Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority
Listing, and all the CoC's project applications that were either approved and ranked, or rejected.
All three must be submitted for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific
application and program requirements.
 2. The FY 2018 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.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: IA-500 - Sioux City/Dakota, Woodbury Counties CoC

1A-2. Collaborative Applicant Name: City of Sioux City

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the   HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	No	No
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Not Applicable	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Community Action/Social Service/Tribal Agencies	Yes	Yes
Legal Aid	Yes	Yes
Churches/Ministers	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)

The CoC holds open meetings bi-monthly, and encourages current members to invite new individuals, businesses, and agencies to participate in the CoC. All participating individuals and organizations are invited and expected to share their opinions and expertise with the group. We spotlight several agencies at each meeting and provide time for all to share agency news and events. We have regular open discussions regarding the many facets of homelessness and the issues facing our homeless populations. We use these discussions as a sounding board to brainstorm possible solutions, options, and opportunities to assist our homeless and near homeless. Most CoC Member Agencies also participate in the Siouxland Street Project (a collaboration of downtown businesses, law enforcement, education, and social service agencies working to address the issues of panhandling and homelessness in downtown Sioux City) and Street Project committees whose work is focused on developing a 24/7/365 Super Shelter and a Detox Center. In an effort to reach those that are not aware of our CoC, we have a Facebook page Twitter account, and a website where we have posted an on-going, open invitation to join the CoC. On our Facebook page, Twitter, and website anyone with an interest in preventing and ending homelessness in Siouxland can find meeting minutes and agendas, data regarding homelessness in Siouxland, information about funded projects, and our by-laws and policies. We are often contacted by citizens, who have heard about our group through one of our member agencies, and are interested in homelessness and offering their opinions, advice, and volunteerism.

1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

CoC Member Agencies participate in a variety of community meetings and collaborate with many agencies, businesses, and entities throughout the community. As they share information about their agencies and the work they do to prevent or end homelessness, they also share information about the CoC and its member agencies. Through this community involvement, others interested in helping us further our causes are invited to participate in the CoC. The CoC also partners with Dakota County Connections (soon to be Growing

Connections Siouxland) which has 400 members that engage on a monthly basis on community outreach, concerns, ideas, and how to work in collaboration with each other. The CoC also has an on-going, open invitation on our Facebook page, website, and meeting agendas and minutes. We are always looking for new members from agencies, churches, businesses, local government, and the general public to join the CoC, attend our meetings, participate in our committees, serve on our board, and help us end homelessness in Siouxland. Board members have a responsibility to invite other community members and key partners to the CoC meetings and encourage them to become an active member. The CoC encourages member agencies to recommend and/or solicit homeless or formerly homeless persons to join the CoC as they could provide valuable insight into current programs/services and what's working well or what could be improved as well as community needs and programs and services that should be added in our CoC.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)

The CoC is fully open to and encourages proposals from entities that have not previously received funds in prior competitions. Even before the NOFA drops, the CoC Board Chair announces the impending NOFA/CoC Program Competition at CoC meetings and sends at least 2 e-mails to CoC Member agencies to let them know that the NOFA is nearing and encourage them to consider applying for a new project, especially PSH and RRH projects which are a priority for our CoC. Member agencies are also encouraged to start researching the different project types and the many resources available on HUD Exchange. Once the NOFA drops, the CoC Chair puts out an RFP for new and renewal projects. The RFP is publicly distributed to CoC member agencies via e-mail, our media contacts via a press release, and on the CoC's website. The RFP provides background information on the CoC Program, the local CoC, and the current competition, including eligible new project types and funding amounts. The CoC Chair, who also serves as the Grant Committee Chair, along with the Project Monitoring and Development Committee Members are readily available to assist new applicants with developing projects, understanding program regs, and the eSnaps online application system. Once the application deadline has passed, the CoC Project Monitoring Committee reviews all applications and scores them using the CoC's approved scoring tool. The projects are ranked according to the CoC's approved project ranking policy. In an effort to encourage ongoing participation in the CoC by new applicants, the Project Monitoring and Development Committee reaches out to low scoring new applicants to discuss opportunities to reapply for funding in the coming year and offer suggestions that may help the project score higher. The FY 2018 CoC Program Competition RFP was made public on July 6, 2018.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

The CoC Lead Agency is also the recipient of ESG funds from HUD. As such, the CoC Lead Agency is responsible for completing the five year Consolidated Plan as well as Annual Action Plans as part of receiving ESG funds from HUD. The CoC Lead Agency understands the importance of obtaining input from

many different stakeholders, but particularly understands the value of input from CoC and ESG funded agencies. Therefore, each spring, the CoC Lead Agency sends out surveys to CoC and ESG funded agencies seeking input in how best to manage all Federal funds, including ESG funds. Public meetings and hearings are also held as part of this process and most, if not all, CoC and ESG funded agencies complete the survey and attend at least one of the public meetings/hearings. Once the CoC Lead Agency knows the amount of ESG funding HUD will provide, CoC and ESG representatives work together to develop the ESG application process, application, and application scoring process. At the State level, the CoC Lead Agency and Board Chair have both served as reviewers of ESG/SAF applications. All state and local ESG recipients are active in the CoC and participate in community discussions and community collaborations regarding available and needed ESG-funded homeless services. Additionally, CoC and ESG recipients and the CoC Lead Agency are members of the CoC's Project Monitoring and Development Committee and worked with non-funded agencies/committee members to develop common performance standards and a reporting tool to evaluate program performance based on CoC and ESG program guidelines and system performance measures. All CoC and ESG-funded projects are required to submit quarterly program performance reports along with a brief explanation for measures where the project fell short of the CoC/ESG standard and action steps the agency will implement in order to meet CoC/ESG standards in the future.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?   Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?   Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

The CoC has a large membership of victim and non-victim service providers who work together to ensure DV survivors are provided housing and services without barriers while maintaining safety and confidentiality. The safety planning protocols in our Coordinated Entry Policies and Procedures include the use of a

separate but integrated DVHMIS system and a pre-screen tool to immediately refer those currently fleeing DV to the DV shelters/crisis line. All CoC and ESG-funded programs are required to comply with VAWA and have written policies to meet the safety and confidentiality needs of victims of domestic violence, dating violence, sexual assault, and stalking. All DV and non-DV shelter staff as well as other frontline agency staff have received training in trauma-informed care and victim-centered services. Mental health and substance abuse services are available to survivors without going through their health insurance for risk of exposure to their partner. Crisis response team is available 24/7 at no cost to the survivor as well. Keeping them safe and secure is the number one priority. All of our shelters have secured entrances and a written emergency transfer plan to ensure safety. The case managers are well-versed in available services and ensure DV clients are able to safely access them as necessary, including providing safe transportation to school, work, and appointments and safe access to educational opportunities, health/mental health care, and child care options as needed. Both while working with the DV shelters and after the clients enter other TH, PSH, or RRH programs, the client is always made aware of his/her options and staff recommendations, but ultimately, the final decisions regarding housing and services are up to the client.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

The CoC keeps agencies and agency staff informed of trainings offered locally as well as through HUD Exchange, the IA/NE HUD Symposium, and the annual HousingIowa Conference. The DV providers' staff are trained in trauma informed care and certified domestic abuse advocates through the state of Iowa. Over the past year, staff from various agencies have participated in trainings provided by the local school district, Family Wellness, Seasons Center, and other local counseling/mental health and social service providers. The topics of these trainings included: Adverse Childhood ExperienceS (ACES), Trauma-Informed Care, Self-Care, Mental Health First Aid for Adults and Youth, Psychological First Aid, Human Trafficking, DOVE, and Child Abuse and Family Support: recognizing and responding to high risk offenders of intimate partner violence, Mystery of Risk, and Protective Factor Framework. Service agencies are trained in evidence-based practices for serving survivors. These services include, Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), Parent Child Interactive Therapy (PCIT), Certified Adoption Therapist, Seeking Safety, and Cognitive Based Interventions for Trauma Strategies (CBITS). Our Coordinated Entry System policies and procedures contains a list of recommended training topics. HUD TA will provide trainings on HUD's Equal Access Rule and Housing First. The CoC will develop a training schedule to ensure that agency staff receive appropriate trainings including trauma-informed care; best practices for survivors of domestic violence, dating violence, sexual assault, and stalking; etc. The training will be provided by any number of entities including HUD TA, HUD webinars, CoC Member Agencies, and local providers.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence,

sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The data used by the CoC to assess the scope of community needs related to domestic violence, etc. comes from the CoC's comparable database, the DV-HMIS system. The system is integrated but separate from the HMIS system and provides for client safety by assigning each client a unique ID number rather than using their name, SSN, or other identifying information. Every DV client in emergency shelter completes a needs assessment to see if they have their necessary documents to apply for benefits such as Medicaid, food stamps, childcare assistance, employment, etc. Their demographics are captured in the assessment and that data is used to ensure provision of culturally-appropriate services that may be available such as tribal services or immigration services which have VAWA protections for those affected by domestic violence. The DV service providers will assist in helping clients become document ready so they are able to begin the application processes for community services/benefits. The DV providers report their data to the CoC and collectively we use the data to determine trainings needed (i.e. trauma-informed care, victim-centered care, cultural sensitivity, etc.). We also use client-level exit destination information to determine the types of housing services and programs needed in our community. Through this analysis, we determined the need for a DV-specific RRH program and assisted the local DV provider with their application for a new RRH project in the FY 2016 competition. The hope is that we will be able to assist more DV clients with successful exits to their own permanent housing destinations directly from shelter.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects?   No

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Sioux City Public Housing Authority	8.24%	Yes-HCV	Yes
Siouxland Regional Housing Authority	0.00%	No	No
South Sioux City Housing Agency	0.00%	No	No
Northeast Nebraska Joint Housing Agency	0.00%	No	No
Emerson Housing Authority	0.00%	No	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

**1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)**

The City of Sioux City Housing Authority is the only PHA with a homeless admission preference and Move On strategy for persons in PSH in their written policies. Likewise, the Sioux City PHA is the only PHA that consistently attends CoC meetings and participates in the CoC. The CoC Lead Agency has contacted the other PHA's (Siouxland Regional Housing Authority, South Sioux City Housing Agency, Northeast Nebraska Joint Housing Agency, and Emerson Housing Authority) regarding creating a homeless admission preference. To date, none of them have adopted one. They maintain that they do not need one because they continue to have very short waiting lists, and a homeless family/individual would be served quickly without a specific preference. Not having a homeless admission preference creates another challenge in that these PHA's do not know the extent of homelessness or the degree of need for a homeless preference because they are not tracking the number of clients who are homeless at admission. The CoC Lead Agency is making a more concerted effort to educate the remaining housing authorities/agencies about a homeless preference/move on strategy and encourage them to adopt a homeless preference/move on strategy.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?   Yes

**Move On strategy description.
(limit 2,000 characters)**

The Sioux City PHA adopted a Move On strategy (part of the Moving Up Preference) in November 2014. The Move On strategy allows for persons or families in PSH programs to voluntarily exit the PSH program to the PHA's Section 8 program thereby freeing up units for other chronically homeless persons to be assisted in PSH. The PHA's Move On strategy is designed to assist clients who have been in the PSH program successfully for at least 2 years, are tenants in good standing, and have determined that they no longer need intensive supportive services to transition to their own permanent housing with Section 8 subsidy. Additionally, PSH providers have developed Move On strategies with other landlords and affordable housing providers throughout the process of getting PSH clients into permanent housing and working with the client while in PSH. Through the case management and supportive services provided, the client is working to regain his self-sufficiency, maintain his health/mental health, and learn life skills such as budgeting and renter rights/responsibilities. Should a client decide that he no longer needs the

intensive supportive services, the case manager assists the client to work with the landlord to apply for subsidized housing and maintain his permanent housing after exiting the PSH program. In both the PSH programs and through the Move-On Strategy, the providing agencies maintain a long list of landlords who are advocated in helping the homeless. They prioritize PSH clients to occupy their units if available, and also help with other needs such as eliminating pet deposits and allowing utilities to remain in the landlord's name because they understand that the homeless often face barriers, one of which is the cost of various deposits.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)

As with our homeless youth population, our CoC has not historically had a large homeless LGBT population, yet we are sensitive to their needs. CoC-funded agencies participated in HUD's Equal Access and Gender Identity Rules webinar/training, and all CoC- and ESG-funded agencies as well as other Coordinated Entry Access Point staff were trained on the Equal Access and Gender Identity Final Rules by HUD TA prior to our CES going live in November 2017. In addition to all shelters having their own policy, the CoC recently adopted a CoC-wide non-discrimination policy to prevent housing and service discrimination in serving homeless LGBT individuals and families. Our CoC membership and board include several LGBT serving organizations or advocacy groups including the Sioux City Human Rights Commission, Siouxland Community Health Center – HOPWA programs, PFLAG, and the Siouxland Pride Alliance Coalition. These groups not only advocate for the LGBT community, they educate our agencies and service providers about their needs and work with our providers to better meet their needs and ensure they aren't discriminated against unintentionally.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the 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 the 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. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	☐
No strategies have been implemented:	☐
Other:(limit 50 characters)	
	☐
	☐
	☐

**1C-8. Centralized or Coordinated Assessment System. Applicants must:
 (1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
 (3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)**

