**

All income and asset information provided by the applicant must be verified using HUD’s income verification hierarchy (See below and Section 20 of this Administrative Plan). The file must be documented to leave a clear audit trail. Any documentation requested directly from the applicant must be provided within the time specified by the LA.

Annual income criteria (including definition and exclusions) can be found at 24 CFR 5.609.

**HUD Verification Hierarchy and Techniques**

<b>Level</b>	<b>Verification Technique</b>	<b>Ranking</b>
6	<b>Upfront Income Verification (UIV)</b> using HUD’s Enterprise Income Verification (EIV) system (not available for income verifications of applicants)	<b>Highest</b> (Mandatory use for all participants and new admissions within 120 days)
5	<b>Upfront Income Verification (UIV)</b> using non-HUD system	<b>Highest</b> (Optional) (i.e., The Work Number, other databases)
4	<b>Written Third-Party Verification</b>	<b>High</b> (Mandatory use for all applicants where non-HUD UIV system is not available; Mandatory to supplement EIV-reported income sources and when EIV has no data; Mandatory for non-EIV reported income sources; Mandatory when tenant disputes EIV-reported employment and income information and is unable to provide acceptable documentation to support dispute.)
3	<b>Written Third-Party Verification Form</b>	<b>Medium-Low</b> (Mandatory if written third party verification documents are not available or rejected by the PHA; and when the applicant or tenant is unable to provide acceptable documentation)
2	<b>Oral Third-Party Verification</b>	<b>Low</b> (Mandatory if written third party verification is not available)
1	<b>Tenant Declaration</b>	<b>Low</b> (Use as a last resort when unable to obtain any type of third party verification)

Note: This verification hierarchy applies to income determinations for applicants and participants. EIV is not available for verifying income of applicants until after they have been admitted. Verification Hierarchy and Techniques illustrates six levels of verification starting with 6 as the highest category of Upfront Income Verification using HUD's EIV system, then 5 Upfront Income Verification (UIV) using non-HUD system, 4 Written Third Party Verification, 3 Written Third Party Verification Form, 2 Oral Third Party Verification and 1 Tenant Declaration.

### **1.22.01 Child Support**

Periodic and determinable allowances received as child support payments must be included as annual income. However, child support payments pursuant to court order or private agreement that is nonrecurring or sporadic shall be excluded as income upon proper written verification. The LA must also obtain third party verification of income derived from child support and/or cash contribution. Request for verification of such incomes must be made directly from the contributor or the enforcement agency (family court or Department of Social services, etc.).

### **1.22.02 Pay Stubs as Verification of Income**

Original or authentic pay stubs generated by a third-party source dated either within the 60-day period preceding the reexamination or LA's requested date can be accepted as verification of income subject to the following:

LAs are required to obtain a minimum of two current consecutive paystubs and/or year-to-date statement to determine annual income from wages. However, at its discretion, LAs are permitted to obtain additional paystubs as warranted to determine the annual income.

The average of the paystubs and the average of the year-to-date statement must be compared; the greater of the two averages must be used. Paystubs that are not consistent with (less than) an individual's regular pay cycle (i.e.; weekly, bi-weekly, monthly, etc.) should not be used in the determination of average annual income. LAs must ascertain the reason(s) for the inconsistency and the file must be documented to leave a clear audit trail.

When the LA cannot readily anticipate income based upon current circumstances (e.g., in the case of seasonal, temporary or inconsistent employment), the LA will review and analyze historical data (tax returns, EIV) for patterns of employment, paid benefits, and receipt of other income and use the results of this analysis to establish annual income.

If the submitted paystubs or the year-to-date statement are inadequate to determine the average annual income. LAs must request/obtain third party verification of income.

### **1.22.03 Asset Verification**

LAs are required to include in the calculation of annual income any interest or

dividends earned on assets held by the family. Original or authentic documentation (i.e.; bank statements, stocks/bonds, real estate, etc.) generated by a third-party source within the most recent three (3) months. At its discretion, the LA may obtain statements that are older than 3 months if there is/are suspicion of any irregularities.

When a family has net family assets in excess of \$5000, annual income shall include the greater of the actual income derived from the net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.

For each new admission, the LA must comply with HUD's EIV income verification requirements, including:

- review the EIV Income Report to confirm/validate family-reported income within 120 days of the PIC submission date; and
- print and maintain a copy of the Income Report in the tenant file; and
- resolve any income discrepancy with the family within 60 days of the EIV Income Report.

### **1.22.04 Medical Expenses**

Medical expenses, as defined in 24 CFR 5.603(b) are expenses, including medical insurance premiums, that are anticipated during the period for which annual income is computed, and that are not covered by insurance.

Unreimbursed medical expense deductions exceeding 3% of the household's annual income may be permitted in families where the head, spouse, or co-head is at least 62 or is disabled. If a family meets the eligibility criteria for a medical expense deduction, the qualified medical expenses of all family members may be counted. Medical expenses must be personally incurred and not covered or reimbursed under any insurance, coverage plan or paid from any other source. In order to qualify as a medical expense deduction, it must be listed as an includable item in the most current IRS Publication 502, Medical and Dental Expenses.

*Summary of Allowable Medical Expenses from IRS Publication 502	
<ul style="list-style-type: none"> <li>• Services of medical professionals</li> <li>• Surgery and medical procedures that are necessary, legal &amp; non-cosmetic</li> <li>• Services of medical facilities</li> <li>• Hospitalization, long term care, and in-home nursing services</li> <li>• Prescription medicines and insulin, (all nonprescription &amp; OTC medicines are not allowed unless they have been prescribed by a doctor)</li> <li>• Medical supplies, such as bandages</li> <li>• Substance abuse treatment programs</li> <li>• Psychiatric treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Actual transportation costs for and essential to medical care (i.e., bus, taxi, ambulance) or standard medical mileage rate for a car</li> <li>• The cost and care of necessary equipment related to a medical condition (e.g., eyeglasses/lenses, hearing aids, crutches, and artificial teeth)</li> <li>• Cost and continuing care of necessary service and/or guide animals as defined in the Glossary (excludes support animals)</li> <li>• Medical insurance premiums or the cost of a health maintenance organization (HMO)</li> <li>• Amounts paid for the prevention and alleviation of dental disease</li> </ul>
<p>*This chart provides a summary of eligible medical expenses only. Detailed information is provided in IRS Publication 502.</p>	

**1.23 Final Determination and Notification of Eligibility**

After verification is completed, the LA will make a final determination of eligibility. This decision is based upon information provided by the family, verification activities undertaken by the LA and current eligibility criteria in effect. If the family is determined to be eligible, the LA will confirm eligibility via written notification to the family. If a briefing has not already been conducted by the LA, one will be scheduled to coincide with issuance of the Housing Choice Voucher.

**1.24 Document Retention for Applicants and Participants**

**1.24.01 Applicants**

Applicant files and documents must be retained for at least three years after:

- the date an application is closed;
- the applicant has withdrawn from the waiting list; or
- the applicant is determined ineligible.

When an applicant is admitted to the program, the application and associated verification of eligibility documents must be transferred to the participant’s file and must be retained in that file according to the rules for program participant files (see below).

Special rules apply to retention of U.S. Citizenship and Immigration Services

(USCIS) documents. These documents must be retained for at least five years.

#### **1.24.02 Participants**

Documents for participants must be retained during the term of the assisted tenancy and for at least three years thereafter. However, **except** for the documents listed below, ***all other documents may be destroyed after the three-year period.***

- Birth certificates or other verification of DOB
- Social security cards
- Initial application
- Initial income eligibility verification
- Initial voucher
- Initial 50058
- Initial HAP contract
- Initial lease and tenancy addendum

Note: USCIS documents must be retained for at least five years.

When a new or additional folder is created for an existing participant, the documents specified above must be transferred to the new folder.

#### **1.24.03 Criminal Records**

Special retention rules pertain to criminal records for both applicants and participants. Criminal records must be maintained confidentially until the purpose for which they were obtained has been accomplished including any informal reviews, if requested, have been completed. At that time all criminal records obtained are **required** to be destroyed. The file should be documented with a reference to the type of screening and the date the screening was performed.

1C-7: Public Housing Agencies Within Your CoC's Geographic Area-New Admissions-General/Limited Preference.

**2. Executed MOU between Ithaca Housing Authority and the CoC demonstrating their Limited Homeless Preference for the EHV program**

## **MEMORANDUM OF UNDERSTANDING - EMERGENCY HOUSING VOUCHERS**

This Memorandum of Understanding (MOU) has been created and entered on July \_\_\_\_, 2021 by and between the following parties in relation to the Emergency Housing Vouchers (EHV).

***THE ITHACA HOUSING AUTHORITY (IHA)***  
***800 South Plain Street***  
***Ithaca NY 14850***

***ITHACA/TOMPKINS HUMAN SERVICES COALITION-CONTINUUM OF CARE (ITCOC)***  
***118 N. Tioga Street Suite 304***  
***Ithaca NY 14850***

***ADVOCACY CENTER OF TOMPKINS COUNTY (ADVOCACY CENTER)***  
***P.O. Box 164***  
***Ithaca NY 14851***

### **INTRODUCTION AND GOALS**

The Ithaca Housing Authority (IHA), Ithaca/Tompkins Human Service Coalition-Continuum of Care (ITCoC) and the Advocacy Center of Tompkins County (Advocacy Center) commitment to administering the EHV program for the specified population listed below.

- The IHA, ITCoC and Advocacy Center recognize that access to safe and affordable housing is a significant challenge for individuals who are (1) homeless; (2) at risk of homelessness; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or (4) recently homeless, and
- The IHA, ITCoC, and Advocacy Center recognize the need and significant challenges facing our community to achieve safe and affordable housing, and
- The IHA, ITCoC, and Advocacy Center recognize that providing rental assistance will prevent a family or individual from homelessness or high risk of housing instability, and
- The IHA, ITCoC and Advocacy Center desire to work together to provide access to additional Housing Choice Vouchers (HCV) to further these mutual goals, and
- The IHA is committed to working with the ITCoC by integrating the prioritization and referral process for Emergency Housing Voucher eligible individuals and families into their coordinated entry process, and
- The IHA is committed to working with the ITCoC and Advocacy Center to administer the Emergency Housing Vouchers in accordance with all HUD and IHA program requirements and regulations, and
- The IHA received, from the U.S Department of Housing and Urban Development (HUD), fifteen (15) Emergency Housing Vouchers designated to individuals and families that meet the criteria of (1) homeless; (2) at risk of homelessness; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or (4)

recently homeless and for whom providing rental assistance will prevent the family's homelessness or having a high risk of housing instability, and

- The IHA agrees that families and individuals who are (1) homeless; (2) at risk of homelessness; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or (4) recently homeless and for whom providing rental assistance will prevent the family's homelessness or having a high risk of housing instability will be eligible to apply and receive the same preference, and
- The ITCoC and Advocacy Center agree to identify, verify, and assist eligible applicants in applying for the Emergency Housing Vouchers and to connect them with community supportive services to assist these individuals and families to become and remain stably housed, therefore,
- In consideration of the mutual covenants and promises contained herein, the parties hereto agree to each of the conditions and responsibilities outlined in this agreement as follows:

#### **PHA'S GOALS AND STANDARDS OF SUCCESS IN ADMINISTERING THE PROGRAM**

Our overarching goal: The EHV program will help eligible families and individuals achieve housing stability and position them to achieve self-sufficiency in all areas of life.