Our current Coordinated Entry System operates under a decentralized, "No Wrong Door" approach. Following this approach, the CES has identified and engaged numerous Access Points throughout the entire CoC geography. The Access Points include both CoC- and ESG-funded agencies who are required to participate in the CES and non-funded agencies/service providers within Sioux City, IA and South Sioux City, NE, but as the CES grows Access Points will be developed in smaller communities. Even in the absence of a physical Access Point in many of the rural communities in our CoC, CES staff have worked to inform providers in the rural areas about the CES and have provided information for accessing the CES and completing the intake assessment via telephone. In addition to having fixed Access Points and access for clients in rural areas, staff from several Access Points also conduct street outreach and meet clients in known locations such as under bridges, in parks, and at the library, Soup Kitchen, and the seasonal Day Shelter in order to ensure that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through CE. The CES utilizes a standardized assessment tool, the VI-SPDAT, VI-F-FPDAT, or the TAY-VI-SPDAT, depending on the situation of the individual or family seeking assistance. When a client presents at an Access Point, trained agency staff will complete both the HMIS Iowa Basic Assessment and the appropriate SPDAT assessment, enter the information into ServicePoint, and place the client on the CE Prioritization List. Clients are prioritized by SPDAT score and literal homelessness combined

with additional tiebreakers (chronic status, length of time homeless or on the streets, DV, veterans, and youth) as needed. To the extent possible, persons who are the most vulnerable and/or have been homeless the longest will be prioritized for housing first.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Discharge Planning Coordination. Applicants must indicate whether the 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. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

When reviewing, ranking, and rating projects, the CoC considered our CoC's need to increase and provide more PH-PSH housing to serve the chronically homeless in Siouxland. Additionally, the CoC considers the target population/subpopulations to be served by the projects as well as the project design and how it addresses HUD's priorities for ending chronic homelessness, ending homelessness among households with children, and reducing the amount of time a person spends homeless by rapidly rehousing clients. The CoC also considered the extent to which the projects reduce or eliminate barriers to project entry and/or follow a Housing First approach to better address the needs of those who have: low or no income, current or past substance use, a significant criminal history, and/or those who are victims of domestic violence, service resistant, and severely mentally ill. The CoC's scoring tool awards points for projects that adhere to a Housing First approach, are 100% dedicated to serving the chronically homeless, and dedicated to serving households with children. The CoC is committed to assisting the most vulnerable and hardest to house through our Coordinated Entry System and HUD-funded CoC and ESG programs and has worked with all programs to

reduce or eliminate barriers to program entry.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	☐	CoC or other Website	☐
Email	☐	Email	☐
Mail	☐	Mail	☐
Advertising in Local Newspaper(s)	☐	Advertising in Local Newspaper(s)	☐
Advertising on Radio or Television	☐	Advertising on Radio or Television	☐
Social Media (Twitter, Facebook, etc.)	☐	Social Media (Twitter, Facebook, etc.)	☐

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is "No" to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.
(limit 2,000 characters)

The CoC Project Monitoring and Development Committee has developed a quarterly reporting requirement for all CoC and ESG funded projects. The reporting includes system performance measures (housing stability/exits to permanent housing or maintaining PSH, earned or cash income, maintaining or increasing cash income, data quality and completeness and data entry timeliness), shelter utilization, and financial management. All projects submit quarterly reports along with an explanation and a plan for improving measures where they may have fallen short of the CoC's standards. Projects that are not

performing at an acceptable level are considered for reallocation. Cumulatively, we have only reallocated 16% of our ARD between FY 2014 and FY 2018. However, in FY 2015, 2016, and 2018 we reallocated between 23% and 32% of our ARD each year. In FY 2014 and 2017 we did not reallocate any of our ARD because we did not have any new project applications to which we could reallocate funding in those years. Had we received new project applications, we certainly would have looked at reallocating funding form one or more renewal projects in order to create new, high-performing projects that would provide much-needed PH-RRH or PH-PSH housing.

1E-5. Local CoC Competition. Applicants must indicate whether the CoC: (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required; (2) rejected or reduced project application(s)–attachment required; and (3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.
Yes

2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).
Governance Charter pp. 4-5

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.
Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor?
MediWare

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.
Statewide HMIS (multiple CoC)

**2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and**

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	177	31	86	58.90%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	88	0	88	100.00%
Rapid Re-Housing (RRH) beds	3	0	3	100.00%
Permanent Supportive Housing (PSH) beds	30	0	0	0.00%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)

The past year has brought some remarkable progress for HMIS bed coverage in the CoC. Our HMIS Lead Agency was able work out a collaborative effort with the local Gospel Mission to begin collecting their data. They are now collecting select data from the Mission's Men's shelter (their largest), and HMIS staff are entering the data into the system. Although they are not providing all of HUD's required data elements, this effort alone brought the ES bed coverage for the CoC from 2.04% in 2017 to 58.9% in 2018. Our next steps will be to orient Gospel Mission staff on data collection from their two remaining programs and then work out a strategy for the actual entry with the HMIS Lead Agency. Our HMIS Lead has also been working proactively with the seasonal Warming Shelter staff to begin some level of data collection in advance of the approaching Warming Shelter season in November.
As we continue to work with the emergency shelters to increase HMIS bed coverage, we have already accomplished our goal of 100% HMIS bed coverage for PSH. Beginning in late February of this year, VA staff began entering data into HMIS for the HUD-VASH program for all beds, all clients. This, combined with the current data entry participation by Crittenton Center's PSH program, will keep our HMIS PSH bed coverage at 100% for the 2019 PIT/HIC.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept?   8

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)   04/25/2018

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

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/31/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/25/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

In 2018, the Sioux City/Woodbury, Dakota Counties CoC utilized an online shelter portal for sheltered PIT and HIC data. The portal utilizes conditional logic to limit agencies to only reporting data needed for each project type, which should increase the accuracy of the information being reported. Use of the on-line portal is not conditional to use of the HMIS network, so all agencies could use the tool for their reporting. The optional Veteran Supplement Form provided by the VA which provided additional information on persons self-reporting as veterans and helped us get a more accurate count of the homeless veterans in our CoC was not utilized in our 2018 sheltered PIT. As a result, our veteran count reported to HUD in HDX increased from 12 on the 2017 PIT to 25 on the 2018 PIT. The SCEH Board will ensure the use of this form or a similar form through the portal in order to more accurately count and report sheltered homeless veterans.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?   Yes

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	10
Beds Removed:	72
Total:	-62

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT   No

count?

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.   Yes

2C-4a. If "Yes" was selected for question 2C-4, applicants must:
(1) describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC's unsheltered PIT count results.
(limit 2,000 characters)

In 2018, the unsheltered PIT count was enhanced from previous years by a significant expansion of time and volunteers to conduct the unsheltered count. The count was conducted from 6:00 p.m. – 9:00 p.m., and the number of count volunteers increased from 5 in 2017 to 20 in 2018. This resulted in greater coverage of the CoC geography and more time to conduct surveys. In 2018 we also introduced the use of the unsheltered count online module. This web-enabled module could be used on any mobile device and allowed for either a survey interview or an observational encounter and adjusted the depth of questions accordingly. The module utilized conditional logic to move the volunteer through the survey questions, adjusting for fewer or more questions depending on the household make-up, age, length of time homeless, disability and veteran status. For persons who self-identified as veterans, the online tool generated the veteran supplement form which helped us identify veterans eligible for VA services and connect them to VA resources. It also allowed volunteers to enter survey data for each person encountered. For families, the module allowed for creation of a multi-person household up to 10 members. Fortunately, our counters once again did not encounter any unsheltered families with children. Using the module and conducting survey interviews of most persons encountered gave us more accurate data for our unsheltered count and helped deduplicate clients.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify   Yes

**youth experiencing homelessness in its 2018
PIT count?**

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
**(1) how stakeholders serving youth experiencing homelessness were
engaged during the planning process;**
**(2) how the CoC worked with stakeholders to select locations where
youth experiencing homelessness are most likely to be identified; and**
**(3) how the CoC involved youth experiencing homelessness in counting
during the 2018 PIT count.**
(limit 2,000 characters)

Although we don't typically have a large homeless youth population, especially
unaccompanied youth under the age of 18, we do take measures to identify and
count homeless youth. Many youth-serving agencies including Crittenton
Center, Boys and Girls Home and Family Services, Sioux City Community
Schools, Siouxland Community Health Center, and the Human Rights
Commission, who works closely with the LGBTQ community, participate in the
CoC and are involved in planning and conducting the unsheltered count. We
reach out to these agencies in order to inquire about the number of homeless
youth they serve, gain valuable insight about available homeless youth
programs and services, and identify known locations of unsheltered homeless
youth. Crittenton Center's Youth Shelter also provides shelter for homeless or
runaway youth brought to the shelter by the police or referred by the schools
until Child Protective Services can be contacted and a safe, appropriate
placement can be found. Transition age youth were part of the volunteer count
teams that conducted surveys on the night of the count with hopes of providing
peer support should we encounter any homeless youth.

**2C-6. 2018 PIT Implementation. Applicants must describe actions the
CoC implemented in its 2018 PIT count to better count:**
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

Planning for the 2018 sheltered and unsheltered counts included consulting with
local service providers representing specific sub-populations and their unique
needs. These providers included family providers, the CoC's youth-focused
provider, and local VA homeless programs staff. Input from these agency staff
were central to determining locations for unsheltered count survey teams, along
with the advice gained from unsheltered clients. Training for both counts
included a review of the definition of chronic homelessness and the specific
method to count and report households with children. Through the use of
conditional logic programing in the web enabled count module, we were able to
calculate chronic status more accurately and quickly for individuals and families
(of which there were none again this year) encountered in places not meant for
human habitation. Our online process was specifically designed to more easily
report households with children, electronically linking members together for
easier counting and inclusion in subpopulations. The VA CBOC staff persons
served as an active partner in the PIT count. Two VA staff were present during
the full duration of the count and were present to direct count volunteers to any

know locations. Our unsheltered online tool has specific sections designed to gather veteran supplemental data to better connect those veterans encountered in places not meant for human habitation with VA resources. Unfortunately, our largest increase was in the number of sheltered veterans. On the 2018 sheltered PIT we did not utilize the optional Veteran Supplement Form, which we feel contributed to this increase. In the future we will revisit using the Veteran Supplement Form in order to better count veterans experiencing homelessness.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	354

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

During the past year, our CoC implemented a Coordinated Entry System and participating agencies have increased the amount of outreach conducted. Many agencies visited the seasonal day shelter in an attempt to engage those that are least likely to reach out for assistance. That may have resulted, in part, to our CoC experiencing an increase of 108 for persons with entries into ES, SH, or TH and 119 for persons with entries into ES, SH, TH, or PH who became homeless for the first time. The CoC found that mental health and substance abuse; unemployment; and lack education/skills, childcare, transportation, and/or life skills like budgeting are among the leading causes of homelessness. With the implementation of Coordinated Entry, the CoC not only prioritizes clients by their VI-SPDAT score, but we also consider tie-breakers including domestic violence, chronically homeless, and veteran status. Coordinated Entry employs a shelter diversion tool/Prevention-SPDAT to try to divert and prevent persons from becoming homeless. Due to a lack of ES beds for households with dependent children, most of the ESG RRH/HP funds are approved for homeless prevention so families are assisted before they become literally homeless. Our service providers are also very well-versed in available resources and can often make appropriate referrals to employment, education, subsidized housing, DHS, Consumer Credit Counseling, etc. to obtain assistance and prevent them from becoming homeless. The CoC Project Monitoring and Development Committee and CoC/ESG-funded agencies oversee this strategy.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families

remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

The average length of time persons in ES spend homeless was 27 days. The average length of time persons in ES and TH spent homeless was 98 days. Our CoC reduced the average LOT homeless by 152 days for persons in ES and SH, and 55 days for persons in ES, SH, and TH. As reported in Question 3A-1a, there was an increase in the number of homeless persons reported in our community. However, the average length of time individuals and families remain homeless was DRAMATICALLY DECREASED by implementing quarterly project monitoring and working with the funded projects to complete their program exit data accurately and in a timely manner. Additionally, most programs have adopted a Housing First model. Despite a lack of PSH projects, providers work to quickly move the clients to permanent housing. Our CoC holds CE Case Conferencing meetings twice monthly where CE staff and providers discuss client situations, and recognizing our community's limited resources, we brainstorm and discuss potential solutions that may help the client self-resolve. Service providers work closely with one another to quickly move clients from homelessness to their own permanent housing through RRH. Case managers work closely with clients to help them overcome barriers preventing them from obtaining housing assistance and ensure they have filled out their applications correctly and completely so that those who are in TH are able to exit as quickly as possible to their own permanent housing. Those with the longest length of time homeless are identified through the Coordinated Entry intake and that information is used in placement on the prioritization list and referral to housing opportunities. The CoC Project Monitoring and Development Committee and CoC/ESG-funded agencies oversee this strategy.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	53%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	47%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals

and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and (2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

Collectively the providers within the CoC strive to move clients through their respective programs to their own permanent housing destination as quickly as possible. During program participation the clients work on many action steps including addressing and overcoming the complex barriers and hardships that prevent them from being eligible for housing such as poor credit or rental history, criminal history, past due debt with the housing authority or utility companies and/or persistent substance abuse and mental health issues. Program staff also work with clients who are denied housing to help them write a winning appeal. While the PSH projects have all adopted a housing first approach and the clients are not required to participate in supportive services or case management, the case managers maintain regular contact with PSH program participants, and the participants appreciate the support and assistance, information, and education given. Through this contact, the case managers work to ensure the clients are successful in the program and are maintaining their permanent housing. They ask them about their needs and any struggles they may be facing and offer assistance or suggestions to help the client. Services available to the clients that can improve their sustainability with housing include, but are not limited to, mental health counseling, substance abuse counseling, crisis response team, day rehabilitation, psychiatry, medical and dental services, and community support that includes teaching them life skills, such as cleaning, cooking, and hygiene. Additionally, case Mangers complete a formal Self-Sufficiency Matrix quarterly to help determine life domains the client needs assistance with in order to remain permanently housed. Even those clients who were resistant at first have begun accepting the assistance and advice the case manager has to offer. The CoC Project Monitoring and Development Committee and CoC/ESG-funded agencies oversee this strategy.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	5%

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the 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 the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

The CoC only had 8 (5% of the total exits) returns to homelessness; 7 had exited from TH and 1 had exited from PH.