- Process Goal 1: That the highly integrated system outlined in this MOU is fully in place for efficacious implementation of IHA's EHV program.

Standard of Success: That the IHA, ITCoC, and the Advocacy Center are all working in unison to maximize EHV impacts and optimize EHV progress.

- Progress Goal 2: Ensure that all EHV families and individuals re made aware of all supportive services available in the Ithaca/Tompkins community, e.g., counseling, job training, financial literacy, etc.

Standard of Success: 100% of families and individuals who receive an EHV will offered the opportunity to meet individually with IHA Family Self-Sufficiency (FSS) Caseworkers who will share detailed information regarding the benefits of the FSS Program and the Three Pillar (financial literacy) Program that are offered by the IHA. The ITCoC and the Advocacy Center will make EHV participants aware of all supportive services known to their agency or supportive services that their agency partners with outside of this MOU.

#### **STAFF POSITIONS AT THE IHA, ITCOC, AND THE ADVOCACY CENTER WHO WILL SERVE AS LEAD EHV LIAISONS**

##### Lead EHV Liaisons

Ithaca Housing Authority: Megan Wiiki, Housing Choice Voucher Coordinator

Ithaca/Tompkins Continuum of Care: Liddy Barger, Director of Housing Initiatives

Advocacy Center of Tompkins County: Amy Smith, Director of Rental Services

## RESPONSIBILITIES OF THE EHV LIAISONS

### IHA liaison will:

- Serve as EHV point person
- Receive referrals from ITCoC
- Coordinate the intake process
- Communicate with EHV partners (ITCoC and Advocacy Center) to ensure a smooth flow of program operation in accordance with MOU
- Make referrals of potential eligible families and individuals to ITCoC
- Conduct trainings for ITCoC and Advocacy Center staff on IHA processes for EHV
- Attend ITCoC and Advocacy Center meetings related to EHV process

### ITCoC liaison will:

- Serve as EHV point person
- Receive and consider referrals from the Advocacy Center, IHA and other human service agencies
- Certify EHV eligibility
- Prioritize EHV referrals utilizing the coordinated entry list
- Provide EHV referrals to IHA
- Follow up on all referrals
- Refer EHV eligible participants to all support services known to the ITCoC or to support services where a current agency partnership exists
- Communicate with EHV partners (IHA, Advocacy Center) to ensure a smooth flow of program operation in accordance with MOU
- Conduct trainings for IHA and the Advocacy Center staff of ITCoC processes for EHV
- Attend IHA and Advocacy Center meetings related to EHV process

### Advocacy Center liaison will:

- Serve as EHV point person
- Make direct referrals to the ITCoC for victims of domestic violence or sexual assault who are homeless; at risk of homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.
- Refer EHV eligible participants to all support services known to the Advocacy Center or to support services where a current agency partnership exists
- Coordinate supportive services for families that are referred to EHV program including but not limited to case management, emotional support, safety planning, housing advocacy, flexible funding assistance to address housing barriers

- Communicate with EHV partners (ITCoC and IHA) to ensure a smooth flow of program operation in accordance with MOU
- Conduct trainings for ITCoC and IHA staff on Advocacy Center processes for EHV
- Attend ITCoC and IHA meetings related to EHV process

#### SERVICES TO BE PROVIDED TO ELIGIBLE EHV FAMILIES

- Partnering service providers will support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance, while aiding households in addressing barriers.
- Partnering service providers will support the IHA in ensuring appointment notifications to eligible individuals and families and will assist eligible households in getting to meetings with the IHA.
- IHA will establish windows of time for EHV applicants to complete intake appointments.
- Partnering service providers will provide, assist, or make referral for housing search assistance for eligible individuals or families.
- Partnering service providers will provide, assist, or make referrals for compliance counseling related to rental lease requirements.
- Partnering service providers will assess individuals and families who may require referrals for assistance on security deposits, utility hook-up fees, and utility deposits.
- Partnering service providers will assess and refer individuals and families to benefits and supportive services, where applicable.

#### IHA ROLES AND RESPONSIBILITIES

1. Establish an Emergency Housing Vouchers preference for individuals and families who are (1) homeless; (2) at risk of homelessness; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or (4) recently homeless and for whom providing rental assistance will prevent the family's homelessness or having a high risk of housing instability.
2. Add Emergency Housing Voucher referrals from the ITCoC to the HCV EHV waitlist according to the date the application is received, in accordance with HUD regulations and IHA's Administrative Plan.
3. Provide a point of contact for Emergency Housing Voucher referrals and commit adequate staff and necessary resources to ensure that the application, certification, voucher issuance and unit inspections are completed in a timely manner.
4. Aid with the housing search; identify barriers to leasing and strategies to address barriers; application fees; security and utility deposits; and moving costs.

5. Provide owner outreach and encourage owners to rent to individuals and families using Emergency Housing Vouchers.
6. Perform duties related to the administration of the Emergency Housing Vouchers; and notify the ITCoC and Advocacy Center of any changes, as necessary.
7. Provide staff to support training and coordination of the Emergency Housing Voucher program implementation between the ITCoC, Advocacy Center and IHA if needed.
8. Schedule meetings with the ITCoC and Advocacy Center (at least quarterly).
9. Comply with the provisions of this MOU.

#### ITCOC ROLES AND RESPONSIBILITIES

1. Designate and maintain a lead EHV liaison responsible for coordinating and communicating the referral, application submission, and housing search assistance for individuals and families referred for an EHV voucher.
2. Outreach to providers of services to individuals or families who are fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking, regarding the availability of Emergency Housing Vouchers. The ITCoC will coordinate with these service providers to acquire client referrals to the ITCoC in a timely manner. The ITCoC agrees to coordinate and work with the Advocacy Center of Tompkins County to obtain direct referrals to the coordinated entry list to assist families and individuals who meet this criterion.
3. Identify, verify, and refer individuals and families who are (1) homeless; (2) at risk of homelessness; (3) fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or (4) recently homeless and for whom providing rental assistance will prevent the family's homelessness or having a high risk of housing instability, for an Emergency Housing Voucher using an agreed upon referral form.
4. Ensure the individuals and families referred are on the Coordinate Entry List and filtered by the Name or Prioritization Lists of all people in their Homeless Management Information System by demographics and review for likely Emergency Housing eligible individuals and families; verify eligibility and interest in applying for a Voucher.
5. Coordinate with service providers and provide referrals to the IHA in a timely manner. Provide any contact information that would be helpful in completing the housing assistance process such as a name, phone number or e-mail address of a support person assisting the applicant.
6. Assist directly, or through their network, individuals and families referred for an Emergency Housing voucher in completing the Housing Choice Voucher (HCV) application, providing the required verifications needed to determine HCV program eligibility and assisting in locating suitable housing.

7. Assess all households referred for EHV for mainstream benefits and support services available to support eligible individuals and families through their transition.
8. Identify and provide supportive services to EHV individuals and families, who are eligible for CoC-funded services, either directly or through their network.
9. Attend EHV participant briefings and meetings when needed.
10. Participate in regular meetings conducted by the IHA (at least quarterly).
11. Comply with the provisions of this MOU.

<b>ADVOCACY CENTER ROLES AND RESPONSIBILITIES</b>
---

1. The Advocacy Center will commit sufficient staff and resources to ensure that referrals are made, and applicants are offered sufficient support to complete applications, locate housing, and address barriers to housing. Staff who will support victims referred to the ITCoC for the EHV program include Residential Services Director, Housing Advocate, and Shelter Advocate. Additional victim support may be provided by non-residential advocates as needed.
2. Designate and maintain a lead EHV liaison to communicate with IHA and ITCoC.
3. Provide referrals to the ITCoC of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking regarding the Emergency Housing Vouchers.
4. Support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance, while aiding households in addressing barriers.
5. Support the IHA in ensuring appointment notifications to eligible individuals and families and will assist/accompany eligible households in getting to scheduled meetings with IHA.
6. Provide housing search assistance for eligible individuals and families.
7. Assess individuals and families who may require referrals for assistance with security deposits, utility hook-up fees, and utility deposits.
8. Assess and refer individuals and families to benefits and supportive services where applicable.
9. Provide comprehensive domestic violence and sexual violence services including emotional support, case management, safety planning, housing, medical, and social advocacy, legal services and advocacy, and support groups. All advocacy support services are voluntary in compliance with the Violence Against Women Act and federal Family Violence Prevention Services Act.
10. Participate in regular meetings conducted by the IHA (at least quarterly).
11. Comply with the provisions of this MOU.

**PROGRAM EVALUATION**

The IHA, ITCoC, and Advocacy Center agree to cooperate with HUD, provide requested data to HUD or HUD-approved contractor delegated the responsibility of program evaluation, and follow all evaluation protocols established by HUD or HUD-approved contractor, including possible random assignment procedures.

**TERM**

The terms of this agreement will be in effect from the effective date until the Emergency Housing Vouchers are no longer available to be used for the targeted population.

**SIGNATURES**

Signed and dated by the official representatives of the PHA, COC and third-party entities:

**THE ITHACA HOUSING AUTHORITY**

By: Brenda C. Westfall 7/30/2021  
Brenda C. Westfall, Executive Director

**ITHACA/TOMPKINS HUMAN SERVICE COALITION, CONTINUUM OF CARE**

By: Kathleen Schliather 7/27/2021  
Kathleen Schliather; Ithaca/Tompkins CoC Board Chair

**THE ADVOCACY CENTER OF TOMPKINS COUNTY**

By: Heather Campbell 7/30/21  
Heather Campbell, Executive Director

1C-7: Public Housing Agencies Within Your CoC's Geographic Area-New Admissions-General/Limited Preference.