Through Coordinated Entry and the sharing agreement among providers we can fully utilize system-level HMIS reports to identify common factors and monitor the individuals and families who return to homelessness. Once clients enter our homeless programs, program staff provide intensive case management to determine the root cause of their homelessness and to provide education and supportive services to prevent a reoccurrence of homelessness. Often, through that intensive case management, various assessments and questions are asked to determine what barriers exist, what needs are unmet and what struggles are present. Case management also provides guidance and accountability as the case manager and client work together to set and achieve goals, access various community resources, work toward and/or maintain a healthy and positive lifestyle, etc. If a person is willing, success is possible through working their goals, attending appointments regularly, utilizing the support, and adhering to the expectations of the programing. Knowing when someone is returning to homelessness and knowing which other programs the client has been in allows us to better assess their situation and work with the client to set goals and connect to community resources (substance abuse treatment, mental health care, life skills – budgeting/money management, etc.) that will help them overcome their barriers to maintaining permanent housing and self-sufficiency and break the cycle and prevent future returns to homelessness. The CoC Project Monitoring and Development Committee and CoC/ESG-funded agencies oversee this strategy.

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the 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 the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

Through regular case management, the clients set education and/or employment goals designed to help them increase access to employment and employment cash sources. While setting goals, the case manager often discovers that the client has a specific skill set but is unable to work in the desired field because they have an expired license/certification or need to finish classes/credits in order to earn the certification. The case manager then assists the client with accessing resources to pay for re-certification, classes, etc. All CoC-funded projects refer clients to mainstream employment organizations such as IowaWorks, Goodwill, Nebraska Vocational Rehab, Western Iowa Tech Community College, and Boost for classes to help them develop skills (application/resume writing, interviewing, job-related) and find/maintain employment. In addition, there are several local short-term staffing agencies that help connect people with employment through various employers. Case managers and specialized classes through IowaWorks assist the clients with overcoming the barriers (criminal history, transportation, child care, etc.) preventing them from obtaining/maintaining employment. IowaWorks tracks employment services, provides workshops, and completes skill assessments.

IowaWorks also works with local mental health agencies on how to work with clients struggling with chronic mental illness leading to unemployment and difficulty obtaining/maintain employment. Case managers assist clients with accessing mainstream benefits for which they qualify, such as Medicaid and food, transportation, and childcare assistance. Case managers also help clients apply for local assistance/programs such as The Micah Project, The Gospel Mission, and the Salvation Army that give people in need furniture, clothing, and other household items. The CoC Project Monitoring and Development Committee and CoC/ESG-funded agencies oversee this strategy.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)   05/31/2018

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	23
Total number of beds dedicated to individuals and families experiencing chronic homelessness	30
Total	53

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.

Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	X
Unsheltered homelessness	X
Criminal History	
Bad credit or rental history	
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

We utilize ESG and CoC funding for rapid rehousing. Families who present at a Coordinated Entry Access Point are assessed for their housing needs. If they are fleeing DV or have just hit a recent financial hardship, they are assessed first for possible diversion from homelessness. Clients who cannot be diverted complete the CE Intake Assessment/VI-SPDAT and placed on the prioritization list. Persons fleeing DV are referred to the appropriate DV agency to complete the assessment and receive shelter and advocacy services. Regardless of the other available housing opportunities, all eligible clients are referred to rapid rehousing. If the client is involved with other agencies/CE Access Points, that case manager will also assist in the RRH process by ensuring the client makes it to appointments, ensuring they have the necessary documentation, working with the client to break down barriers to housing, and helping educate the client about the program and the process all of which can help the process move quicker. Once an RRH referral has been made, the RRH case manager attempts to contact the client and schedule an appointment. The case manager assesses their situation and begins the process of getting them stably housed. This includes assessing and resolving their barriers to housing, including past due utility bills or multiple evictions. Based on housing availability and landlord relationships, we are often able to resolve the issues and get the family rehoused within 30 days. Due to the lack of ES beds available for families, we find many clients are staying short term with family members or in hotels until they are able to secure a permanent housing situation. Therefore, many potential ESG-RRH clients are assisted through ESG-HP. The CoC Project Monitoring and Development Committee and CoC/ESG-funded agencies oversee this strategy.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	☐
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	☐
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	☐
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	☐
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	☐

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	
Bad Credit or Rental History	X

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

One of our transitional housing programs is assisting the teenage youth in the families it serves by providing opportunities for the teens to prepare for adulthood. They participate in case management, set education and employment goals, and participate in Consumer Credit Counseling to learn budgeting and money management skills. Crittenton Center operates a youth shelter for DHS/foster system children and 2 state-funded Supervised Apartment Living (SAL) programs - a cluster site for youth in the foster care system ages 16.5 – 19 years who are at risk of homelessness, and a scattered site SAL program for youth ages 17-21 years. At the cluster site SAL youth to live together in a 24/7 supervised environment. Once they demonstrate skills needed to live independently, they are assisted in finding their own apartment. Both programs teach youth life and job seeking/retention skills, ensure enrollment in high school or Hi-Set programs, and provide a monthly stipend to help them pay rent and bills. Crittenton Center also has a Child Welfare and

Emergency Services program with a Crisis intervention Specialist. This Specialist finds safe housing options for homeless or abused/neglected youth. This program collaborates with The Department of Human Services, the school district, and law enforcement for the safety and housing of youth. Because of these programs, our unsheltered homeless youth PIT count is 0 year after year.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)

To maintain their funding for the youth programs mentioned in 3B-2.6, Crittenton Center tracks and reports quarterly on state-mandated performance measures for the Emergency Youth Shelter including: 1) Number of youth diverted from shelter care (number in which the Crisis Intervention Specialist found family or other safe placement for a youth), and 2) Number of youth discharged from shelter to family or a family-like setting, which is the best outcome for youth. Crittenton Center tracks and reports quarterly on state-mandated performance measures for Supervised Apartment Living including: 1) Number of youth who age out at age 18 or older who are discharged from SAL to their family, family-like setting, or other positive support system placement; 2) Number of youth who engage in aftercare services; and 3) Number of youth who show improvement in the Casey Life Skills Assessment. Crittenton's Resource Center tracks housing statistics in the DAISEY database on the families and youth served through the resource center. Crittenton's Resource Center also utilizes the Protective Factors Survey, which tracks pre/post 1) Family Functioning and Resiliency; 2) Social Supports; 3) Concrete Supports; 4) Nurturing and Attachment; and 5) Knowledge of parenting and child development. The CoC uses the above data and percentages as evidence to demonstrate the continued effectiveness of the programming for youth and families. The CoC believes these measures are appropriate to determine the effectiveness of the strategies because these implemented strategies and collaborations work as demonstrated by the lack of homeless youth.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

The CoC collaborates with youth education providers to ensure that the children are enrolled in school and receiving the same programs and access to education, technology, and activities as non-homeless children, including attending their home school during their stay in shelter. The CoC also

collaborates with school districts to obtain transportation for the homeless students in our programs to their home school. All programs utilize the district's Bright Futures website with provides families in need with household items, beds, clothing, etc. The CoC has a policy that requires all homeless assistance providers to ensure that all children are enrolled in school and connected to appropriate education services within the community. Per CoC policy, homeless assistance providers are aware of McKinney-Vento Education definitions and responsibilities and State of Iowa and the State of Nebraska Administrative Code requirements. They educate the parents on their rights, maintain regular contact with local education liaisons regarding the homeless children in their programs, and ensure access to fair and equal education. Additionally, the Sioux City Community School Office of Student Services and Equity Education and the South Sioux City Community School District Student Services Office publish and distribute fliers to social service agencies and homeless providers to ensure parents know their rights and works closely with the service providers to identify and serve the homeless children in the districts. The AEA and ESU provide ancillary services, such as speech, OT, PT, Early childhood, school psychologists, behavior analysts, and teachers at Boys and Girls Home and Family Services. One CoC Agency has a partnership with the ESU in Nebraska to provide mental health services to kids. The same agency is also partnering with South Sioux City schools to provide two full time therapists in the schools as well as provide therapy and family wraparound in homes.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

The CoC's HEARTH Act/McKinney-Vento Education for Homeless Children and Youths Program Policy states that the CoC shall: 1) provide Homeless Assistance Providers with a copy of the McKinney-Vento Education for Homeless Children and Youths Program guidelines and the respective state's (Iowa and Nebraska) Administrative Code regarding educating the homeless; 2) review key principles of the McKinney-Vento Education Program and the State Administrative Code as needed to keep Homeless Assistance Providers apprised of the requirements; and 3) assist Homeless Assistance Providers with implementing the McKinney-Vento Education for Homeless Children and Youths Program as needed. The policy requires that Homeless Assistance Providers ensure all children are enrolled in school and connected to appropriate services as well as: 1) be aware of the requirements of the McKinney-Vento Education for Homeless Children and Youths Program and the respective state's (Iowa and Nebraska) Administrative Code regarding educating the homeless; 2) maintain contact with local school districts' Homeless Liaison or Student Services Office to keep them apprised of the homeless children they are serving; and 3) maintain contact with local school districts' Homeless Liaison or Student Services Office to keep informed of the services available to homeless children and how to help their parents access these services.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No",

from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	No	Yes
Early Head Start	No	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	Yes
Healthy Start	No	No
Public Pre-K	No	Yes
Birth to 3 years	No	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

**3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)**

When homeless clients present themselves as veterans, case managers assess which VA services the client is already accessing and works closely with the VA's homeless outreach social workers to make sure they know when new clients have entered our program. Once the case manager has made the connection to the VA homeless outreach social worker, they work with both the client and the VA to have the client assessed and referred to appropriate resources such as VA medical care, HUD-VASH, and SSVF. Often it is difficult for the client to access VA services because not all services are available locally. Still, the VA does refer to other local programs and resources to help meet the client's needs. Also, due to barriers such as mental health or the client's general mistrust or resentment of the VA, it is sometimes difficult to get the client to follow-through with accessing services. CoC member agencies also participate in Veteran-centered events and educational opportunities to learn about resources to aid in referrals and serve as an active support network to VA staff.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?
Yes

3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance; (2) if the CoC conducted an assessment, attach a copy of the summary.
No

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		
	No	No

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

CoC funded projects supplement their funding and assist persons experiencing homelessness to apply for and receive mainstream benefits by: utilizing transportation services offered by insurance companies; collaborating with the school districts to provide school transportation; accessing sliding scale medical/mental health care; applying for Medicaid, FIP, food stamps, state-funded daycare and other TANF services; referring clients to food pantries and thrift stores for vouchers to meet their needs, etc. We also have a new, volunteer-run Street Medicine program that provides regular medical care and well-checks (blood sugar, blood pressure, wound care, etc.) to persons living on the street as well as helping them sign up for health care and educating them about the importance of obtaining a primary care provider instead of using the

ER. The CoC and its member agencies share community information amongst all agencies and the clients they serve as it is available. Benefits providers and agencies share information about programs at the CoC meetings and other community/agency meetings in order to ensure the agencies and their clients are well-informed about programs, benefits, and accessing them. The CoC encourages members to participate in trainings or informational sessions such as the Agency Summit to get the most up-to-date information about programs and services. Mainstream benefit providers are also available via phone to answer questions and to brainstorm specific client situations. All funded projects and the CoC's Project Monitoring/Development Committee are responsible for overseeing the CoC's strategy for mainstream benefits.