**3. Executed MOU between Homes and Community Renewal and the CoC demonstrating the limited homeless preference for the EHV program**

**MEMORANDUM OF UNDERSTANDING  
DATA SHARING FOR EMERGENCY HOUSING VOUCHERS IN NEW YORK STATE**

This Memorandum of Understanding (“MOU”) is made and entered into as of this 15th day of July, 2021 (the “Effective Date”). It is executed between the following parties:

New York State Homes and Community Renewal (“HCR”) and its subsidiaries, including the Housing Trust Fund Corporation (“HTFC”) and the Division of Housing and Community Renewal (“DHCR”), having its principal office at 38-40 State Street, Albany, NY 12207

-and-

Human Services Coalition of Tompkins County  
118 North Tioga Street, Suite 304  
Ithaca, NY 14850

Signing this agreement as the lead agency and authorized representative for:

NY-510 Ithaca/Tompkins Counties CoC

The following counties within the CoC service area are included within the scope of this agreement:

Tompkins County

The following counties are excluded:

None

WHEREAS, the American Rescue Plan Act (a.k.a. COVID-19 Stimulus Package or “The Act”) was adopted into law on March 11, 2021, and provided for a \$1.9 trillion economic stimulus package;

WHEREAS, Section 3202 of The Act authorizes \$5 billion for Emergency Housing Vouchers (“EHVs”) to transition people currently experiencing or at risk of homelessness, including those who are survivors of domestic violence, to stable housing; and EHVs can be used by individuals and families experiencing homelessness who have difficulty being stably housed otherwise;

WHEREAS, funding for EHVs will be allocated by the U.S. Department of Housing and Urban Development (“HUD”) to state and local Public Housing Authorities (“PHAs”) for distribution through waiting lists created and maintained by those PHAs;

WHEREAS, NYS HCR, through HTFC, serves as the only statewide PHA for New York State, and has received a preliminary allocation of 1,556 EHV's, with the possibility of additional allocations at a later date;

WHEREAS, HUD is requiring PHAs to coordinate with Continuums of Care, including local and regional homeless service providers, to identify households most in need, and Continuums of Care ("CoCs") are recognized by both HUD and New York State as a centralized point of access for homeless services and data;

WHEREAS, the entity listed above is the lead agency for the CoC listed above, and is authorized by the CoC Board to execute this agreement on behalf of the CoC:

NOW, THEREFORE, in consideration of mutual covenants and promises, herein, the Parties agree as follows:

## **I. GOALS AND OBJECTIVES**

The Parties agree upon the following specific goals for this MOU:

1. Reduce the homeless population in New York State.
2. Leverage the services and local knowledge of the CoC to assist HCR in the expeditious delivery and utilization of EHV's.
3. Achieve dissemination of all federally allocated EHV's and associated budget authority to decrease the number of homeless/at-risk households potentially at risk of contracting and spreading Covid-19.

## **II. OBLIGATIONS OF THE PARTIES**

### **HCR**

- i. HCR shall establish an amendment to its Administrative Plan (**Exhibit A**) that articulates the rules for this EHV program; HCR may make changes to this Amendment as necessary. HCR may establish additional policies and procedures as necessary to ensure the timely and appropriate utilization of federal resources.
- ii. HCR shall communicate the relevant rules of the EHV program to the CoC Lead Agency.
- iii. HCR shall procure a Special Purpose Local Administrator ("SPLA") to administer the EHV's, including receiving referrals, processing applications, determining eligibility, calculating subsidy, issuing vouchers, and performing inspections. The SPLA will serve as HCR's designated agent for the purpose of this MOU.
- iv. HCR shall procure a technology solution for the administration of EHV's from Emphasys Technology Solutions.
- v. HCR shall initiate communication between the CoC and the SPLA(s) it designates, and the SPLA will act on HCR's behalf; the SPLA will be subject to the terms of this MOU and all applicable federal and state regulations, including any relevant and applicable data privacy requirements articulated in writing by the CoC.
- vi. HCR shall provide a secure, on-line referral process for the CoC to upload its referrals; HCR may modify this form as necessary.

- vii. HCR, working through Emphasys, will provide a secure, on-line application portal for applicants to upload required documents with the assistance of the CoC.
- viii. HCR will provide trainings for CoC staff as regarding program EHV policies and procedures.
- ix. HCR shall prioritize households during the initial lease-up Phase as described in Section III of this MOU and shall establish a waiting list for each CoC following the initial lease-up.
- x. HCR will administer monthly Housing Assistance Payments for EHV's.
- xi. HCR will administer incentives to the landlord and issue payments as described in Section IV of this agreement.
- xii. HCR shall reimburse the CoC for eligible tenant stipend expenditures.
- xiii. After the initial lease-up period, HCR will establish a waiting list of referrals from each CoC to receive vouchers as they become available.
- xiv. HCR will issue prompt payment for CoC services as described in this agreement.
- xv. HCR will provide periodic updates regarding utilization rate for the CoC.
- xvi. HCR will provide a staff member to attend CoC meetings as necessary.
- xvii. HCR will provide guidance as needed on any updates from HUD that substantially change the obligations of the CoC.
- xviii. HCR will provide an Implicit Bias Training option to CoC members and staff.

**The CoC**

**A. Compliance with Standard Clauses**

- i. Agency's Standard Terms. The CoC shall comply in all respects with the Agency's Standard Contract Clauses (the "Standard Clauses") set forth in **Appendix I** attached hereto and incorporated by reference herein.
- ii. HUD's Section 8 General Provisions. The CoC shall comply in all respects with HUD's Section 8 General Provisions for Contracts (the "Section 8 General Provisions") set forth in **Appendix III** attached hereto and incorporated by reference herein.

In the event of a conflict between the terms of this Agreement, including the Scope of Work, and terms of the Standard Clauses and HUD's Section 8 General Provisions, the order of precedence will be as follows:

- a. Section 8 General Provisions
- b. Standard Clauses
- c. This MOU

**B. Program Set-Up**

- i. The CoC shall select one incorporated nonprofit or government entity to serve as Lead Agency and to receive compensation on behalf of the CoC. This entity shall be responsible for ensuring all tasks listed in this MOU are completed in accordance with all applicable federal and state requirements. The Lead Agency may subcontract with other partners as necessary to deliver the required tasks and share administrative funds as necessary.
- ii. The CoC shall utilize the referral process prescribed by HTFC to make referrals in a secure manner according to the instructions provided and based on the priorities listed in Section III.

- iii. The CoC shall verify that the households it refers meet the requirements of PIH Notice 2021-15 and qualify under the Priority category under which they are being referred.
- iv. The CoC shall be responsible for ensuring compliance with all requirements and guidance issued by HUD related to inclusiveness and diversity, and shall take proactive steps to ensure that all potentially eligible households within their service area are provided fair and equal access to housing assistance. The CoC will identify and collaborate with other local partners within their region to establish a single point of entry for all households who may be eligible for EHV, including those who may not currently be included within their existing Coordinated Entry System. This may include but is not limited to coordinating with organizations serving victims of domestic violence or human trafficking and establishing a secure methodology to receive referrals from these organizations while maintaining the privacy of the victims.
- v. The CoC shall establish an EHV steering committee with HCR that is inclusive of relevant local stakeholders, shelter providers, human service providers, landlords, and clients. The committee shall also reflect the racial and socioeconomic composition of the population served. An existing committee or board may comply with this provision. The committee must meet at least quarterly while this MOU remains in effect and must permit HCR staff to attend upon request.
- vi. The CoC shall promote the availability of EHV within its service area to a diverse range of stakeholders, and proactively seek to identify potentially eligible households of all racial and socioeconomic backgrounds, including populations who may have previously lacked access to assistance or been under-represented.

### **C. Referrals and Housing Searches**

- i. The CoC shall provide referrals of potentially eligible households to HCR's SPLA through the method prescribed by HTFC and in accordance with federal and state rules; the order and timetable for referrals shall be according to the terms listed in Section III of this agreement. The CoC agrees to give HCR the data in the manner prescribed by **Exhibit B**.
- ii. The CoC shall assist the applicant in assembling the required application documents as listed in **Exhibit A**. Where necessary, the CoC will assist the applicant in uploading their application data and required documents into the applicant portal, communicating with the SPLA case manager, and receiving correspondence from HCR. The CoC shall be solely responsible for ensuring that its staff maintain confidentiality and securely handle and store any applicant data received, including Personal Identification Information, in compliance with all applicable federal and state regulations.
- iii. Upon issuance of a voucher, the CoC will facilitate the housing search and assist applicants in identifying affordable housing options within the payment standard and achieving housing occupancy within 120 days where possible. This includes but is not limited to: helping applicants conduct on-line searches and navigate rental housing data sources; providing transportation to visit apartments; assisting the applicant in negotiating with landlords; maintaining a rental registry of available units; other counseling services as necessary.
- iv. The CoC may request extensions for vouchers issued according to the terms in **Exhibit A**.

- v. Following the initial lease-up period, the CoC shall ensure that its list of referrals is updated as necessary. This includes notifying HCR to remove households on its waiting list who are no longer eligible for EHV assistance and sending additional referrals upon request.
- vi. The CoC shall validate tenant stipend expenses for reimbursement as described in Section IV of this agreement.
- vii. The CoC will strive to connect participating households to services that will ensure long term success. This may include services related to health and wellness, mental health counseling, substance abuse treatment, employment training, etc. The CoC shall provide a quarterly report of service referrals for households on the CoC's. The report shall not include data on individual households that would violate confidentiality; it shall provide a high level summary of the services being offered to participating households.
- viii. Where a voucher recipient referred by the CoC is identified by HTFC as falling behind in rent or otherwise becoming at risk, HTFC may refer that household to the CoC for linkages to additional services.

### III. PRIORITIZATION

#### A. Prioritization for the Initial Lease-up Phase

The CoC shall commence sending referrals to HCR or its designated agent on or about August 16, 2021 and concluding within 6 weeks – referred to here as the **initial lease-up phase**. The referrals shall be received in the following order:

**Priority 1** – HCR will only accept referrals for the following types of households within the first three weeks, or from August 16 – September 3.

1. Households meeting HUD's Definition of Chronically Homeless as determined by the CoC.
2. Any literally homeless families, as defined by HUD in the Criteria and Recordkeeping Requirements for Definition of Homeless, with minor children under 18 years of age.
3. Households who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking.
4. Households participating in a Rapid Re-housing (RRH) program who would qualify for such assistance as defined by the terms of either the federal Emergency Solutions Grant ("ESG") program or the federal Continuum of Care program.

\*Please note that households from local programs similar to RRH but serving a broader population than required within the federal definition should not be sent as a Priority 1 referral, unless the household being referred would have qualified under the federal definition. . To receive ESG rapid re-housing, an individual or family must demonstrate at initial evaluation that it is literally homeless (referred to as Category 1 in the Homeless Definition Final Rule).

**Priority 2** – Within the second three weeks, or from September 6 to September 24, HCR will continue accepting referrals from Category 1 plus the following:

1. Any household classified as literally homeless, as defined above in Priority 1.

Failure by the CoC to adhere to these priorities may result in a loss of vouchers for that CoC. HCR may adjust this schedule, including delaying the acceptance of referrals, and to adjust the priorities as necessary to ensure full voucher utilization. HCR will notify the CoCs of any adjustments.

### **B. Ongoing Waiting Lists**

Following the initial lease-up phase, HCR will establish a waiting list with each CoC for households to receive a voucher as one becomes available within that CoC's allocation. It is the CoC's responsibility to ensure that their waiting list is current at all times, and that households determined to be no longer eligible are removed within 30 days. As a voucher allocated to the CoC becomes available, HCR will select a new household from that CoC's waiting list based on the order in which the referral was received.

After the initial lease-up phase, CoCs may request permission to make referrals for households who do not qualify within the Priorities listed above, but who are still eligible under PIH Notice 2021-15, including at risk households. HTFC may at its discretion permit these referrals on a case by case basis.

### **C. Allocations**

HCR does not guarantee a minimum number of vouchers for any county or CoC. HCR's EHV allocation will be divided approximately as follows within three regions:

- **New York City – 1/3**
- **Downstate Suburbs - Nassau, Suffolk, Westchester and Rockland Counties – 1/3**
- **Upstate CoCs – 1/3**

Based on the current allocation, this translates into roughly 517 EHV's for each of the three regions. This formula is subject change at HCR discretion, and is subject to available budget authority.

Within each region, vouchers will be divided among CoCs based on a variety of factors, including but not limited to the approximate, relative share of need for each county participating in HCR's EHV program, the number and timeliness of eligible referrals received from each CoC, and HCR's assessment of each CoC's ongoing rate of placement and utilization. CoCs will not receive a specific allocation of vouchers during the initial lease-up phase. CoCs are encouraged to submit referrals for all eligible households based on the prioritization listed above. The CoC acknowledges that the actual allocations may vary.

## **IV. INCENTIVES**

To facilitate occupancy once vouchers are issued, HCR intends to offer the following:

- i. Pre-inspections – HCR or its designated agent will provide inspectors to perform pre-inspection of units to ensure they qualify for the program in advance of voucher issuance if unit is vacant and staff are available.
- ii. Higher Payment Standard – HCR may establish a payment standard for each EHV unit size at payment standards higher than its current HCV standard for that county; this payment standard may be adjusted at HCR’s discretion depending on actual and projected HAP spending, and rent must still be determined reasonable.
- iii. Incentive Payment to Landlord – HCR will pay a landlord bonus of one-month’s rent at the time of lease signing.
- iv. Tenant Stipend – HCR will provide up to \$1,000 to reimburse tenants for moving and housing search expenses. This will include but is not limited to: purchase of necessary furniture, bedding, home appliances or hook-ups; cost of transportation to secure housing; payment of any prior utility arrears; moving costs; other costs mutually agreed upon by the CoC and HCR. The CoC will review and approve these expenses on HCR’s behalf. HCR will provide reimbursements to the CoC of Stipend Payments to be provided to the household by the CoC. The CoC is permitted to advance funds to households where necessary and be re-imbursed by HCR.
- v. Repair Fund – HCR will provide up to \$1,000 to reimburse the landlord for repairs necessary to ensure the health and safety of the tenant; expenses will be approved by the inspector for HCR or its designated agent.
- vi. Security Deposit – HCR will provide the security deposit for the household.
- vii. Landlord Guarantee – Should the landlord be forced to evict the tenant for non-payment of the tenant share of rent, HCR will reimburse the landlord for losses accrued prior to the date of eviction within the first 12 months.

HCR reserves the right to adjust these incentives as necessary. All incentives are contingent upon availability of federal Section 8 funds.

## V. TERM

- A. This contract shall commence as of the Effective Date and shall terminate on September 30, 2023. The MOU may be extended by either party with mutual consent in writing.
- B. In no event shall this MOU continue in effect beyond the expiration or termination of the Act or if federal funds are no longer available.

## VI. PROCEDURES

The Parties agree that **Exhibit B**, the Data Collection Plan, sets forth the details of the Confidential Data which the CoC shall furnish to HCR or its designated agent.

## VII. CONFIDENTIALITY

- A. During the course of this MOU, it may be necessary for the CoC to share confidential information, including names, social security numbers, addresses to HCR or its designated agent in order to arrange for eligible families to receive EHV. HCR or its designated agent shall not share any of this confidential information at any time.

- B. In connection with its receipt, use, and disclosure of Confidential Data received from the CoC pursuant to this MOU, HCR or its designated agent shall ensure its staff, contractor or agents shall:
- a. Use Confidential Data received from the CoC only for the authorized purposes specified in this MOU;
  - b. Limit access to Confidential Data to the authorized employees of HCR or its designated agent and its staff, agents or contractors.
  - c. Store and maintain Confidential Data in a place and manner that is physically secure from access by unauthorized persons (e.g., locked cabinets or storage room);
  - d. Store and process Confidential Data obtained from the CoC which is maintained in an electronic format, such as magnetic tapes or discs, in such a way that unauthorized persons cannot obtain the information by any means. HCR or its designated agent shall ensure that Confidential Data are never remotely accessed or maintained in a mobile or portable device, and if it is, HCR or its designated agent shall ensure that the security is maintained in the manner outlined in this section;
  - e. Undertake precautions to limit access to disclosed Confidential Data to authorized persons;
  - f. Adopt safeguards and procedures to protect the confidentiality of Confidential Data and to limit dissemination only to authorized individuals as necessary for their work on the project.;
  - g. Not disseminate, use, or permit the dissemination or use of Confidential Data in any manner not described in this MOU without express prior written consent from the CoC;
  - h. Destroy thoroughly and irretrievably all Confidential Data received under this MOU from the CoC after completion of the purpose for which the data was disclosed is served. Upon request, HCR and its designated agent shall provide proof satisfactory to the CoC that the Confidential Data have been so destroyed, including the date of destruction and the method utilized, which method must be acceptable to the CoC;
  - i. Not make, retain, copy, duplicate, or otherwise use any copies of Confidential Data after completion of the purpose for which the data disclosed is served without prior written permission from the CoC; and
  - j. Maintain a system and/or procedures for handling, storage, use, and destruction of Confidential Data governed by this MOU sufficient to allow the CoC, and/or their designee(s) to audit compliance with this MOU.

- C. This section remains in full force and effect even after termination of the Agreement by its natural termination or the early termination by either party.
- D. The CoC, its agents, and its employees shall not disclose any documents or data received from HCR and marked as confidential. The CoC shall not make comments to the news media or in any publicly accessible, on-line forum, regarding HCR or the administration of this program without HCR's written consent.

## **VIII. COMPLIANCE**

It is the responsibility of the Parties to remain current on all federal rules, including new guidance issued by HUD during the contract period, to ensure that all staff employed for the program are properly trained and certified in accordance to HUD standards. In addition, the parties must remain current on all applicable State and Local laws, regulations and rules. Parties agree to cooperate with any program evaluation efforts undertaken by HUD, or a HUD-approved contractor, including compliance with HUD evaluation protocols and data sharing requests.

## **IX. CoC COMPENSATION FOR SERVICES**

HCR will provide the following compensation to the CoC lead agency. All compensation is subject to the availability of federal funds.

### **A. Program Set-up**

HCR agrees to provide the following total payment for the tasks listed above: \$28,000

This Payment shall be paid in four (4) quarterly installments of \$7,000 within the first 12 months of the agreement. The first payment shall be made approximately 30 days after MOU execution. If either party terminates the agreement prior to the end of the first year, HCR shall only be obligated for the quarterly payments due prior to the termination date. HCR may negotiate additional payments as necessary.

The Lead Agency shall provide a budget for this funding within the first 30 days. Budget items may include staffing and overhead, legal/consultant fees, an advance funding pool for tenant stipend costs, marketing and outreach, other expenses as approved by HCR. The Lead Agency will provide a summary of all budgeted and actual expenditures at the end of the first 12 months, and subsequently as required by HCR.

### **B. Referrals and housing searches**

In addition, HCR will pay the following for each referral who is approved for a voucher and who successfully achieves occupancy within the timeframes listed below:

- a. \$500 for HAP in place by 11/1/21 or
- b. \$250 for HAP in place by 1/1/22 or
- c. \$100 for HAP in place after 1/1/22

## **X. TERMINATION**

Either HCR or the CoC may terminate this agreement with 30 days' notice. The Notice of Termination must be issued pursuant to the Notices section of this MOU. In the event that the \$5 billion allocated for emergency housing choice voucher as promulgated by The Act becomes exhausted, unfunded, or amended such that this funding is not available then this Agreement shall terminate. The CoC shall then contact HCR for guidance in winding down the program. Nevertheless, this MOU will terminate upon the latest funding date of the Act.

The MOU may be terminated immediately if one party is found to be in default by HUD or another federal or state regulatory agency.

#### **XI. NEW YORK STATE EXECUTIVE LAW ARTICLE 15-A**

The CoC acknowledges HCR's obligation under the law to promote opportunities for minority-and women-owned business enterprises ("MWBES"). Where applicable, the CoC shall comply with the provisions of the Agency's Participation by Minority Group Members and Women Requirements and Procedures for Contracts, attached hereto and incorporated herein as **Appendix II**.

#### **XII. PROGRAM ADMINISTRATION CONTACTS**

- A. Except as otherwise specified herein, HCR's designated contact concerning programmatic questions pertaining to this MOU, shall be:

Name: Iryna Mogilevich  
Title: Deputy Director, Specialized Housing Choice Voucher Programs  
Address: New York State Homes and Community Renewal  
25 Beaver Street  
New York, NY 10004  
Phone: (718) 751-6133  
E-mail: iryna.mogilevich@nyshcr.org

HCR may designate a new or alternate contact by providing the CoC a written notice to that effect.

- B. The CoC designated contact concerning this MOU, including data requests and disclosures, shall be:

Name: Liddy Bargar  
Title: Director of Housing Initiatives  
Address: Human Services Coalition of Tompkins County  
118 North Tioga St. #304  
Ithaca, NY 14850  
Phone: (607) 273-8686 ext.241  
E-mail: lbargar@hsctc.org

The CoC may designate a new or alternate contact by providing NYSHCR a written notice to that effect.

**NOTICES**

A. All notices regarding this MOU shall be sent to:

If to HCR:	Housing Trust Fund Corporation Attn: Connie Bruno, Director Section 8 Housing Choice Voucher Program 38-40 State Street Albany, New York 12240 Connie.Bruno@nyshcr.org
If to CoC:	Human Services Coalition of TC Attn: Liddy Bargar 118 N. Tioga St. #304 Ithaca, NY 14850 lbargar@hsctc.org

B. Notice given pursuant to this section shall be in writing and effective upon receipt as evidenced by either (a) electronic mail, (b) certified mail, return receipt requested, or (c) overnight courier (such Federal Express). person and/or address for notices as set forth above may be modified or amended by written notice.

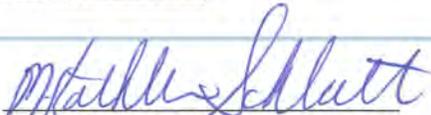
**XIII. OTHER PROVISIONS**

- A. The MOU may only be amended by the mutual consent of the Parties in writing.
- B. Nothing express or implied in this Agreement is intended to confer, nor will anything herein confer upon any person other than the Parties, any rights, remedies, obligations, or liabilities whatsoever.
- C. The CoC and HCR may not assign or transfer all or any portion of this MOU in any manner, either voluntarily or involuntarily, by operation of law or otherwise, or any interest, payment or rights hereunder without prior written consent of HCR and any assignment or transfer not so approved shall be considered null and void.
- D. Any conflict between this Agreement and the HUD’s rules, regulations, and requirements, including those set forth shall be resolved by the application of HUD’s rules, regulations, and requirements. All services under this MOU are subject to federal rules and requirements.
- E. The MOU constitutes the entire agreement between the Parties and supersedes all prior and contemporaneous agreement, understandings, negotiations or warranties or representations between the Parties in connection with the subject matter of the MOU.
- F. This MOU shall be governed by and shall be construed in accordance with the laws of the State of the New York, without any regard to any conflict of law principles thereof. The parties hereby irrevocably and unconditionally consent to submit to the exclusive jurisdiction of the state courts located in New York, NY for any actions, suits or proceedings arising out of or relating to this MOU.