4A-2.Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	5
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	5
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:
(1) describe the CoC's outreach;
(2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
(3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
(limit 2,000 characters)

Street outreach is conducted by various agencies/programs in the CoC, including Coordinated Entry System staff, permanent supportive housing staff, Siouxland Mental Health Center Project Restore staff, Heartland Counseling Crisis Response staff, and Sunnybrook Church Stephen's Ministry street medicine volunteers. Street outreach occurs throughout the whole CoC region, with frequency and activity varying by community. In larger cities and the metropolitan area outreach workers canvas neighborhoods, shelters, food pantries/the Soup Kitchen, parks, the library, and other known locations to identify, engage, and screen people for housing/services. In smaller communities and rural areas, outreach workers provide information to local service agencies and partners such as law enforcement and respond to specific outreach needs when requested. To reduce barriers to assistance, outreach

workers and agency staff try to meet the clients where they are and are present weekly at Siouxland Community Health Center and the seasonal Day/Warming Shelter to visit with potential homeless clients. They also distribute fliers to social service organizations, laundromats, gas stations, and local grocery stores and on social media to create a presence in the community. Workers are trained in trauma-informed care, person-centered care, motivational interviewing, and unique strategies for youth, veterans, persons with serious mental illness, and other unsheltered homeless persons. In order to reach those least likely to request assistance, agencies employ Spanish-speaking staff and collaborate with a local agency dedicated to helping non-English speaking clients, or outreach workers will read and explain program information. Most agencies have access to applications for the free phone and can help clients access transportation through their Medicaid MCO.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

In addition to the CoC adopting a non-discrimination policy, all CoC-funded agencies also have a non-discrimination policy in place regarding non-discrimination based on race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status or disability, and their projects are open to all eligible homeless persons. Each agency is required to place the Fair Housing logo on material that is provided to prospective clients. Agencies participate in fair housing trainings and refer clients who may be victims of housing discrimination to the Human Rights Commission and Legal Aid. CoC agencies have access to One Siouxland, a collective impact program that assists all newcomers to Siouxland. One Siouxland is working in collaboration with the Cities of Sioux City and South Sioux City, Volunteer Iowa, as well as many large employers to help those who are new to the area or even to the United States learn how to access community resources and services. Many newcomers have been homeless and sleeping in their vehicles in their work parking lots. These issues are being addressed and agencies have been involved with community meetings with One Siouxland. Also, Mary J. Treglia Community House, a welcome center that provides immigration and preschool for those who are newcomers, assists low-income, limited English proficient clients with navigating complex legal, social and medical systems, and has translators fluent in Spanish, Vietnamese, Amharic, Somali, and Tigrigna. Most agencies offer all paperwork and fliers in Spanish. Many agencies have Spanish-speaking staff, and all have access to the Language Line through the Coordinated Entry System and Mary J. Treglia Community House, read to people who cannot see or read, and have access to deaf/sign language interpreters and Braille materials as needed.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as

reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	11	3	-8

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?   No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	PHA Administratio...	08/31/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	PHA Administratio...	08/31/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	Coordinated Entry...	08/31/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	CoC Rating and Ra...	08/31/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting RF...	09/07/2018
1E-4. CoC's Reallocation Process	Yes	CoC's Reallocatio...	08/31/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Accepted Projects...	08/31/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Rejected or Reduc...	08/31/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Public Posting Lo...	09/06/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CoC_HMIS Lead Gov...	08/31/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policy_Proce...	08/31/2018
3A-6. HDX–2018 Competition Report	Yes	HDX FY18 Competit...	08/31/2018
3B-2. Order of Priority–Written Standards	No	Adopted Orders of...	09/06/2018

3B-5. Racial Disparities Summary	No		
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: PHA Administration Plan - Homeless Preference

Attachment Details

Document Description: PHA Administration Plan - Move-on Preference

Attachment Details

Document Description: Coordinated Entry Assessment Tool

Attachment Details

Document Description: CoC Rating and Ranking Procedure, Tool

Attachment Details

Document Description:

Attachment Details

Document Description: Public Posting RFP, Rank, Review, Selection

Attachment Details

Document Description: CoC's Reallocation Process

Attachment Details

Document Description: Accepted Projects Notification

Attachment Details

Document Description: Rejected or Reduced Project Notification

Attachment Details

Document Description: Public Posting Local Competition Deadline

Attachment Details

Document Description: CoC_HMIS Lead Governance Charter

Attachment Details

Document Description: HMIS Policy_Procedure Manual

Attachment Details

Document Description: HDX FY18 Competition Report

Attachment Details

Document Description: Adopted Orders of Priority

Attachment Details

Document Description:

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Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	07/23/2018
1B. Engagement	09/07/2018
1C. Coordination	09/07/2018
1D. Discharge Planning	08/13/2018
1E. Project Review	09/07/2018
2A. HMIS Implementation	09/07/2018
2B. PIT Count	09/07/2018
2C. Sheltered Data - Methods	09/07/2018
3A. System Performance	09/07/2018
3B. Performance and Strategic Planning	09/07/2018
4A. Mainstream Benefits and Additional Policies	09/07/2018
4B. Attachments	Please Complete

Submission Summary   No Input Required

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive HCV or HOME funded TBRA assistance, the family must submit an application that provides the PHA with the information needed to determine the family's eligibility. HUD requires the PHA to place all families that apply for assistance on a waiting list. When HCV or HOME assistance becomes available, the PHA must select families from the waiting list in accordance with HUD requirements and PHA policies as stated in the administrative plan and the annual plan.
The PHA is required to adopt a clear approach to accepting applications, placing families on the waiting list, selecting families from the waiting list and must follow this approach consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the PHA. Examples of this are the selection of families for income targeting and the selection of families that qualify for targeted funding.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance, and that the PHA affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that the PHA will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and PHA policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

> Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how the PHA will handle the applications it receives.

> Part II: Managing the Waiting List. This part presents the policies that govern how the PHA's waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for assistance. It also discusses the process the PHA will use to keep the waiting list current.

> Part III: Selection for HCV Assistance. This part describes the policies that guide the PHA in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that the PHA has the information needed to make a final eligibility determination.

PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the PHA policies for making applications available, accepting applications making preliminary determinations of eligibility, and the placement of applicants on the waiting list. This part also describes the PHA's obligation to ensure the accessibility of the application process to elderly persons, people with disabilities, and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16, Notice PIH 2009-36]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits the PHA to determine the format and content of HCV applications, as well how such applications will be made available to interested families and how applications will be accepted by the PHA. The PHA must include Form HUD-92006, Supplement to Application for Federally Assisted Housing, as part of the PHA's application

PHA Policy

Depending upon the length of time that applicants may need to wait to receive assistance, the PHA may use a one- or two-step application process.

As of October 1, 2014, applications will be accepted in two formats: online and paper applications. Applicants must request a paper application in writing.

All applications must include: 1) Social security cards for all family members or a receipt that one has been applied for and will be provided to the Sioux City Housing Authority within sixty days; 2) state or federal photo identification for each adult family member; 3) official birth certificates or US passport, or employment authorization card, or temporary resident card for all family members. An online application is not complete until these items are received. After ten calendar days, an application will be deemed incomplete and removed from the pending waiting list without written notice.

Paper applications will be returned to the applicant and will not be processed until complete.

All paper applications must be completed in their own handwriting, unless assistance is needed, or a request for accommodation is made by a person with disabilities.

A one-step process will be used when it is expected that a family will be selected from the waiting list within 60 days of the date of application. At application, the family must provide all of the information necessary to establish family eligibility and level of assistance.

A two-step process will be used when it is expected that a family will not be selected from the waiting list for at least 60 days from the date of application. Under the two-step application process, the PHA initially will require families to provide only the information needed to make an initial assessment of the family's eligibility, and to determine the family's placement on the waiting list. The family will be required to provide all of the information necessary to establish family eligibility and level of assistance when the family is selected from the waiting list.

Families may obtain application forms from the PHA's office during normal business hours. Families may also request – by telephone or by mail – that a form be sent to the family via first class mail as a reasonable accommodation for a family with disabilities.

Completed applications must be returned to the PHA by mail, or submitted in person during prescribed normal business hours. Applications must be complete in order to be accepted by the PHA for processing. If an application is incomplete, the PHA will return the application to the family until it is complete and the family will not be placed on the waiting list.

4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]

The PHA must take a variety of steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard PHA application process. This could include people with disabilities, certain elderly individuals, as well as persons with limited English proficiency (LEP). The PHA must provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible, or the PHA must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of the PHA's policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

PHAs are required to take reasonable steps to ensure meaningful access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on the PHA's policies related to ensuring access to people with limited English proficiency (LEP).

4-I.D. PLACEMENT ON THE WAITING LIST

The PHA must review each complete application received and make a preliminary assessment of the family's eligibility. The PHA must accept applications from families for whom the list is open unless there is good cause for not accepting the application (such as denial of assistance) for the grounds stated in the regulations [24 CFR 982.206(b)(2)]. Where the family is determined to be ineligible, the PHA must notify the family in writing [24 CFR 982.201(f)]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list [24 CFR 982.202(c)].

Ineligible for Placement on the Waiting List

> PHA Policy
>
> If the PHA can determine from the information provided that a family is ineligible, the family will not be placed on the waiting list. Where a family is determined to be ineligible, the PHA will send written notification of the ineligibility determination within seven days of receiving a complete application. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review and explain the process for doing so (see Chapter 16).

Eligible for Placement on the Waiting List

> PHA Policy
>
> The PHA will send written notification of the preliminary eligibility determination within seven days of receiving a complete application.
>
> Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list.
>
> Applicants will be placed on the waiting list according to any preference(s) for which they qualify, and the date and time their complete application is received by the PHA.

PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

The PHA must have policies regarding various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for assistance, as well as conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how a PHA may structure its waiting list and how families must be treated if they apply for assistance from a PHA that administers more than one assisted housing program.

4-II.B. ORGANIZATION OF THE WAITING LIST [24 CFR 982.204 and 205]

The PHA's HCV waiting list must be organized in such a manner to allow the PHA to accurately identify and select families for assistance in the proper order, according to the admissions policies described in this plan.

The waiting list must contain the following information for each applicant listed:
- Applicant name;
- Family unit size;
- Date and time of application;
- Qualification for any local preference;
- Racial or ethnic designation of the head of household.

HUD requires the PHA to maintain a single waiting list for the HCV program unless it serves more than one county or municipality. Such PHAs are permitted, but not required, to maintain a separate waiting list for each county or municipality served.

> ### PHA Policy
>
> The PHA will maintain a single waiting list for the HCV program.

HUD directs that a family that applies for assistance from the HCV program must be offered the opportunity to be placed on the waiting list for any public housing, project-based voucher or moderate rehabilitation program the PHA operates if 1) the other programs' waiting lists are open, and 2) the family is qualified for the other programs.

HUD permits, but does not require, that PHAs maintain a single merged waiting list for their public housing, Section 8, and other subsidized housing programs.

A family's decision to apply for, receive, or refuse other housing assistance must not affect the family's placement on the HCV waiting list, or any preferences for which the family may qualify.

> ### PHA Policy
>
> The PHA will not merge the HCV waiting list with the waiting list for any other program the PHA operates.
>
> When the SCHA has tenant based rental assistance funding available, they offer TBRA to applicants on the Section 8 HCV waiting list.

4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

A PHA is permitted to close the waiting list if it has an adequate pool of families to use its available HCV assistance. Alternatively, the PHA may elect to continue to accept applications only from certain categories of families that meet particular preferences or funding criteria.

Reopening the Waiting List

If the waiting list has been closed, it cannot be reopened until the PHA publishes a notice in local newspapers of general circulation, minority media, and other suitable media outlets. The notice must comply with HUD fair housing requirements and must specify who may apply, and where and when applications will be received.

> PHA Policy
>
> The PHA will announce the reopening of the waiting list at least 10 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice.
>
> The PHA will give public notice by publishing the relevant information in suitable media outlets including, but not limited to:
>
> ### *The Sioux City Journal*

4-II.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

The PHA must conduct outreach as necessary to ensure that the PHA has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires the PHA to serve a specified percentage of extremely low income families (see Chapter 4, Part III), the PHA may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21].

PHA outreach efforts must comply with fair housing requirements. This includes:

- Analyzing the housing market area and the populations currently being served to identify underserved populations

- Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program

- Avoiding outreach efforts that prefer or exclude people who are members of a protected class

PHA outreach efforts must be designed to inform qualified families about the availability of assistance under the program. These efforts may include, as needed, any of the following activities:

- Submitting press releases to local newspapers, including minority newspapers

- Developing informational materials and flyers to distribute to other agencies

- Providing application forms to other public and private agencies that serve the low income population

- Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

PHA Policy

The PHA will monitor the characteristics of the population being served and the characteristics of the population as a whole in the PHA's jurisdiction. Targeted outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

PHA Policy

While the family is on the waiting list, the family must immediately inform the PHA of changes in mailing address. The changes must be submitted in writing.

The Sioux City Housing Authority considers first class mail as proper notice for any correspondence regarding rental assistance. If a proposed participant fails to pick up, open or read mail, they are still required to comply with whatever the correspondence requires.

4-II.F. UPDATING THE WAITING LIST [24 CFR 982.204]

HUD requires the PHA to establish policies to use when removing applicant names from the waiting list.

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to a PHA request for information or updates and the PHA determines that the family did not respond because of the family member's disability, the PHA must reinstate the applicant family to their former position on the waiting list [24 CFR 982.204(c)(2)].

PHA Policy

The waiting list will be updated annually to ensure that all applicants and applicant information is current and timely.

To update the waiting list, the PHA will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that the PHA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

The family's response must be in writing and may be delivered in person, by mail, or by fax. Responses should be received by the PHA not later than seven days from the date of the PHA letter.

If the family fails to respond within seven days, the family will be removed from the waiting list and given an opportunity for an informal review within seven days.

If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.

If the notice is returned by the post office with a forwarding address, the applicant will be removed from the waiting list without further notice. The PHA does not forward mail.

If a family is removed from the waiting list for failure to respond, the PHA may reinstate the family if it is determined the lack of response was due to PHA error, or to circumstances beyond the family's control.

Removal from the Waiting List

PHA Policy

If at any time an applicant family is on the waiting list, the PHA determines that the family is not eligible for assistance (see Chapter 3), the family will be removed from the waiting list.

If a family is removed from the waiting list because the PHA has determined the family is not eligible for assistance, a notice will be sent to the family's address of record. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding the PHA's decision (see Chapter 16) [24 CFR 982.201(f)].