- G. If any of the provisions of this MOU shall be held or made invalid by a statute, rule, regulation, decision of a tribunal or otherwise, the remainder of this MOU shall not be affected thereby and, to this extent, the provision of this MOU shall be deemed to be severable.
- H. HCR, at its discretion, may exercise its option to modify any provision in this MOU including, but not limited, on as needed basis, with mutual written consent of the parties.
- I. This MOU may be executed in one or more counterparts, each of which will be deemed the original and all of which taken together as a whole, shall constitute one and the same instrument.
- J. Upon the expiration of this MOU, all provisions of this MOU related to confidentiality and security will survive.

**CONTINUUM OF CARE LEAD ORGANIZATION**

**HOMES AND COMMUNITY RENEWAL**

By:   
 Name: Kathleen Schlather  
 Title: Executive Director

By: \_\_\_\_\_  
 Name: Rebecca Koepnick  
 Title: Chief Strategy Officer for Portfolio Preservation

Approved as to Form by Legal Counsel

Approved as to Fiscal Sufficiency:

By: \_\_\_\_\_  
 Bomopregha A. Julius, HTFC Senior Attorney

By: \_\_\_\_\_  
 Stacey Mickle, HTFC Treasurer

1E-1: Announcement of 30 Day Local Competition Deadline-Advance Public Notice of How your CoC Would Review, Rank, and Select Projects.

This Attachment Contains the Following:

1. Screenshots of Emails sent announcing the competition
2. Screenshot of Email sent as a reminder about the competition
3. Screenshot of Public Posting on CoC Website
4. Screenshot of Public Posting on Social Media
5. Agenda from Public CoC meeting with Screenshot of email invitation
6. Full RFP as posted

1E-1: Announcement of 30 Day Local Competition Deadline-Advance Public Notice of How your CoC Would Review, Rank, and Select Projects.

**1. Screenshots of Emails sent announcing the competition**



## FY2021 HUD CoC Competition Now Open! External Listserv x



**Liddy Bargar** via [list.cornell.edu](mailto:list.cornell.edu)

to Listserv ▾

10:51 AM (4 hours ago)



Hello All,

On August 18, HUD released its FY 2021 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO). Through the NOFO, over \$2.6 billion in competitive funding will be made available to homeless services organizations across the country for supportive services and housing programs for people experiencing homelessness. The NOFO will also provide an additional \$102 million for new rapid re-housing, supportive services, and other activities critical to assist survivors of domestic violence, date violence, sexual assault, or stalking. This is the first CoC NOFO to be released since the COVID-19 pandemic as HUD was granted the authority to renew grants without a NOFO in FY 2020.

Collaborative applications are due November 16, 2021. The NOFO can be viewed in full [here](#).

Local renewal applications, and new project applications are due October 10th at 12:00 PM and can be submitted via E-snaps. Information about accessing e-snaps can be found [here](#).

Our local RFP will be posted shortly on [hsctc.org](http://hsctc.org) along with our updated written standards and ranking.

CoCs can renew existing projects, apply for new projects, and reallocate resources from lower performing projects to better serve people experiencing homelessness. The FY 2021 NOFO also invites Indian Tribes and Tribally Designated Housing entities (TDHE) to apply for grants. HUD is specifically seeking projects that:

- End homelessness for all persons experiencing homelessness;
- Use a Housing First approach;
- Reduce unsheltered homelessness and reduce the criminalization of homelessness;
- Improve system performance;
- Partner with housing and health agencies, including to leverage and coordinate American Rescue Plan resources;
- Advance racial equity and addressing racial disparities in homelessness; and
- Engage people with lived experience of homelessness in decision-making

I am looking forward to seeing all of your brilliant proposals! Do not hesitate to reach out if you have questions about anything!

—

Liddy Bargar  
Director of Housing Initiatives  
Human Services Coalition  
(607)273-8686  
[lbargar@hsctc.org](mailto:lbargar@hsctc.org)



# CoC Funding Competition is Open. Seeking New Projects!!

External



Inbox x



**Liddy Bargar** <lbargar@hsctc.org>

Tue, Sep 14, 4:23 PM



to me, bcc: edward.bergman, bcc: jbowes, bcc: kasmolen, bcc: lholmes, bcc: Rhonda, bcc: Shaun.McNeil, bcc: Stacy.McNeil, bcc: toulousifer, bcc: Aaron, bcc: Adelia, bcc: Amie, bcc: Angela, bcc: /

Hello All,

On August 18, HUD released its FY 2021 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO). Through the NOFO, over \$2.6 billion in competitive funding will be made available to homeless services organizations across the country for supportive services and housing programs for people experiencing homelessness. The NOFO will also provide an additional \$102 million for new rapid re-housing, supportive services, and other activities critical to assist survivors of domestic violence, date violence, sexual assault, or stalking. This is the first CoC NOFO to be released since the COVID-19 pandemic as HUD was granted the authority to renew grants without a NOFO in FY 2020.

Collaborative applications are due November 16, 2021. The NOFO can be viewed in full [here](#)

Local renewal applications, and new project applications are due October 10th at 12:00 PM and can be submitted via E-snaps. Information about accessing e-snaps can be found [here](#)

Our local RFP is posted on [hsctc.org](https://hsctc.org) along with our updated written standards and ranking and review process.

CoCs can renew existing projects, apply for new projects, and reallocate resources from lower performing projects to better serve people experiencing homelessness. The FY 2021 NOFO also invites Indian Tribes and Tribally Designated Housing entities (TDHE) to apply for grants. HUD is specifically seeking projects that:

- End homelessness for all persons experiencing homelessness;
- Use a Housing First approach;
- Reduce unsheltered homelessness and reduce the criminalization of homelessness;
- Improve system performance;
- Partner with housing and health agencies, including to leverage and coordinate American Rescue Plan resources;
- Advance racial equity and addressing racial disparities in homelessness; and

1E-1: Announcement of 30 Day Local Competition Deadline-Advance Public Notice of How your CoC Would Review, Rank, and Select Projects.

**2. Screenshot of Email sent as a reminder about the competition**

# Local CoC Competition Deadline is 10/10!! Apply now!

Inbox x

Liddy Bargar <lbargar@hsctc.org>

Thu, Oct 7, 11:55 AM

to me, bcc: edward.bergman, bcc: jbowes, bcc: kasmolen, bcc: lholmes, bcc: Rhonda, bcc: Shaun.McNeil, bcc: Stacy.McNeil, bcc: toulousifer, bcc: Aaron, bcc: Adelia, bcc: Amie, bcc: Angela, bcc: /

Hello All,

The local Continuum of Care funding competition will be closing soon and I don't want to miss your applications!!

**Local renewal applications, and new project applications are due October 10th at 12:00 PM** and can be submitted via E-snaps. Information about accessing e-snaps can be found [here](#)

Our local RFP is posted on [hsctc.org](https://hsctc.org) along with our updated written standards and ranking and review process.

CoCs can renew existing projects, apply for new projects, and reallocate resources from lower performing projects to better serve people experiencing homelessness. The FY 2021 NOFO also allows Indian Tribes and Tribally Designated Housing entities (TDHE) to apply for grants. HUD is specifically seeking projects that:

- End homelessness for all persons experiencing homelessness;
- Use a Housing First approach;
- Reduce unsheltered homelessness and reduce the criminalization of homelessness;
- Improve system performance;
- Partner with housing and health agencies, including to leverage and coordinate American Rescue Plan resources;
- Advance racial equity and addressing racial disparities in homelessness; and
- Engage people with lived experience of homelessness in decision-making

We are actively seeking new projects and I would love to talk to you more about the funding competition!

1E-1: Announcement of 30 Day Local Competition Deadline-Advance Public Notice of How your CoC Would Review, Rank, and Select Projects.

**3. Screenshot of Public Posting on CoC Website**

# CoC Program Competition (NOFA)

*HUD has announced that the FY2021 CoC Program Competition is now open. Local renewal applications, and new project applications are due October 10th at 12:00 PM and can be submitted via E-snaps.*

[Information about accessing e-snaps](#)

[FY2021 CoC Request for Proposals](#)

The Human Services Coalition of Tompkins County, the lead agency for the Ithaca/Tompkins Continuum of Care, serves as the collaborative applicant for the annual HUD (Housing and urban Development) competitive grant process for homeless funding, the CoC Program Competition (NOFA). The CoC submits an annual application requesting funding to support the homeless service providers in Tompkins County. As part of this competitive grant process, the CoC calls for project applicants to submit proposals for housing and services to serve chronically homeless and literally homeless individuals and families. The CoC requests new projects that are in accordance with CoC and HUD's priorities to end homelessness.

Project applicants should carefully review the [Ithaca/ Tompkins CoC NY-510 Written Standards](#), which details CoC's expectations for agencies receiving funding through the CoC.

For details on project priorities, submission requirements, threshold requirements and all other information relevant to the FY2021 NOFA, please review documents in the drop-down menu below. Please address any questions to Liddy Bargar at [lbargar@hsctc.org](mailto:lbargar@hsctc.org).

- FY2021

[FY 2021 NOFA](#)

[FY2021 CoC Estimated ARD](#)

[Updated NY-510 CoC Written Standards](#)

[FY2021 Request for Proposals](#)

[FY2021 Rank and Review Tool](#)

[FY2021 Rank and Review Process](#)

+ FY2019

All communities requesting assistance from HUD's (US Department of Housing & Urban Development) McKinney-Vento Homeless Assistance Act are required to develop or participate in a CoC system.

1E-1: Announcement of 30 Day Local Competition Deadline-Advance Public Notice of How your CoC Would Review, Rank, and Select Projects.

**4. Screenshot of Public Posting on Social Media**

 **Human Services Coalition of T...** [Contact Us](#) [Liked](#) [Message](#)

**Happening NOW with Kelly White from I...**  
2  
91 Views · 4 years ago

**Page Transparency** [See All](#)  
Facebook is showing information to help you better understand the purpose of a Page. See actions taken by the people who manage and post content.  
Page created - October 19, 2010

- Related Pages**
-  **Tompkins County Office ...**  
Suzanne Smith Jablonski likes t...  
Government Organization [Like](#)
  -  **Tompkins County Board ...**  
Suzanne Smith Jablonski likes t...  
Government Organization [Like](#)
  -  **Peer Advocates of Cayuga**

 **Human Services Coalition of Tompkins County**  
August 20 at 1:28 PM · 🌐

The FY2021 HUD CoC Program Competition is Now Open!  
On August 18, HUD released its FY 2021 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).  
Local renewal applications, and new project applications are due October 10th at 12:00 PM.  
Our local RFP as well as other details can be found on our website at <https://hsctc.org/coc-nofa/>



[Like](#) [Comment](#) [Share](#)

1E-1: Announcement of 30 Day Local Competition Deadline-Advance Public Notice of How your CoC Would Review, Rank, and Select Projects.