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families receive assistance from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences that the family qualifies for. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

PHA Policy

The PHA administers the following types of targeted funding:

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

> PHA Policy
>
> The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.
>
> The PHA will use local preference to select families from the waiting list.
>
> The PHA has selected the following system to apply local preferences:
>
>> Local preferences will be aggregated using the following system:
>
> Each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicant's place on the waiting list:
>
> 3 points – involuntary displacement
>
> 3 points – a family can only be eligible for ONE of these two preferences:
>
>> Moving up Preference – limited to 50 per year on a rolling basis
>>
>> OR
>>
>> Homeless Student – limited to 100 per year on a rolling basis
>
>
>> 1 point – working preference/elderly (62 years old or older)/disabled

Among applicants with equal preference status, the waiting list will be organized by date and time of completed application.

At the time of application, an applicant's entitlement to a local preference will be verified before they are placed on the waiting list.   The PHA may verify all preference claims at the time they are approaching the top of the waiting list when the full application is processed if a change in circumstances seems to have occurred.

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list without the local preference. If at the time the family applied, the preference claim was the only reason for placement of the family on the list and the family cannot verify their eligibility for the preference, the family will be removed from the list.

Definition of Local Preferences

Moving Up Preference: Siouxland Coalition to End Homelessness (CoC) partners will identify persons or families in Permanent Supportive Housing (PSH) and Transitional Housing (TH) that meet criteria: were previously homeless prior to entry in to the PSH or TH program but who no longer need that level of supportive services. The Moving Up Preference will be limited to 50 admission preferences per year on a rolling basis, and will contribute significantly to the to the community's overall efforts to end homelessness by freeing up units for currently homeless families and individuals with disabilities who need housing combined with services.
To qualify:
- Voluntary Tenant Participation
- Permanent Supportive Housing Residency for at least 2 years, OR
- Transitional Housing Residency for at least 3 months
- Tenant in good standing
- Referrals are restricted to service providers only; Continuum of Care (CoC) Providers with an Memorandum of Understanding (MOU)

Homeless Families with School Aged Children: This preference will identify homeless school aged children in the Sioux City Community School District that meet the criteria: meet HUD's definition of homelessness and are identified and referred by Sioux City Community Schools and other private Sioux City schools under MOUs. The Homeless Families with School Aged Children Preference will be limited to 100 admission preferences per year on a rolling basis. PHAs and schools can collaborate to identify and assist children whose families are experiencing homelessness and to support housing stability. By working together to end homelessness for families, schools and PHAs can strengthen communities and improve educational outcomes for students.
To qualify:

- Voluntary Tenant Participation

- Meet HUD's definition of homelessness: Category 1

- Referrals are restricted to Sioux City Community Schools, both public and private, who will identify and make referrals with an Memorandum of Understanding (MOU)

The students and their families must meet the definition of homelessness:
Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
   a) An individual or family with a 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 governments 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.

Working Preference: Families with at least one adult who is:

1) Employed an average of at least twenty hours per week for at least 6 months.

2) Is receiving unemployment benefits

3) Is an active, full time participant in an accredited education and/or training program designed to prepare the individual for the job market.

4) Is involved in a combination of education and employment to equal at least twenty hours per week for at least 6 months.

5) This preference is automatically extended to elderly families or families whose head or spouse is receiving income based on their inability to work or to which a doctor or other professional certifies his/her disability.

Involuntary Displacement

Involuntarily Displaced applicants are applicants who have been involuntarily displaced and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six months from the date of verification by the PHA.

Families are considered to be involuntarily displaced if they are required to vacate housing as a result of:

1.   A disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable.

2.   Federal, state or local government action related to code enforcement, public improvement or development, *as long as the action is unrelated to the actions of the tenant*.

➢ If the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

3.   To avoid reprisals because the family provided information on criminal activities to a law enforcement agency and, after a threat assessment, the law enforcement agency recommends rehousing the family to avoid or reduce risk of violence against the family.

The family must be part of a Witness Protection Program, or the HUD Office or law enforcement agency must have informed the PHA that the family is part of a similar program. The PHA will take precautions to ensure that the new location of the family is concealed in cases of witness protection.

4.   By hate crimes if a member of the family has been the victim of one or more hate crimes, and the applicant has vacated the unit because of the crime or the fear of such a crime has destroyed the applicant's peaceful enjoyment of the unit.

A hate crime is actual or threatened physical violence or intimidation that is directed against a person or his property and is based on the person's race, color, religion, sex, national origin, disability or familial status *including sexual orientation* and occurred within the last *thirty* days or is of a continuing nature.

5. Due to HUD disposition of a multifamily project under Section 203 of the Housing and Community Development Amendments of 1978

In order to receive the displacement preference, applicants who have been displaced must not be living in "standard, permanent replacement housing."

Standard replacement housing is defined as housing that is decent, safe and sanitary **[according to Housing Quality Standards]**, that is adequate for the family size according to **[Housing Quality Standards]**, and that the family is occupying pursuant to a written or oral lease or occupancy agreement.

Standard replacement housing does not include transient facilities, hotels, motels, temporary shelters, and (in the case of Victims of Domestic Violence) housing occupied by the individual who engages in such violence.

It does not include any individual imprisoned or detained pursuant to State Law or an Act of Congress. Shared housing with family or friends **[is]** considered temporary and **[is not]** considered standard replacement housing.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

PHA Policy

The PHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families based on local preferences according to the date and time of application or by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

PHA Policy

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the PHA's hierarchy of preferences, if applicable. Within each targeted funding or preference category, families

will be selected on a first-come, first-served basis according to the date and time their complete application is received by the PHA. Documentation will be maintained by the PHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the PHA does not have to ask higher placed families each time targeted selections are made.

PHA Policy regarding Family Unification Program (FUP)
The FUP (Family Unification Program) is a program in conjunction with Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, and Jackson Recovery which provides Housing Choice Voucher assistance to qualified families. To be considered for FUP the family must be referred by Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, or Jackson Recovery, be in need of housing in order to keep the family unified and be actively working with one of the previously listed agencies for the purpose of the family to be unified.

FUP allows a family to make application for rental assistance without being on the regular waiting list. If the family is currently on the waiting list, their application will be considered a targeted application. Each FUP family must meet all of the eligibility requirements of the Housing Choice Voucher program. If a family is not eligible for the voucher program they will not be eligible for FUP.

PHA Policy regarding How FUP Works

Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, or Jackson Recovery refers a family for the FUP Program

The family must be eligible for the Housing Choices Voucher program. All guidelines for the HCV program apply to FUP.

The referral is screened initially to determine that the family is not on the SCHA ineligible list. If the family is on the ineligible list they will not be eligible for FUP until they are removed from the ineligible list.

If the family is determined to be eligible at the time of this initial screening, their name will be placed on the waiting list. The time frame between receipt of the referral and scheduling the family for intake will be dependent upon the number of vouchers available, openings in the FUP program and other time constraints for staff.

In the event the HA doe not have vouchers available, the following will happen: Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, or Jackson Recovery will be notified in writing that funding is not available at this time.

The family will also be notified in writing, if the HA has an address for the family.
The family will be placed on a FUP waiting list by date of application.
The family will be encouraged to apply through the regular waiting list so that they will be on both waiting lists. An application for the regular waiting list will be included with the letter notifying the family they have been place on the FUP waiting list.

When a voucher becomes available for the FUP program, Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, or Jackson Recovery will be contacted to verify that the family is still eligible for the program.
If the family remains eligible for the FUP program an intake appointment will be scheduled.

If a family is on the regular waiting list and are in the process of completing a long application, or will be within 60 days of being issued a voucher, they will not be considered for FUP. This is due to the fact that transferring the family to FUP will not expedite the application process for the family. An exception to this policy is if the family is determined to not have a preference and will be returned to the waiting list.

PHA Policy regarding The Intake Process for FUP

The family will be sent an appointment time for intake and also sent the application packet, which is identical to the regular waiting list packet. .

The completed intake packet will be reviewed with the family at the scheduled appointment. If the family is on the regular waiting list, the pre-application will be pulled from intake.

The family will be expected to provide any required missing information (that was not turned in during intake) within 2 weeks of the intake appointment. They may submit receipts in lieu of Social Security cards. If DHS is ordering birth certificates for children the application will be accepted without the birth certificates. In all other situations the social security cards, birth certificates and photo ids will be required before the application is accepted.

If the family does not return the required documentation within two weeks of the intake appointment, the family will be notified in writing that they have been removed from the referral process due to not returning paperwork within the required time frame. The family will be given 5 days to appeal that removal.

When the application is submitted the family will be screened as per all applications. This process will take an average of 5 to 10 working days to complete. This may be delayed if all of the requested information is not provided.

When the screening process has been completed and eligibility has been determined, the family will be scheduled for the next available briefing.

PHA Policies for FUP

FUP families will be held to the same standard that all applicants are held to, in regard to meeting time frames for returning information, keeping appointments with HA staff, etc.

If a family does not meet a time frame they will risk being removed from the FUP waiting list.

If the family has been terminated from this HA, or any other HA, the referral will not be considered until the sanction has been lifted by the appropriate HA.

If the family owes the SCHA or any other HA money, the referral will not be considered until that debt is paid in full. It will be the responsibility of the family to provide written evidence that the debt has been eliminated.

In the event the family is removed from the FUP waiting list, due to not returning information or keeping an appointment, the family will not be reconsidered for FUP. However unless the family is determined not to be eligible for rental assistance, the family can apply for rental assistance through the regular waiting list.

Children out of the home will be included in the application and voucher size if the DHS case plan supports that the child(ren) will be returning to the home within six months of the referral. When the family actually receives the rental assistance the child(ren) out of the home will not be considered a dependent for the purpose of determining the amount of assistance the family will be receiving. When the child(ren) return(s) to the home that child will be added to the household, as well as all corresponding deductions.

In the event a family is accepted into FUP and has their rental assistance terminated they will not be eligible for FUP in the future. The family can apply through the regular waiting list if eligible for rental assistance. An exception will be made to this policy on a case by case basis. However the family will be responsible to provide evidence that they will be able to fulfill the obligations of FUP. Final approval to accept the family will be at the discretion of the HA FUP caseworker after the referral has been reviewed by the HA review committee. Things that will be given consideration are as follows (this list is not inclusive and does not guarantee the family will be approved for FUP):
Completion of an approved treatment program
A change in the family composition if the primary reason for the termination was due to the actions of another family member.
Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, and Jackson Recovery provides sufficient evidence that supports the family should be given consideration for the program again

In the event the case plan indicates the family is not cooperating with Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, and Jackson Recovery the family will not be considered for FUP.

During the screening process if it is found that a family member may not be eligible for rental assistance due to drug or violent criminal activity, the family may be given consideration for FUP under the following circumstances:
The family is participating in an appropriate treatment program
The family has shown cooperation with Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, and Jackson Recovery in all aspects of the case plan
Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, and Jackson Recovery is able to provide information that will support considering the family for FUP.
Exceptions to this policy will be made only after careful review between HA and DHS staff.
Final determination of an exception is at the discretion of HA staff.

No exceptions will be considered if a family is found to be ineligible for rental assistance for the following reasons:
Any adult household member owes the SCHA or any other Housing Authority money. The money will need to be repaid in full before the family will be considered eligible for FUP.

Any adult household member is found to be ineligible for rental assistance due to a sanction by the SCHA or any other Housing Authority
That sanction time period will need to be completed before the family will be considered eligible for FUP.

In the event that the child(ren) are not returned to the home the family continues to be eligible to receive rental assistance, unless determined to be ineligible due to a program violation. The family is responsible for reporting this information to the HA staff. In the event this happens the following will happen"
Families in the first year of a lease:
If change in family size results in a change in the voucher size the family is eligible for, no change in the level of assistance the family is receiving will take place until the end of the lease. Sixty days prior to the change the family will be given written notice that they are no longer for the size of voucher they currently have.
The family will be issued the appropriate voucher for the family size and their options will be discussed with them.
At the end of the first year of the lease the family will not be required to move to a smaller unit but would have to be able to pay the rent with a lower level of assistance. This is determined by HUD guidelines to determine affordability of a unit for a family. If the family has sufficient income to pay the rent with less subsidy, their rent will increase as per terms of their lease. A thirty day written notice of the rent change will be given to the family.

Families not in the first year of a lease:
a) The family will be given a 60 day written notice that their voucher size will be changing.
b) If this household change results in the family needing to move to a smaller unit the family will be issued a new voucher.
If the family has the income to pay the rent at their current unit with less assistance they will not be required to move.
If the family is able to remain in their current unit and pay a higher rent, a thirty day written notice of the rent increase will be given to the family.

4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, the PHA must notify the family.

> PHA Policy
>
> The PHA will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:
>
> > Date, time, and location the application is due, generally ten calendar days will be allowed to return information
> >
> > Documents that must be provided to the Sioux City Housing Authority, including information about what constitutes acceptable documentation
> >
> > Other documents and information that should be provided to the Sioux City Housing Authority about income, assets, and household composition.
> >
> > If a notification letter is returned to the PHA with or without a forwarding address, the family will be removed from the waiting list with no further notification, unless the contact information form has been completed.

4-III.E. THE APPLICATION INTERVIEW

HUD recommends that the PHA obtain the information and documentation needed to make an eligibility determination though a private interview [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if the PHA determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by the PHA [Notice PIH 2012-10].

Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability.

> PHA Policy
>
> Families selected from the waiting list are required to participate in an eligibility interview.
>
> The head of household and the spouse/co-head and all other adults will be required to attend the interview together. However, either the head of household or the spouse/co-head may attend the interview on behalf of the family as a reasonable accommodation if requested.
>
> The head of household and spouse/co-head provides must provide acceptable documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity). If the family representative does not provide the required documentation will be required to provide it within seven days.
>
> Pending disclosure and documentation of social security numbers, the PHA will allow the family to retain its place on the waiting list for *seven days*. If not all household members have disclosed their SSNs at the next time the PHA is issuing vouchers, the PHA will issue a voucher to the next eligible applicant family on the waiting list.
>
> The family must provide the information necessary to establish the family's eligibility and determine the appropriate level of assistance, as well as completing required forms, providing required signatures, and submitting required documentation. If any materials are missing, the PHA will provide the family with a written list of items that must be submitted.
> Any required documents or information that the family is unable to provide at the interview must be provided within seven business days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of eligible noncitizen status. If the required documents and information are not provided within the required time frame, the family will be sent a notice of denial (See Chapter 3).
>
> An advocate, interpreter, or other assistant may assist the family with the application and the interview process.
>
> Interviews will be conducted in English. For limited English proficient (LEP) applicants, the PHA will provide translation services in accordance with the PHA's LEP plan.
>
> If the family is unable to attend a scheduled interview, the family should contact the PHA in advance of the interview to schedule a new appointment. If a family does not attend a scheduled interview without making contact, the PHA will remove the family from the waiting list. Applicants who fail to meet two deadlines or meetings without PHA

approval will be denied assistance based on the family's failure to supply information needed to determine eligibility. A notice of denial will be issued in accordance with policies contained in Chapter 3. A family must attend a briefing that takes place within 30 days of the date their name reached the top of the waiting list. This would be the date on their first letter scheduling them to receive a voucher. If a family is unable to attend a briefing in this time frame, their name will be removed from the waiting list and they would need to apply when they would be available to attend a briefing.

4-III.F. COMPLETING THE APPLICATION PROCESS

The PHA must verify all information provided by the family (see Chapter 7). Based on verified information, the PHA must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted admission, or selection preference that affected the order in which the family was selected from the waiting list.

PHA Policy

If the PHA determines that the family is ineligible, the PHA will send written notification of the ineligibility determination within seven days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review (Chapter 16).

If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list (e.g. targeted funding, extremely low-income), the family will be returned to its original position on the waiting list. The PHA will notify the family in writing that it has been returned to the waiting list, and will specify the reasons for it.

If the PHA determines that the family is eligible to receive assistance, the PHA will invite the family to attend a briefing in accordance with the policies in Chapter 5.

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive HCV or HOME funded TBRA assistance, the family must submit an application that provides the PHA with the information needed to determine the family's eligibility. HUD requires the PHA to place all families that apply for assistance on a waiting list. When HCV or HOME assistance becomes available, the PHA must select families from the waiting list in accordance with HUD requirements and PHA policies as stated in the administrative plan and the annual plan.

The PHA is required to adopt a clear approach to accepting applications, placing families on the waiting list, selecting families from the waiting list and must follow this approach consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the PHA. Examples of this are the selection of families for income targeting and the selection of families that qualify for targeted funding.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance, and that the PHA affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that the PHA will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and PHA policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

> Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how the PHA will handle the applications it receives.

> Part II: Managing the Waiting List. This part presents the policies that govern how the PHA's waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for assistance. It also discusses the process the PHA will use to keep the waiting list current.

> Part III: Selection for HCV Assistance. This part describes the policies that guide the PHA in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that the PHA has the information needed to make a final eligibility determination.

PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the PHA policies for making applications available, accepting applications making preliminary determinations of eligibility, and the placement of applicants on the waiting list. This part also describes the PHA's obligation to ensure the accessibility of the application process to elderly persons, people with disabilities, and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16, Notice PIH 2009-36]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits the PHA to determine the format and content of HCV applications, as well how such applications will be made available to interested families and how applications will be accepted by the PHA. The PHA must include Form HUD-92006, Supplement to Application for Federally Assisted Housing, as part of the PHA's application

PHA Policy

Depending upon the length of time that applicants may need to wait to receive assistance, the PHA may use a one- or two-step application process.

As of October 1, 2014, applications will be accepted in two formats: online and paper applications. Applicants must request a paper application in writing.

All applications must include: 1) Social security cards for all family members or a receipt that one has been applied for and will be provided to the Sioux City Housing Authority within sixty days; 2) state or federal photo identification for each adult family member; 3) official birth certificates or US passport, or employment authorization card, or temporary resident card for all family members. An online application is not complete until these items are received. After ten calendar days, an application will be deemed incomplete and removed from the pending waiting list without written notice.

Paper applications will be returned to the applicant and will not be processed until complete.

All paper applications must be completed in their own handwriting, unless assistance is needed, or a request for accommodation is made by a person with disabilities.

A one-step process will be used when it is expected that a family will be selected from the waiting list within 60 days of the date of application. At application, the family must provide all of the information necessary to establish family eligibility and level of assistance.

A two-step process will be used when it is expected that a family will not be selected from the waiting list for at least 60 days from the date of application. Under the two-step application process, the PHA initially will require families to provide only the information needed to make an initial assessment of the family's eligibility, and to determine the family's placement on the waiting list. The family will be required to provide all of the information necessary to establish family eligibility and level of assistance when the family is selected from the waiting list.

Families may obtain application forms from the PHA's office during normal business hours. Families may also request – by telephone or by mail – that a form be sent to the family via first class mail as a reasonable accommodation for a family with disabilities.

Completed applications must be returned to the PHA by mail, or submitted in person during prescribed normal business hours. Applications must be complete in order to be accepted by the PHA for processing. If an application is incomplete, the PHA will return the application to the family until it is complete and the family will not be placed on the waiting list.

4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]

The PHA must take a variety of steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard PHA application process. This could include people with disabilities, certain elderly individuals, as well as persons with limited English proficiency (LEP). The PHA must provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible, or the PHA must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of the PHA's policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

PHAs are required to take reasonable steps to ensure meaningful access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on the PHA's policies related to ensuring access to people with limited English proficiency (LEP).

4-I.D. PLACEMENT ON THE WAITING LIST

The PHA must review each complete application received and make a preliminary assessment of the family's eligibility. The PHA must accept applications from families for whom the list is open unless there is good cause for not accepting the application (such as denial of assistance) for the grounds stated in the regulations [24 CFR 982.206(b)(2)]. Where the family is determined to be ineligible, the PHA must notify the family in writing [24 CFR 982.201(f)]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list [24 CFR 982.202(c)].

Ineligible for Placement on the Waiting List

> PHA Policy
>
> If the PHA can determine from the information provided that a family is ineligible, the family will not be placed on the waiting list. Where a family is determined to be ineligible, the PHA will send written notification of the ineligibility determination within seven days of receiving a complete application. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review and explain the process for doing so (see Chapter 16).

Eligible for Placement on the Waiting List

> PHA Policy
>
> The PHA will send written notification of the preliminary eligibility determination within seven days of receiving a complete application.
>
> Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list.
>
> Applicants will be placed on the waiting list according to any preference(s) for which they qualify, and the date and time their complete application is received by the PHA.

PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

The PHA must have policies regarding various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for assistance, as well as conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how a PHA may structure its waiting list and how families must be treated if they apply for assistance from a PHA that administers more than one assisted housing program.

4-II.B. ORGANIZATION OF THE WAITING LIST [24 CFR 982.204 and 205]

The PHA's HCV waiting list must be organized in such a manner to allow the PHA to accurately identify and select families for assistance in the proper order, according to the admissions policies described in this plan.

The waiting list must contain the following information for each applicant listed:
- Applicant name;
- Family unit size;
- Date and time of application;
- Qualification for any local preference;
- Racial or ethnic designation of the head of household.

HUD requires the PHA to maintain a single waiting list for the HCV program unless it serves more than one county or municipality. Such PHAs are permitted, but not required, to maintain a separate waiting list for each county or municipality served.

> PHA Policy
>
> The PHA will maintain a single waiting list for the HCV program.

HUD directs that a family that applies for assistance from the HCV program must be offered the opportunity to be placed on the waiting list for any public housing, project-based voucher or moderate rehabilitation program the PHA operates if 1) the other programs' waiting lists are open, and 2) the family is qualified for the other programs.

HUD permits, but does not require, that PHAs maintain a single merged waiting list for their public housing, Section 8, and other subsidized housing programs.

A family's decision to apply for, receive, or refuse other housing assistance must not affect the family's placement on the HCV waiting list, or any preferences for which the family may qualify.

> PHA Policy
>
> The PHA will not merge the HCV waiting list with the waiting list for any other program the PHA operates.
>
> When the SCHA has tenant based rental assistance funding available, they offer TBRA to applicants on the Section 8 HCV waiting list.

4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

A PHA is permitted to close the waiting list if it has an adequate pool of families to use its available HCV assistance. Alternatively, the PHA may elect to continue to accept applications only from certain categories of families that meet particular preferences or funding criteria.

Reopening the Waiting List

If the waiting list has been closed, it cannot be reopened until the PHA publishes a notice in local newspapers of general circulation, minority media, and other suitable media outlets. The notice must comply with HUD fair housing requirements and must specify who may apply, and where and when applications will be received.

> PHA Policy
>
> The PHA will announce the reopening of the waiting list at least 10 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice.
>
> The PHA will give public notice by publishing the relevant information in suitable media outlets including, but not limited to:
>
> ### *The Sioux City Journal*

4-II.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

The PHA must conduct outreach as necessary to ensure that the PHA has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires the PHA to serve a specified percentage of extremely low income families (see Chapter 4, Part III), the PHA may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21].

PHA outreach efforts must comply with fair housing requirements. This includes:

- Analyzing the housing market area and the populations currently being served to identify underserved populations

- Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program

- Avoiding outreach efforts that prefer or exclude people who are members of a protected class

PHA outreach efforts must be designed to inform qualified families about the availability of assistance under the program. These efforts may include, as needed, any of the following activities:

- Submitting press releases to local newspapers, including minority newspapers

- Developing informational materials and flyers to distribute to other agencies

- Providing application forms to other public and private agencies that serve the low income population

- Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

PHA Policy

The PHA will monitor the characteristics of the population being served and the characteristics of the population as a whole in the PHA's jurisdiction. Targeted outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

PHA Policy

While the family is on the waiting list, the family must immediately inform the PHA of changes in mailing address. The changes must be submitted in writing.

The Sioux City Housing Authority considers first class mail as proper notice for any correspondence regarding rental assistance. If a proposed participant fails to pick up, open or read mail, they are still required to comply with whatever the correspondence requires.

4-II.F. UPDATING THE WAITING LIST [24 CFR 982.204]

HUD requires the PHA to establish policies to use when removing applicant names from the waiting list.

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to a PHA request for information or updates and the PHA determines that the family did not respond because of the family member's disability, the PHA must reinstate the applicant family to their former position on the waiting list [24 CFR 982.204(c)(2)].

PHA Policy

The waiting list will be updated annually to ensure that all applicants and applicant information is current and timely.

To update the waiting list, the PHA will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that the PHA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

The family's response must be in writing and may be delivered in person, by mail, or by fax. Responses should be received by the PHA not later than seven days from the date of the PHA letter.

If the family fails to respond within seven days, the family will be removed from the waiting list and given an opportunity for an informal review within seven days.

If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.

If the notice is returned by the post office with a forwarding address, the applicant will be removed from the waiting list without further notice. The PHA does not forward mail.

If a family is removed from the waiting list for failure to respond, the PHA may reinstate the family if it is determined the lack of response was due to PHA error, or to circumstances beyond the family's control.

Removal from the Waiting List

PHA Policy

If at any time an applicant family is on the waiting list, the PHA determines that the family is not eligible for assistance (see Chapter 3), the family will be removed from the waiting list.

If a family is removed from the waiting list because the PHA has determined the family is not eligible for assistance, a notice will be sent to the family's address of record. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding the PHA's decision (see Chapter 16) [24 CFR 982.201(f)].

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families receive assistance from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences that the family qualifies for. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

PHA Policy

The PHA administers the following types of targeted funding:

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

> PHA Policy
>
> The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.
>
> The PHA will use local preference to select families from the waiting list.
>
> The PHA has selected the following system to apply local preferences:
>
> > Local preferences will be aggregated using the following system:
>
> Each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicant's place on the waiting list:
>
> 3 points – involuntary displacement
>
> 3 points – a family can only be eligible for ONE of these two preferences:
>
> > Moving up Preference – limited to 50 per year on a rolling basis
> >
> > OR
> >
> > Homeless Student – limited to 100 per year on a rolling basis
>
> > 1 point – working preference/elderly (62 years old or older)/disabled

Among applicants with equal preference status, the waiting list will be organized by date and time of completed application.

At the time of application, an applicant's entitlement to a local preference will be verified before they are placed on the waiting list.   The PHA may verify all preference claims at the time they are approaching the top of the waiting list when the full application is processed if a change in circumstances seems to have occurred.

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list without the local preference. If at the time the family applied, the preference claim was the only reason for placement of the family on the list and the family cannot verify their eligibility for the preference, the family will be removed from the list.