**5. Agenda from Public CoC meeting with Screenshot of email invitation**

# Continuum of Care Meets Tuesday 9/7 @ 1:30. Join Us!

External



Inbox x



Liddy Bargar <lbargar@hsctc.org>

Mon, Sep 6, 11:10 AM



to me, bcc: edward.bergman, bcc: jbowes, bcc: kasmolen, bcc: lholmes, bcc: Rhonda, bcc: Shaun.McNeil, bcc: Stacy.McNeil, bcc: toulousifer, bcc: Aaron, bcc: Adelia, bcc: Amie, bcc: Angela, bcc: /

Hello All,

Please consider joining us for the first **meeting** of the full **CoC** since our summer "break". We will **meet** Tuesday 9/7 at 1:30 PM via Zoom. Invitation below.

There will be a **CoC** 101 presentation which will offer a brief refresher for continuing members and on-boarding for interested individuals.

We will provide updates about current happenings in the homeless response system, share information about the annual funding competition (OPEN NOW!) and set our areas of focus for the upcoming year.

I really truly hope to see you there, we have important work to do!

Human Services Coalition is inviting you to a scheduled Zoom **meeting**.

Topic: Continuum of Care

Time: Sep 7, 2021 01:30 PM Eastern Time (US and Canada)

Join Zoom **Meeting**

<https://us02web.zoom.us/j/85602736794?pwd=bGtpRIQxd294Nk5lTm5lK0tWOHQwUT09>

**Meeting** ID: 856 0273 6794

Passcode: 508606

Best,

1E-1: Announcement of 30 Day Local Competition Deadline-Advance Public Notice of How your CoC Would Review, Rank, and Select Projects.

**6. Full RFP as posted**

**TO:** Interested Agencies  
**FROM:** Human Services Coalition of Tompkins County  
**DATE:** August 19, 2021  
**SUBJ:** Continuum of Care New Project Request for Proposal

---

U.S. Department of Housing and Urban Development (HUD)'s [Continuum of Care Competition](#) is an annual, competitive funding opportunity for CoC's nationwide to support projects serving homeless individuals, families and unaccompanied youth. The Human Services Coalition acts as the Collaborative Applicant and is responsible for submitting the annual grant, reviewing renewal projects and determining eligibility of new project applications.

This document is a request for new project proposals that will follow the CoC and HUD project priorities outlined below. Projects that were funded in the FY2021 Program Competition will renew their applications via Esnaps and need not respond to this RFP. Renewal projects will be scored and ranked based on renewal criteria. Expansions to renewal projects will be considered new projects, and will be scored and ranked based on new project criteria. As per HUD guidelines, all projects, new and renewal, must be scored and ranked based on objective scoring criteria. Project applicants can review the CoC Ranking Tool [here](#).

The local RFP has normally been a two-step process, with new and renewal project applicants required to submit an application via the CoC New or Renewal Project Application and, if chosen, then submit an application via the CoC grant submission site. However, for FY2021, the CoC is requiring all project applicants submit their applications via E-snaps, the CoC's grant submission website. This change is taking effect in order to ensure the CoC Ranking committee has complete, accurate, and relevant information when reviewing applications. Details on accessing E-snaps can be found [here](#).

Projects put forward with the FY2021 application to HUD will be selected by the Continuum of Care's Ranking Committee. Final decisions regarding awards will be made by HUD via the national competition.

**THE HUMAN SERVICES COALITION MUST RECEIVE LOCAL APPLICATIONS ON OR BEFORE 12PM ON OCTOBER 10th 2021. APPLICATIONS SUBMITTED AFTER THIS DEADLINE WILL NOT BE CONSIDERED FOR FUNDING. APPLICANTS WILL BE NOTIFIED NO LATER THAN NOVEMBER 1ST IF THEY WILL BE CONSIDERED FOR FUNDING.**

FY2021 Annual Renewal Demand Amounts can be found [Here](#).

If you have any other questions or need further information, please contact:

Liddy Bargar, Continuum of Care Coordinator 607-273-8686 ext. 241 or [lbargar@hsctc.org](mailto:lbargar@hsctc.org)

Kathy Schlather, Executive Director 607-273-8686 ext. 228 or [kschlather@hsctc.org](mailto:kschlather@hsctc.org)

**FY2021 HUD Priority and CoC New Project Request**

**Application could be a new project, or expansion to an existing project of the following types:**

### **1. Permanent Supportive Housing (PSH) primarily serving chronically homeless person**

CoC will only accept PSH applications dedicated to chronically homeless, including projects who serve singles and families. However, if there are no chronically homeless persons found at any point in time when a bed is available, the PSH program will take clients based on Order of Priority stated in Coordinated Entry Policy and Procedure found on the CoC website. Applicants must demonstrate how they will implement a Housing First model.

**2. Rapid Rehousing** is a program that intends to help individuals and families quickly exit homelessness and return to permanent housing by providing housing search, ongoing case management, and short term to medium term rental assistance. This program can serve individuals and families, including youth, coming directly from the streets or emergency shelters, or fleeing domestic violence situations and other persons meeting the criteria of category(4) of the definition of homeless. Individuals served under this program must be literally homeless. Applicants must demonstrate how they will implement a Housing First model.

**2a. DV/Rapid Rehousing (RRH).** HUD has announced a \$120mil DV/ RRH set-aside for CoC's. This DV/RRH program is designed specifically for survivors of domestic violence, although DV-specific agencies are not the only agencies that can apply. The CoC encourages project applicants to confer with local DV providers prior to submitting an application. Applicants should demonstrate how they will implement a Housing First model in this program, how they will work with the current coordinated entry system and provide specifics on which HMIS comparable database they are using and will use for this program. The CoC can create up to (3) three new DV/RRH projects under this set-aside. The following project types can be considered:

- *PH/RRH* projects dedicated to serving survivors of domestic violence
- *Joint TH & PH/RRH* component projects dedicated to serving survivors of domestic violence
- *SSO (support services only)* -coordinated entry projects to implement policies, procedures and practices that equip the CoC's coordinated entry (CAT) to better meet the needs of survivors of domestic violence.

**3. Joint Transitional Housing (TH) and Permanent Housing-Rapid Rehousing(PH-RRH)** This project is required to combine TH and PH-RRH into a single project to serve individuals and families experiencing homelessness; Project will be required to adopt Housing First Approach and commit to housing people as soon as possible without pre-conditions. The Transitional Housing component should be use as interim housing/bridge for youth who cannot obtain their own housing because they are under 18 years of age. Program participants are not required to use both components. If funded, HUD will limit eligible costs as follows:

- leasing of structure or units, and operating costs to provide transitional housing;
- short-or medium-term tenant-based rental assistance on behalf of program participants to pay for RRH;
- supportive services;
- HMIS; and
- project administrative costs

**4. SSO- Coordinated Entry (Support Services Only).** Assess, divert and prioritized clients based on the CoC coordinated assessment. (This category can only be funded through reallocation. Reallocation amount will not be available until after reviewing all renewal projects. )

All new project applicants must meet threshold requirements to be considered for funding. New project applicants are strongly encouraged to read the complete Notice of Funding Availability found on the CoC's webpage. Ranking tools, process for reallocation and prior NOFA's are also available on the CoC's webpage. The following pages contains new project threshold requirements, and relevant definitions:

#### GRANT TERMS:

- Grant terms are generally (1) one year
- New projects requesting new construction, acquisition or rehabilitation must request a minimum of a (3) three year grant term
- Any new project requesting DV/RRH may only request a (1) one year grant term, regardless of project type

#### COC THRESHOLD REQUIREMENTS:

- Projects must agree to use Housing First Approach
- Projects must agree to use Coordinated Entry
- Project must agree to participate in HMIS
- Project must demonstrate a 25% match in cash or in-kind
- Applicants are required to have a [DUNS and SAM number](#)
- Project is financially feasible
- Documented financial stability of applicant as per agency budget
- Project has reasonable costs
- Application is complete and data is consistent
- Applicant is an active member of the CoC or agrees to become an active member
  - preference will be given to active members

#### HUD THRESHOLD REQUIREMENT

1. Applicant has active SAM registration with current information.
2. Applicant has valid DUNS number in application.
3. Applicant has no Outstanding Delinquent Federal Debts - It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds, unless: (a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or (b) Other arrangements satisfactory to HUD are made before the award of funds by HUD.
4. Applicant has no Debarments and/or Suspensions - In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government.
5. Applicant has Accounting System - HUD will not award or disburse funds to applicants that do not have a financial management system that meets federal standards as described at 2 CFR 200.302. HUD may arrange

for a survey of financial management systems for applicants selected for award who have not previously received federal financial assistance or where HUD Program officials have reason to question whether a financial management system meets federal standards, or for applicants considered high risk based on past performance or financial management findings.

6. Disclosed any violations of Federal criminal law - Applicants must disclose in a timely manner, in writing to HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.338, Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose to the pass-through entity from which it receives HUD funds.

7. Demonstrated they are Eligible Project Applicants - Eligible project applicants for the CoC Program Competition are, under 24 CFR 578.15, nonprofit organizations, States, local governments, and instrumentalities of State and local governments. Public housing agencies, as such term is defined in 24 CFR 5.100, are eligible without limitation or exclusion. Neither for-profit entities nor Indian tribes are eligible to apply for grants or to be subrecipients of grant funds.

8. Submitted the required certifications as specified in the NOFA (i.e, certification the project is consistent with the local Consolidated Plan).

9. Demonstrated the project is cost-effective, including costs of construction, operations, and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.

10. Demonstrated they participate in HMIS, or will be willing to - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards. While not prohibited from using HMIS, legal services providers may use a comparable database that complies with federal HMIS data and technical standards, if deemed necessary to protect attorney client privilege.

11. Demonstrated Project Meets Minimum Project Standards - HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. Please note that these are minimum threshold criteria. To be considered as meeting project quality threshold, all new projects must meet all of the following criteria: (a) Project applicants and potential subrecipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the SHP, S+C, or CoC Program, as evidenced by timely reimbursement of subrecipients, regular drawdowns, and timely resolution of any monitoring findings;

(b) For expansion projects, project applicants must clearly articulate the part of the project that is being expanded. Additionally, the project applicants must clearly demonstrate that they are not replacing other funding sources; and,

(c) Project applicants must demonstrate they will be able to meet all timeliness standards per 24 CFR 578.85. Project applicants with existing projects must demonstrate that they have met all project renewal threshold requirements of this NOFA. HUD reserves the right to deny the funding request for a new project, if the request is made by an existing recipient that HUD finds to have significant issues related to capacity, performance, unresolved audit or monitoring finding related to one or more existing grants, or does not routinely draw down

funds from eLOCCS at least once per quarter. Additionally, HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.

12. Demonstrated Project is Consistent with Jurisdictional Consolidated Plan(s) - All projects must be consistent with the relevant jurisdictional Consolidated Plan(s). The CoC will be required to submit a Certification of Consistency with the Consolidated Plan at the time of application submission to HUD.

### **DEFINITIONS:**

#### **HOUSING FIRST/LOW BARRIER:**

Ensures that potential program participants are not screened out based on the following items:

- Having too little or no income
- Active history or current substance abuse
- Criminal records, with the exceptions for state-mandated restrictions
- History of domestic violence

Projects must ensure that participants are not terminated from the program for the following reasons:

- Failure to participate in supportive service plan
- Failure to make progress on service plan
- Loss of income or failure to improve income
- Being a victim of domestic violence

#### **PERMANENT SUPPORTIVE HOUSING:**

Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

#### **RAPID RE-HOUSING:**

Housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.

#### **CHRONICALLY HOMELESS:**

An unaccompanied homeless individual with a disabling condition, or an adult member of a homeless family who has a disabling condition, who has either been continuously homeless for a year or more, OR has had at least four (4) occasions of homelessness in the past 3 years, where all combined occasions has to total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation in an emergency shelter, or in a safe haven. The term "homeless," in this case, means a person sleeping in a place not meant for human habitation (e.g., living on the streets), in an emergency homeless shelter, or in a Safe Haven as defined by HUD.

#### **DISABLING CONDITION:**

A disabling condition is defined as: (1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes an individual's ability to live independently, and of such a nature that the disability could be improved by more suitable conditions; (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agent for acquired immune deficiency syndrome; or (5) a diagnosable substance abuse disorder. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

## HOMELESS:

The New Homeless Definition (effective 1/4/2012 under the HEARTH act) has four categories:

- (i) *Category 1 – (Homeless) Literally Homeless*: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: An individual or family with a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (ii) An individual or family living in a supervised 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, or local government programs for low-income individuals); or
- (iii) An individual who is exiting an institution (e.g., jail, hospital)
  - a. where he or she resided for 90 days or less **AND**
  - b. resided in an emergency shelter or place not meant for human habitation immediately before entering the institution

*Category 2 – (Homeless) Within 14 days of losing home*: An individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) The primary nighttime 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, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing

*Category 3 – (Homeless) Youth/Children*: Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- (iv) Meet the homeless definition under another federal statute; **AND**
- (v) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; **AND**
- (vi) Have experienced persistent instability as measured by two moves or more during the sixty day period immediately preceding the date of application for homeless assistance; **AND**
- (vii) Can be expected to continue in such status for an extended period of time because of chronic disabilities, OR chronic physical health or mental health conditions, OR substance addiction, OR histories of domestic violence or childhood abuse (including neglect), OR the presence of a child or

youth with a disability, OR two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment

*Category 4 – (Homeless) Fleeing Domestic Violence: Any individual or family who:*

- Is fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- Has no other residence; **AND**
- Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

## 1E-2 Project Review and Ranking Process the CoC used in its Local Competition

This attachment details the Rank and Review Process for NY-510. The attachment contains the following:

1. NY-510 Rank and Review Process
2. Blank New and Renewal Scoring Tool
3. A Copy of One Scored Application Form
4. Final Project Scores for Ranked New and Renewal Projects

1E-2 Project Review and Ranking Process the CoC used in its Local Competition

**1. NY-510 Rank and Review Process**

ITHACA / TOMPKINS COUNTY CONTINUUM OF  
CARE  
(CoC NY-510)

Ranking and Review Process for FY2021  
Program Competition

# Ithaca/Tompkins CoC Ranking and Review Process 2021

---

The Human Services Coalition of Tompkins County, the lead agency for the Ithaca/Tompkins Continuum of Care (CoC), serves as the collaborative applicant for the annual Department of Housing and Urban Development (HUD) competitive grant process for homeless funding. The CoC submits the application each year requesting funding to support the homeless service providers in the geographic area. As part of this grant process, the CoC calls for project applicants to submit proposals for housing and services dedicated to homeless individuals and families. The annual competition is usually a two-step process, however for the FY2021 funding round, the CoC is requiring all projects applicants to submit an electronic application through [Esnaps](#), the CoC grant portal. Applicants must submit their application in Esnaps on or before Sunday, October 10<sup>th</sup> to be considered for funding.

The CoC's Ranking Committee will review new and renewal project applications, and use objective scoring criteria to determine appropriate funding. After eligible projects are reviewed and ranked, the Ranking committee submits funding recommendations to the full CoC membership for comment. The full CoC membership then votes to submit the Collaborative Application and Project Ranking.

New and renewal projects will be reviewed and ranked according to CoC and HUD priorities, as well as the overall impact on the CoC system performance. Lower performing renewal projects can be reallocated to higher performing renewals or new projects that advance CoC priorities and have a positive impact on overall system performance.

*Project applicants serving survivors of domestic violence must use a comparable Homeless Management Information System (HMIS) data base which will allow submission of project performance data to the Ranking committee.*

As part of this competitive grant process, project applicants will be reviewed and ranked using the [CoC Ranking Tool](#), which is aligned with the [CoC's Written Standards](#), and HUD's priorities.

# Ithaca/Tompkins CoC Ranking and Review Process 2021

---

## **\*FY2021 HUD Funding Availability for NY-510 CoC:**

Total Annual Renewal Demand (ARD): \$209,251

Total Final Pro Rata Need (FPRN): \$ 514,712

Tier I: \$ 209,251

CoC Bonus: \$25,736

Bonus for projects serving survivors of DV: \$77,207

**Total amount of funding available in Tier I: \$ 209,251\***

**Total amount of funding available in Tier II: \$ 25,736\***

*\*Does not include DV bonus. Based on ranking of DV projects, the DV bonus can be ranked in Tier I or Tier II*

Projects receiving the highest scores during the objective review and ranking process will be placed in Tier I. Lower performing projects will be placed lower in Tier I or in Tier II. New and renewal projects will compete for rankings in Tier I or Tier II. Lower performing projects may be reallocated to support higher performing new or renewal projects.

New projects will be able to apply under the Permanent Supportive Housing Bonus, the DV PH-RRH set aside, or through the process for reallocation.

**Renewal Projects** will be scored based on last year's APR and FY21 applications submitted in Esnap. The CoC will consider project impact on overall CoC system performance, including the following general categories:

- Stability of housing
  - % of participants who retained or exited to permanent housing
- Impact on participant's income
  - % of participants who increased earned or unearned income
- Serving high-needs populations
  - % of participants entering directly from shelter or streets
- Project effectiveness
  - Project is cost effective and aligns with goals and system performance

# Ithaca/Tompkins CoC Ranking and Review Process 2021

---

**New Projects** will not have APRs to consider, but will be ranked based on the project impact on overall CoC system performance and the following general criteria:

- Agency experience
- Design of housing and support services
- Timeliness
- Financial experience

**All projects must meet the CoC and HUD threshold requirements as outlined in the Ranking Tool and COC Request for Proposals. Applicants should thoroughly read the [Notice of Funding Opportunity](#) , [COC RFP](#), and [Ranking Tool](#) .**

## Reallocation

New and renewal projects will compete for Tier I rankings. Renewal projects that are not performing up to the CoC standards can be reduced or entirely eliminated through reallocation and the funds utilized for one or more new projects, or to higher performing renewal projects.

Reallocation can occur under the following circumstances:

- Current funded project declines to renew their project
- Current funded project adjusts their budget to a lower amount
- Current funded project voluntarily reallocates funding to a new project
- Ranking Committee made decision to partially or fully reallocate current funded projects based on performance or HUD priorities

Underperforming projects can be defined as follows:

- Low utilization rate
- Has not participated in Coordinated Assessment
- Not serving the target population
- Has a program that does not align with HUD priorities anymore (i.e., Housing First approach)
- Misuse of federal funds
- Program design has a negative impact on systems performance and overall CoC score

## Appeals Process

### 1. Who May Appeal?

An agency may appeal a decision concerning a project application submitted by that agency

### 2. What May Be Appealed?

The appeals process applies only to project scoring and ranking. *There is no appeal for project tiering.*

An appeal may **not** be submitted if:

- all questions on the application were **not** completed
- all required attachments were **not** submitted with the application
- the application was **not** submitted by the required deadline

### 3. Timing of an Appeal

Formal appeals may only be submitted by a project within **three (3) business days** of a project receiving their ranking. Appeals must be submitted in writing to the Collaborative Applicant, who will then forward to the Ranking Committee. The written appeal must consist of a brief statement no longer than one page, and can be in the form of a letter, memo or email. Any appeal via email must be sent to the Human Services Coalition, [lbargar@hsctc.org](mailto:lbargar@hsctc.org), the Collaborative Applicant and Lead Agency.

### 4. Appeals Decisions

The Ranking committee and the CoC Governance committee will review all appeals. Appeals are decided by majority vote and may not be overturned by the full CoC.

## Funding

Funding is at the discretion of HUD. The CoC is not fully responsible for HUD's decision to eliminate funding based on ARD or Pro Rata Need. The overall CoC performance measure contributes to the amount received, which means higher performing projects are vital to ensuring continued funding through this competition.

1E-2 Project Review and Ranking Process the CoC used in its Local Competition

**2. Blank New and Renewal Scoring Tool**

## NAVIGATION

- GO Customize Threshold Requirements
- GO Customize Renewal/Expansion Rating Tool
- GO Customize New Rating Tool

## CUSTOMIZE NEW AND RENEWAL/EXPANSION PROJECT THRESHOLD REQUIREMENTS

### CoC Threshold Requirements

- Coordinated Entry Participation
- Housing First and/or Low Barrier Implementation
- Documented, secured minimum match
- Project has reasonable costs per permanent housing exit, as defined locally
- Project is financially feasible
- Applicant is active CoC participant
- Application is complete and data are consistent
- Data quality at or above 90%
- Bed/unit utilization rate at or above 90%

*(Uncheck any requirements you do not wish to include.)*

*(The first five requirements are process either as Threshold Rec...)*

## CUSTOMIZE RENEWAL/EXPANSION PROJECT RATING TOOL

*Uncheck any rating factor you do not wish to include. If desired, adjust the factor/goal and point value for each measure. You can add additional locally-defined criteria below. See the Data Source Chart for information about where to obtain data to use in scoring.*

### Performance Measures

#### Length of Stay

- RRRH - On average, participants spend XX days from project entry to residential move-in
- TH - On average, participants stay in project XX days

Factor/Goal	Max Point Value
-------------	-----------------

15 days	20 points
180 days	20 points

#### Exits to Permanent Housing

- RRRH - Minimum percent move to permanent housing
- PSH - Minimum percent remain in or move to permanent housing
- TH - Minimum percent move to permanent housing

75 %	25 points
75 %	25 points
75 %	25 points

#### Returns to Homelessness (if data is available for project)

- Maximum percent of participants return to homelessness within 12 months of exit to permanent housing

15 %	15 points
------	-----------

#### New or Increased Income and Earned Income

- Minimum new or increased earned income for project stayers
- Minimum new or increased non-employment income for project stayers
- Minimum new or increased earned income for project leavers
- Minimum new or increased non-employment income for project leavers