Definition of Local Preferences
Moving Up Preference: Siouxland Coalition to End Homelessness (CoC) partners will identify persons or families in Permanent Supportive Housing (PSH) and Transitional Housing (TH) that meet criteria: were previously homeless prior to entry in to the PSH or TH program but who no longer need that level of supportive services. The Moving Up Preference will be limited to 50 admission preferences per year on a rolling basis, and will contribute significantly to the to the community's overall efforts to end homelessness by freeing up units for currently homeless families and individuals with disabilities who need housing combined with services.
To qualify:

- · Voluntary Tenant Participation
- · Permanent Supportive Housing Residency for at least 2 years, OR
- · Transitional Housing Residency for at least 3 months
- · Tenant in good standing
- · Referrals are restricted to service providers only; Continuum of Care (CoC) Providers with an Memorandum of Understanding (MOU)

Homeless Families with School Aged Children: This preference will identify homeless school aged children in the Sioux City Community School District that meet the criteria: meet HUD's definition of homelessness and are identified and referred by Sioux City Community Schools and other private Sioux City schools under MOUs. The Homeless Families with School Aged Children Preference will be limited to 100 admission preferences per year on a rolling basis. PHAs and schools can collaborate to identify and assist children whose families are experiencing homelessness and to support housing stability. By working together to end homelessness for families, schools and PHAs can strengthen communities and improve educational outcomes for students.
To qualify:

- Voluntary Tenant Participation
- Meet HUD's definition of homelessness: Category 1
- Referrals are restricted to Sioux City Community Schools, both public and private, who will identify and make referrals with an Memorandum of Understanding (MOU)

The students and their families must meet the definition of homelessness:
Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

a) An individual or family with a 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 governments for low-income individuals); *or*

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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.

Working Preference: Families with at least one adult who is:

1) Employed an average of at least twenty hours per week for at least 6 months.

2) Is receiving unemployment benefits

3) Is an active, full time participant in an accredited education and/or training program designed to prepare the individual for the job market.

4) Is involved in a combination of education and employment to equal at least twenty hours per week for at least 6 months.

5) This preference is automatically extended to elderly families or families whose head or spouse is receiving income based on their inability to work or to which a doctor or other professional certifies his/her disability.

Involuntary Displacement

Involuntarily Displaced applicants are applicants who have been involuntarily displaced and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six months from the date of verification by the PHA.

Families are considered to be involuntarily displaced if they are required to vacate housing as a result of:

1. A disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable.

2. Federal, state or local government action related to code enforcement, public improvement or development, *as long as the action is unrelated to the actions of the tenant*.

   ➢ If the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

3. To avoid reprisals because the family provided information on criminal activities to a law enforcement agency and, after a threat assessment, the law enforcement agency recommends rehousing the family to avoid or reduce risk of violence against the family.

   The family must be part of a Witness Protection Program, or the HUD Office or law enforcement agency must have informed the PHA that the family is part of a similar program. The PHA will take precautions to ensure that the new location of the family is concealed in cases of witness protection.

4. By hate crimes if a member of the family has been the victim of one or more hate crimes, and the applicant has vacated the unit because of the crime or the fear of such a crime has destroyed the applicant's peaceful enjoyment of the unit.

A hate crime is actual or threatened physical violence or intimidation that is directed against a person or his property and is based on the person's race, color, religion, sex, national origin, disability or familial status *including sexual orientation* and occurred within the last *thirty* days or is of a continuing nature.

5. Due to HUD disposition of a multifamily project under Section 203 of the Housing and Community Development Amendments of 1978

In order to receive the displacement preference, applicants who have been displaced must not be living in "standard, permanent replacement housing."

Standard replacement housing is defined as housing that is decent, safe and sanitary **[according to Housing Quality Standards]**, that is adequate for the family size according to **[Housing Quality Standards]**, and that the family is occupying pursuant to a written or oral lease or occupancy agreement.

Standard replacement housing does not include transient facilities, hotels, motels, temporary shelters, and (in the case of Victims of Domestic Violence) housing occupied by the individual who engages in such violence.

It does not include any individual imprisoned or detained pursuant to State Law or an Act of Congress. Shared housing with family or friends **[is]** considered temporary and **[is not]** considered standard replacement housing.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

PHA Policy

The PHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families based on local preferences according to the date and time of application or by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

PHA Policy

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the PHA's hierarchy of preferences, if applicable. Within each targeted funding or preference category, families

will be selected on a first-come, first-served basis according to the date and time their complete application is received by the PHA. Documentation will be maintained by the PHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the PHA does not have to ask higher placed families each time targeted selections are made.

PHA Policy regarding Family Unification Program (FUP)
The FUP (Family Unification Program) is a program in conjunction with Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, and Jackson Recovery which provides Housing Choice Voucher assistance to qualified families. To be considered for FUP the family must be referred by Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, or Jackson Recovery, be in need of housing in order to keep the family unified and be actively working with one of the previously listed agencies for the purpose of the family to be unified.

FUP allows a family to make application for rental assistance without being on the regular waiting list. If the family is currently on the waiting list, their application will be considered a targeted application. Each FUP family must meet all of the eligibility requirements of the Housing Choice Voucher program. If a family is not eligible for the voucher program they will not be eligible for FUP.

PHA Policy regarding How FUP Works

Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, or Jackson Recovery refers a family for the FUP Program

The family must be eligible for the Housing Choices Voucher program. All guidelines for the HCV program apply to FUP.

The referral is screened initially to determine that the family is not on the SCHA ineligible list. If the family is on the ineligible list they will not be eligible for FUP until they are removed from the ineligible list.

If the family is determined to be eligible at the time of this initial screening, their name will be placed on the waiting list. The time frame between receipt of the referral and scheduling the family for intake will be dependent upon the number of vouchers available, openings in the FUP program and other time constraints for staff.

In the event the HA doe not have vouchers available, the following will happen: Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, or Jackson Recovery will be notified in writing that funding is not available at this time.

The family will also be notified in writing, if the HA has an address for the family.
The family will be placed on a FUP waiting list by date of application.
The family will be encouraged to apply through the regular waiting list so that they will be on both waiting lists. An application for the regular waiting list will be included with the letter notifying the family they have been place on the FUP waiting list.

When a voucher becomes available for the FUP program, Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, or Jackson Recovery will be contacted to verify that the family is still eligible for the program.
If the family remains eligible for the FUP program an intake appointment will be scheduled.

If a family is on the regular waiting list and are in the process of completing a long application, or will be within 60 days of being issued a voucher, they will not be considered for FUP. This is due to the fact that transferring the family to FUP will not expedite the application process for the family. An exception to this policy is if the family is determined to not have a preference and will be returned to the waiting list.

PHA Policy regarding The Intake Process for FUP

The family will be sent an appointment time for intake and also sent the application packet, which is identical to the regular waiting list packet. .

The completed intake packet will be reviewed with the family at the scheduled appointment. If the family is on the regular waiting list, the pre-application will be pulled from intake.

The family will be expected to provide any required missing information (that was not turned in during intake) within 2 weeks of the intake appointment. They may submit receipts in lieu of Social Security cards. If DHS is ordering birth certificates for children the application will be accepted without the birth certificates. In all other situations the social security cards, birth certificates and photo ids will be required before the application is accepted.

If the family does not return the required documentation within two weeks of the intake appointment, the family will be notified in writing that they have been removed from the referral process due to not returning paperwork within the required time frame. The family will be given 5 days to appeal that removal.

When the application is submitted the family will be screened as per all applications. This process will take an average of 5 to 10 working days to complete. This may be delayed if all of the requested information is not provided.

When the screening process has been completed and eligibility has been determined, the family will be scheduled for the next available briefing.

PHA Policies for FUP

FUP families will be held to the same standard that all applicants are held to, in regard to meeting time frames for returning information, keeping appointments with HA staff, etc.

If a family does not meet a time frame they will risk being removed from the FUP waiting list.

If the family has been terminated from this HA, or any other HA, the referral will not be considered until the sanction has been lifted by the appropriate HA.

If the family owes the SCHA or any other HA money, the referral will not be considered until that debt is paid in full. It will be the responsibility of the family to provide written evidence that the debt has been eliminated.

In the event the family is removed from the FUP waiting list, due to not returning information or keeping an appointment, the family will not be reconsidered for FUP. However unless the family is determined not to be eligible for rental assistance, the family can apply for rental assistance through the regular waiting list.

Children out of the home will be included in the application and voucher size if the DHS case plan supports that the child(ren) will be returning to the home within six months of the referral. When the family actually receives the rental assistance the child(ren) out of the home will not be considered a dependent for the purpose of determining the amount of assistance the family will be receiving. When the child(ren) return(s) to the home that child will be added to the household, as well as all corresponding deductions.

In the event a family is accepted into FUP and has their rental assistance terminated they will not be eligible for FUP in the future. The family can apply through the regular waiting list if eligible for rental assistance. An exception will be made to this policy on a case by case basis. However the family will be responsible to provide evidence that they will be able to fulfill the obligations of FUP. Final approval to accept the family will be at the discretion of the HA FUP caseworker after the referral has been reviewed by the HA review committee. Things that will be given consideration are as follows (this list is not inclusive and does not guarantee the family will be approved for FUP):
Completion of an approved treatment program
A change in the family composition if the primary reason for the termination was due to the actions of another family member.
Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, and Jackson Recovery provides sufficient evidence that supports the family should be given consideration for the program again

In the event the case plan indicates the family is not cooperating with Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, and Jackson Recovery the family will not be considered for FUP.

During the screening process if it is found that a family member may not be eligible for rental assistance due to drug or violent criminal activity, the family may be given consideration for FUP under the following circumstances:
The family is participating in an appropriate treatment program
The family has shown cooperation with Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, and Jackson Recovery in all aspects of the case plan
Woodbury County Department of Human Services, Council of Sexual Assault & Domestic Violence, and Jackson Recovery is able to provide information that will support considering the family for FUP.
Exceptions to this policy will be made only after careful review between HA and DHS staff.
Final determination of an exception is at the discretion of HA staff.

No exceptions will be considered if a family is found to be ineligible for rental assistance for the following reasons:
Any adult household member owes the SCHA or any other Housing Authority money. The money will need to be repaid in full before the family will be considered eligible for FUP.

Any adult household member is found to be ineligible for rental assistance due to a sanction by the SCHA or any other Housing Authority
That sanction time period will need to be completed before the family will be considered eligible for FUP.

In the event that the child(ren) are not returned to the home the family continues to be eligible to receive rental assistance, unless determined to be ineligible due to a program violation. The family is responsible for reporting this information to the HA staff. In the event this happens the following will happen"
Families in the first year of a lease:
If change in family size results in a change in the voucher size the family is eligible for, no change in the level of assistance the family is receiving will take place until the end of the lease. Sixty days prior to the change the family will be given written notice that they are no longer for the size of voucher they currently have.
The family will be issued the appropriate voucher for the family size and their options will be discussed with them.
At the end of the first year of the lease the family will not be required to move to a smaller unit but would have to be able to pay the rent with a lower level of assistance. This is determined by HUD guidelines to determine affordability of a unit for a family. If the family has sufficient income to pay the rent with less subsidy, their rent will increase as per terms of their lease. A thirty day written notice of the rent change will be given to the family.

Families not in the first year of a lease:
a) The family will be given a 60 day written notice that their voucher size will be changing.
b) If this household change results in the family needing to move to a smaller unit the family will be issued a new voucher.
If the family has the income to pay the rent at their current unit with less assistance they will not be required to move.
If the family is able to remain in their current unit and pay a higher rent, a thirty day written notice of the rent increase will be given to the family.

4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, the PHA must notify the family.

> PHA Policy
>
> The PHA will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:
>
> > Date, time, and location the application is due, generally ten calendar days will be allowed to return information
> >
> > Documents that must be provided to the Sioux City Housing Authority, including information about what constitutes acceptable documentation
> >
> > Other documents and information that should be provided to the Sioux City Housing Authority about income, assets, and household composition.
> >
> > If a notification letter is returned to the PHA with or without a forwarding address, the family will be removed from the waiting list with no further notification, unless the contact information form has been completed.

4-III.E. THE APPLICATION INTERVIEW

HUD recommends that the PHA obtain the information and documentation needed to make an eligibility determination though a private interview [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if the PHA determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by the PHA [Notice PIH 2012-10].

Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability.

> PHA Policy
>
> Families selected from the waiting list are required to participate in an eligibility interview.
>
> The head of household and the spouse/co-head and all other adults will be required to attend the interview together. However, either the head of household or the spouse/co-head may attend the interview on behalf of the family as a reasonable accommodation if requested.
>
> The head of household and spouse/co-head provides must provide acceptable documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity). If the family representative does not provide the required documentation will be required to provide it within seven days.
>
> Pending disclosure and documentation of social security numbers, the PHA will allow the family to retain its place on the waiting list for *seven days*. If not all household members have disclosed their SSNs at the next time the PHA is issuing vouchers, the PHA will issue a voucher to the next eligible applicant family on the waiting list.
>
> The family must provide the information necessary to establish the family's eligibility and determine the appropriate level of assistance, as well as completing required forms, providing required signatures, and submitting required documentation. If any materials are missing, the PHA will provide the family with a written list of items that must be submitted.
> Any required documents or information that the family is unable to provide at the interview must be provided within seven business days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of eligible noncitizen status. If the required documents and information are not provided within the required time frame, the family will be sent a notice of denial (See Chapter 3).
>
> An advocate, interpreter, or other assistant may assist the family with the application and the interview process.
>
> Interviews will be conducted in English. For limited English proficient (LEP) applicants, the PHA will provide translation services in accordance with the PHA's LEP plan.
>
> If the family is unable to attend a scheduled interview, the family should contact the PHA in advance of the interview to schedule a new appointment. If a family does not attend a scheduled interview without making contact, the PHA will remove the family from the waiting list. Applicants who fail to meet two deadlines or meetings without PHA

approval will be denied assistance based on the family's failure to supply information needed to determine eligibility. A notice of denial will be issued in accordance with policies contained in Chapter 3. A family must attend a briefing that takes place within 30 days of the date their name reached the top of the waiting list. This would be the date on their first letter scheduling them to receive a voucher. If a family is unable to attend a briefing in this time frame, their name will be removed from the waiting list and they would need to apply when they would be available to attend a briefing.