10 %	2.5 points

### Serve High Need Populations

- Project focuses on chronically homeless people ▼

- RRRH- XX% of participants are chronically homeless
- PSH- XX% of participants are chronically homeless
- TH- XX% of participants are chronically homeless

50 %	20 points
------	-----------

### Project Effectiveness

- Project has reasonable costs per permanent housing exit as defined locally
- Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)

5 %	20 points
95 %	10 points

CUSTOMIZE RATING CRITERIA

Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures 10 points

**Other and Local Criteria**

Applicant Narrative that CoC Scores 10 points

SOAR 5 points

- Project is operating in conformance with CoC Standard

<b>Total Maximum Score</b>	PSH projects:	125	points
	TH projects:	125	points
	RRH projects:	125	points

**ING TOOL**

**Experience**

**Factor/Goal Max Point Value**

- A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing 15 points
- B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases. 10 points
- C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants. 5 points

**Design of Housing & Supportive Services**

- A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performance measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks. 15 points
- B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs. 10 points
- C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently. 10 points

**Timeliness**

- A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award. 10 points

**Financial**

- A. Project is cost-effective when projected cost per person served is compared to CoC average within project type. 5 points
  - B. Organization's most recent audit:
    - 1. Found no exceptions to standard practices 3 points
    - 2. Identified agency as 'low risk' 3 points
    - 3. Indicates no findings 4 points
- C. Documented match amount meets HUD requirements. 5 points
- D. Budgeted costs are reasonable, allocable, and allowable. 20 points

**Project Effectiveness**

- Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals 95 % 10 points

## Other and Local Criteria

---

---

**Total Maximum Score**

All projects: **125** points

1E-2 Project Review and Ranking Process the CoC used in its Local Competition

**3. A Copy of One Scored Application Form**

## RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: Amici House (6)  
 Organization Name: Tompkins Community Action  
 Project Type: PSH  
 Project Identifier: 6

RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE	POINTS AWARDED	MAX POINT VALUE
<b>PERFORMANCE MEASURES</b>				
<b>Length of Stay</b>				
Permanent Supportive-Housing	On average, participants are placed in housing 15 days after referral to PSH	<input type="text" value="37"/> days	<input type="text" value="10"/> out of	20
<b>Exits to Permanent Housing</b>				
Permanent Supportive-Housing	90% remain in or move to PH	<input type="text" value="90"/> %	<input type="text" value="25"/> out of	25
<b>Returns to Homelessness</b>				
Within 12 months of exit to permanent housing	≤ 15% of participants return to homelessness within 12 months of exit to PH	<input type="text" value="4"/> %	<input type="text" value="12"/> out of	15
<b>New or Increased Income and Earned Income</b>				
Earned income for project stayers	8%+ of participants with new or increased income	<input type="text" value="7%"/> %	<input type="text" value="2.0"/> out of	2.5
Non-employment income for project stayers	10%+ of participants with new or increased income	<input type="text" value="0"/> %	<input type="text" value="0.0"/> out of	2.5
Earned income for project leavers	8%+ of participants with new or increased income	<input type="text" value="7%"/> %	<input type="text" value="2.0"/> out of	2.5
Non-employment income for project leavers	10%+ of participants with new or increased income	<input type="text" value="0"/> %	<input type="text" value="0.0"/> out of	2.5
<b>Performance Measures Subtotal</b>			<b>51</b>	<b>out of 70</b>
<b>SERVE HIGH NEED POPULATIONS</b>				
Permanent Supportive-Housing	Assessment score for participants indicates PSH with 95% at highest end of PSH range	<input type="text" value="100"/>	<input type="text" value="20"/> out of	20
<b>Serve High Need Populations Subtotal</b>			<b>20</b>	<b>out of 20</b>
<b>PROJECT EFFECTIVENESS</b>				
Project has reasonable costs	Costs are within local average cost per positive housing exit for project type	<input type="text" value="Y"/>	<input type="text" value="20"/> out of	20
Coordinated Entry Participation	≥ 95% of entries to project from CE referrals	<input type="text" value="100%"/> %	<input type="text" value="10"/> out of	10
Housing First and/or Low Barrier Implementation	Commits to applying Housing First model	<input type="text" value="Y"/>	<input type="text" value="10"/> out of	10
<b>Project Effectiveness Subtotal</b>			<b>40</b>	<b>out of 40</b>
<b>OTHER AND LOCAL CRITERIA</b>				
CoC Monitoring Score	Project is operating in conformance to CoC standards	<input type="text" value="10"/>	<input type="text" value="10"/> out of	10
<b>Other and Local Criteria Subtotal</b>			<b>10</b>	<b>out of 10</b>
<b>TOTAL SCORE</b>			<b>121</b>	<b>out of 140</b>
<b>Weighted Rating Score</b>			<b>86</b>	<b>out of 100</b>

### PROJECT FINANCIAL INFORMATION

CoC funding requested	<small>NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab</small>	<b>\$ 83,525</b>
Amount of other public funding (federal, state, county, city)		
Amount of private funding		
<b>TOTAL PROJECT COST</b>		<b>\$ 83,525</b>
CoC Amount Awarded Last Operating Year	<small>NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab</small>	<b>\$ 83,525</b>
CoC Amount Expended Last Operating Year	<small>NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab</small>	<b>\$ -</b>
<b>Percent of CoC funding expended last operating year</b>		<b>0%</b>

1E-2 Project Review and Ranking Process the CoC used in its Local Competition

**4. Final Project Scores for Ranked New and Renewal Projects**

**NY-510 Ithaca/Tompkins County FY2021 Continuum of Care Competition  
Recommended Project Ranking and Funding Allocation**

**Tier I will be \$209,251.00 (100% Annual Renewal Demand)**

**Tier II will be \$25,736.00 for CoC Bonus** (Note: Tier II Funding and CoC Bonus are not guaranteed.)

Ranking was based on objective scoring criteria. To review criteria, please review the New and Renewal Project Ranking Tools on the CoC Website.

Ranking Procedure: New Projects with a weighted score 95 or higher were given higher priority than projects with a weighted score below 70. For example:

- Renewal Project scoring 70-100
- New Project scoring 95-100
- Renewal Project scoring below 70
- New Project scoring below 95

Funding Recommendations for Tier I: Renewal Projects receiving a weighted score of 80 or higher were awarded full funding.

<b>Tier I</b>					
Rank	Projects Received	New/Renewal	Score	FY2021 Request	Recommended Tier 1 Funding Submission
1	Chartwell House (TCAction)	Renewal	91	\$44,350.00	\$44,350.00
2	Amici House (TCAction)	Renewal	86	\$83,525.00	\$83,525.00
3	Magnolia House (TCAction)	Renewal	81	\$43,719.00	\$43,719.00
4	SJCS Permanent Supportive Housing (St. Johns Community Service)	New	76	\$63,393.00	\$37,657.00
Total				\$234,987.00	\$209,251.00

\*Note: SJCS Permanent Supportive Housing straddles Tiers I & II, which is why it appears in both tables

**Total Amount from Annual Renewal Demand: \$234,987.00**

**Amount available to projects: \$234,987.00**

<b>Tier II</b>					
Rank	Projects Received	New/Renewal	Score	FY2021 Request	Recommended Tier 2 Funding Submission
1	SJCS Permanent Supportive Housing (St. Johns Community Service)	New	76	\$63,393.00	\$25,736.00
Total				\$63,393.00	\$25,736.00

<b>Not Ranked:</b>	Lakeview SROs (Lakeview Mental Health)	Reallocate	Not Rated	N/A	\$0.00
--------------------	--	------------	-----------	-----	--------

CoC Ranking Committee: K. Schlather, N. Bohn, D. Bodner, M. Mcdowell, A. Hendrix, S. Chace

Projects Ranked: 10/18/2021 and 10/29/2021

Prepared By: Liddy Bargar and Simone Gatson

## 1E-5 Projects Rejected and Reduced-Public Posting

This attachment details the 15 Day Notification of Projects Rejected or Reduced for NY-510. It contains the following:

1. Screenshot of individual email sent to the Project that was Rejected.
2. Screenshot of Public Posting of Priority Listing

1E-5 Projects Rejected and Reduced-Public Posting

**1. Screenshot of individual email sent to the Project that was Rejected**

# CoC Notification »



**Liddy Bargar** <lbargar@hsctc.org>

to Cathy ▾

1:51 PM (0 minutes ago)



Hi Cathy,

I first want to thank you for your participation in the Continuum of Care. Lakeview Health Services offer needed care and housing to many vulnerable people in our community.

Unfortunately, based on the combination of the submission of your application 8 days beyond our local competition deadline and Lakeview's acknowledgement of structural internal barriers which prevent a commitment to Housing First Philosophy, the Continuum of Care Rank and Review committee has chosen to reallocate the renewal funding which you were seeking.

You are valuable partners in the housing and homeless response systems locally and I hope you will remain engaged in the work of the CoC.

Please let me know if I can answer any questions for you.

Best,

--

Liddy Bargar  
Director of Housing Initiatives  
Human Services Coalition  
(607)273-8686  
[lbargar@hsctc.org](mailto:lbargar@hsctc.org)

← Reply

→ Forward

Show all ×



50°F Cloudy



1:52 PM  
10/29/2021



1E-5 Projects Rejected and Reduced-Public Posting

**2. Screenshot of Public Posting of Priority Listing**

**Applicant:** Ithaca/Tompkins County CoC

NY-510

**Project:** NY-510 NY2021

COC\_REG\_2021\_182175

## Before Starting the Project Listings for the CoC Priority Listing

**The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.**

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHPD Renewal; and
- YHDP Replacement.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- New and Renewal Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.

## 1E-5 Projects Rejected and Reduced-Public Posting

This attachment details the 15 Day Notification of Projects Rejected or Reduced for NY-510. It contains the following:

1. Screenshot of individual email sent to the Project that was Rejected.
2. Screenshot of Public Posting of Priority Listing

1E-5 Projects Rejected and Reduced-Public Posting

**1. Screenshot of individual email sent to the Project that was Rejected**

# CoC Notification »



**Liddy Bargar** <lbargar@hsctc.org>

1:51 PM (0 minutes ago)



to Cathy ▾

Hi Cathy,

I first want to thank you for your participation in the Continuum of Care. Lakeview Health Services offer needed care and housing to many vulnerable people in our community.

Unfortunately, based on the combination of the submission of your application 8 days beyond our local competition deadline and Lakeview's acknowledgement of structural internal barriers which prevent a commitment to Housing First Philosophy, the Continuum of Care Rank and Review committee has chosen to reallocate the renewal funding which you were seeking.

You are valuable partners in the housing and homeless response systems locally and I hope you will remain engaged in the work of the CoC.

Please let me know if I can answer any questions for you.

Best,

--

Liddy Bargar  
Director of Housing Initiatives  
Human Services Coalition  
(607)273-8686  
[lbargar@hsctc.org](mailto:lbargar@hsctc.org)

← Reply

→ Forward

Show all



50°F Cloudy



1:52 PM

10/29/2021



1E-5 Projects Rejected and Reduced-Public Posting

**2. Screenshot of Public Posting of Priority Listing**