4-III.F. COMPLETING THE APPLICATION PROCESS

The PHA must verify all information provided by the family (see Chapter 7). Based on verified information, the PHA must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted admission, or selection preference that affected the order in which the family was selected from the waiting list.

PHA Policy

If the PHA determines that the family is ineligible, the PHA will send written notification of the ineligibility determination within seven days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review (Chapter 16).

If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list (e.g. targeted funding, extremely low-income), the family will be returned to its original position on the waiting list. The PHA will notify the family in writing that it has been returned to the waiting list, and will specify the reasons for it.

If the PHA determines that the family is eligible to receive assistance, the PHA will invite the family to attend a briefing in accordance with the policies in Chapter 5.

Iowa Balance of State Coordinated Entry Diversion/Prevention Screening Tool

Date of the Screening Interview_____/_____/_____

PRE-SCREEN QUESTIONS

1. **Are you homeless or do you believe you will become homeless in the next 72 hours?** __ Yes __ No
   HUD definition of homeless: living in a place not meant for human habitation, in emergency shelter (including domestic violence shelter), in transitional housing, or exiting an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution.

2. **Are you currently residing with, or trying to leave, an intimate partner who threatens you or makes you fearful?** __ Yes __ No
   If yes to Question 2, clients are referred to DV resources and DO NOT PROCEED WITH THIS ASSESSMENT or any part of the Coordinated Entry Process. (Iowa Domestic Violence Hotline 1.800.770.1650)

3. **Where did you sleep last night?** _____

4. **Was it a safe location?** __ Yes __ No
   If no, ask "What made the location unsafe?" "Is there another place you can think of where you feel safe and could stay for a couple of nights?"
   If unsafe due to domestic violence, refer to DV services.

PREVENTION/DIVERSION QUESTIONS

5. **Why did you have to leave the place you stayed last night?** _____

6. **Could you stay tonight at the same location?** __ Yes __ No
   If no, skip to Question 9

7. **What would you need to help you stay where you stayed last night again?**
   Examples: (Landlord mediation, Conflict resolution, Rental assistance, Utility assistance, etc.)

8. **Would it help if I contacted the person you stayed with? What is the best way to contact that person?**
   Name _____ Phone _____

9. **Is there anyone else you (and your family) could stay with? Friends, family, co-workers?**
   __ Yes __ No *If no, skip to Question 12*

10. **What would you need to help you stay there?**
    Examples: (Landlord mediation, Conflict resolution, Rental assistance, Utility assistance, etc.)

11. **Would it help if I contacted that person you can stay with? What is the best way to contact that person?**
    Name _____ Phone _____

12. **Were you able to successfully divert this person(s) via homeless prevention or other community resources?**
    __ Yes __ No
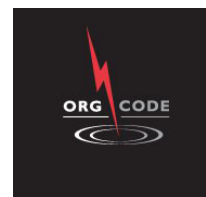   *If no, continue with Coordinated Entry Assessment and/or Project Entry.*

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

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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-spdat/

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/

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/

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1 (800) 355-0420   info@orgcode.com   www.orgcode.com

Administration

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

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

<table>
<tr><td rowspan="6">PARENT 1</td><td colspan="3">First Name   Nickname   Last Name</td></tr>
</table>

PARENT 1

First Name	Nickname	Last Name
_____	_____	_____

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

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

PARENT 2

☐ No second parent currently part of the household

First Name	Nickname	Last Name
_____	_____	_____

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

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. **SCORE:**

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused

3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ **Y** ☐ N ☐ Refused

4. 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**.
> 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**.
>
> **SCORE:**

A. History of Housing and Homelessness

5. 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:**

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused

7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

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

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:

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 themself 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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

Scoring Summary

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

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
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?	☐ Yes ☐ No ☐ 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 A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.
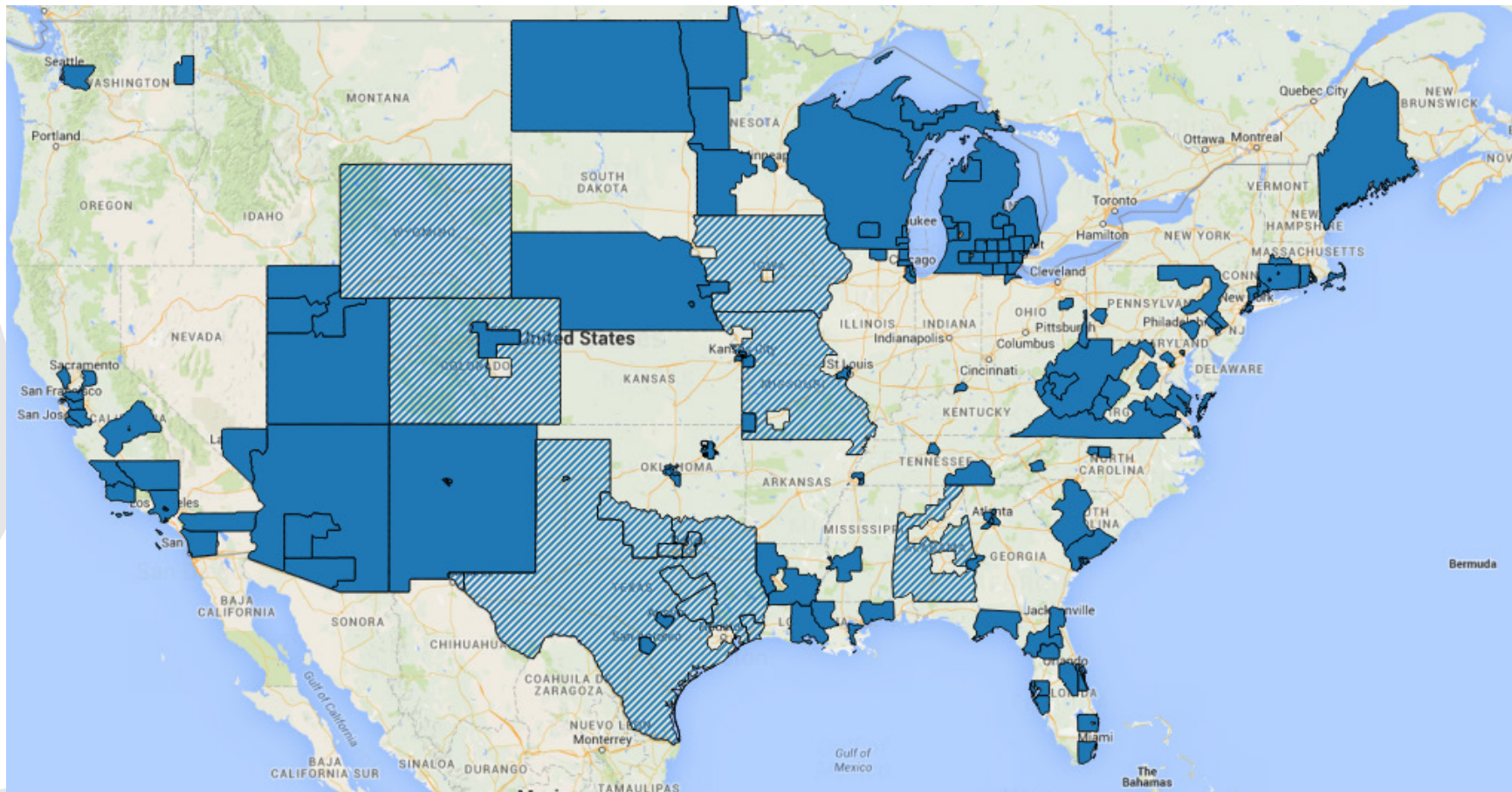
Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

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
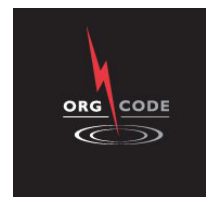- Wyoming Statewide is in the process of implementing

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

**COMMUNITY
SOLUTIONS**

ORG CODE

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-spdat/

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.

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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

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• Excellence in Housing-Based Case Management

• Coordinated Access & Common Assessment

• Motivational Interviewing

• Objective-Based Interactions

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Administration

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

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

First Name	Nickname	Last Name

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

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

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

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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:** ___

2. How long has it been since you lived in permanent stable housing?   _____   ☐ Refused

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

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 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:** ___

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

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

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:

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:

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:

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:

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:

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:

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:

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:

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

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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

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

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

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

Scoring Summary

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

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
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?	☐ Yes ☐ No ☐ 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 A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.
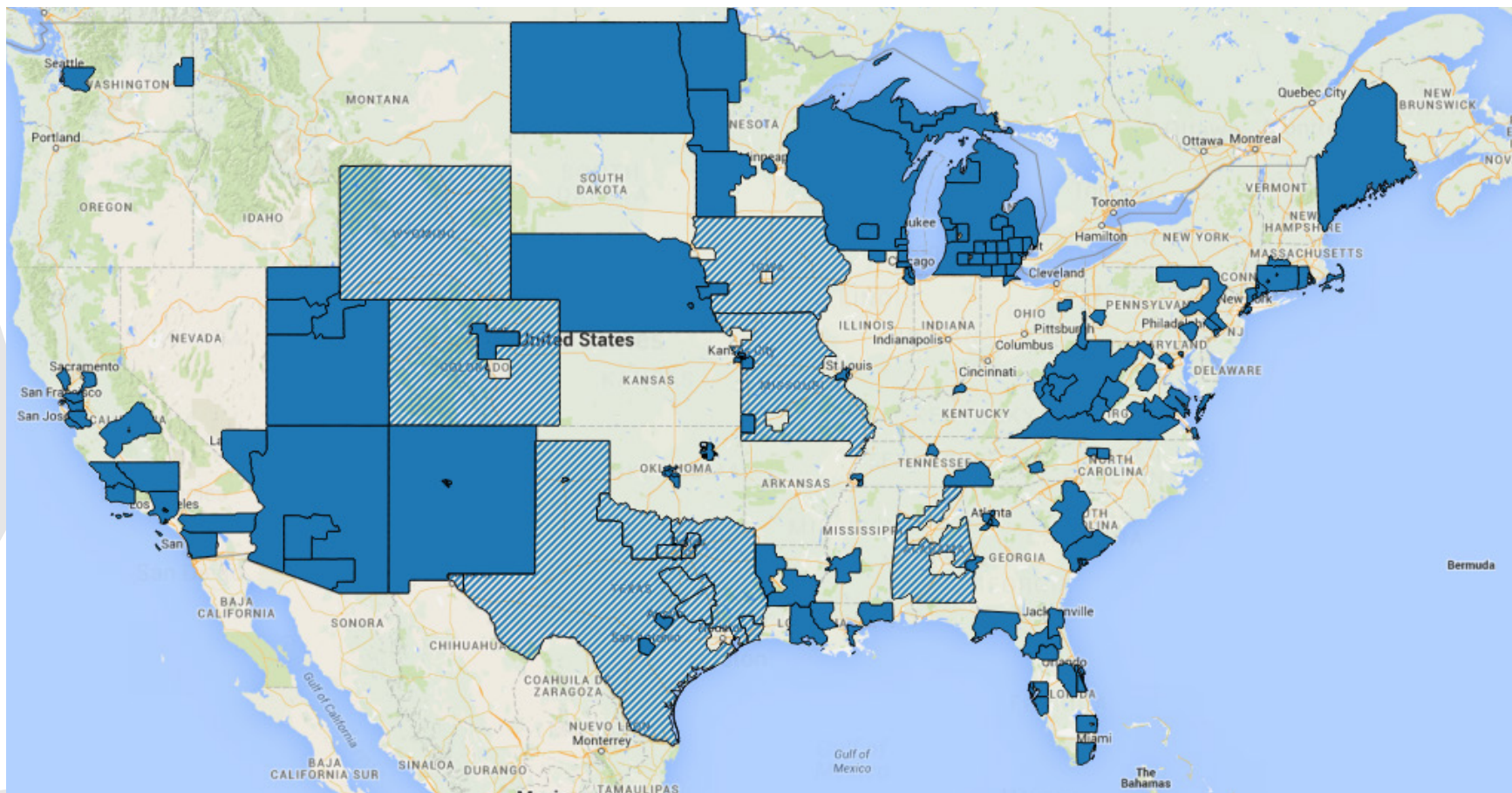
Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

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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

Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(TAY-VI-SPDAT)

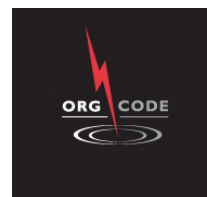## "Next Step Tool for Homeless Youth"

AMERICAN VERSION 1.0

Eric Rice, PhD

Welcome to the SPDAT Line of Products

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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-spdat/

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

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- Objective-Based Interactions

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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

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

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

First Name	Nickname	Last Name
_____	_____	_____

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

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

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

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?   _____   ☐ 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:

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:

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:

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:

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:

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: ☐

    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: ☐

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: ☐

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

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

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

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

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

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

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

Scoring Summary

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

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
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?	☐ Yes ☐ No ☐ 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 A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

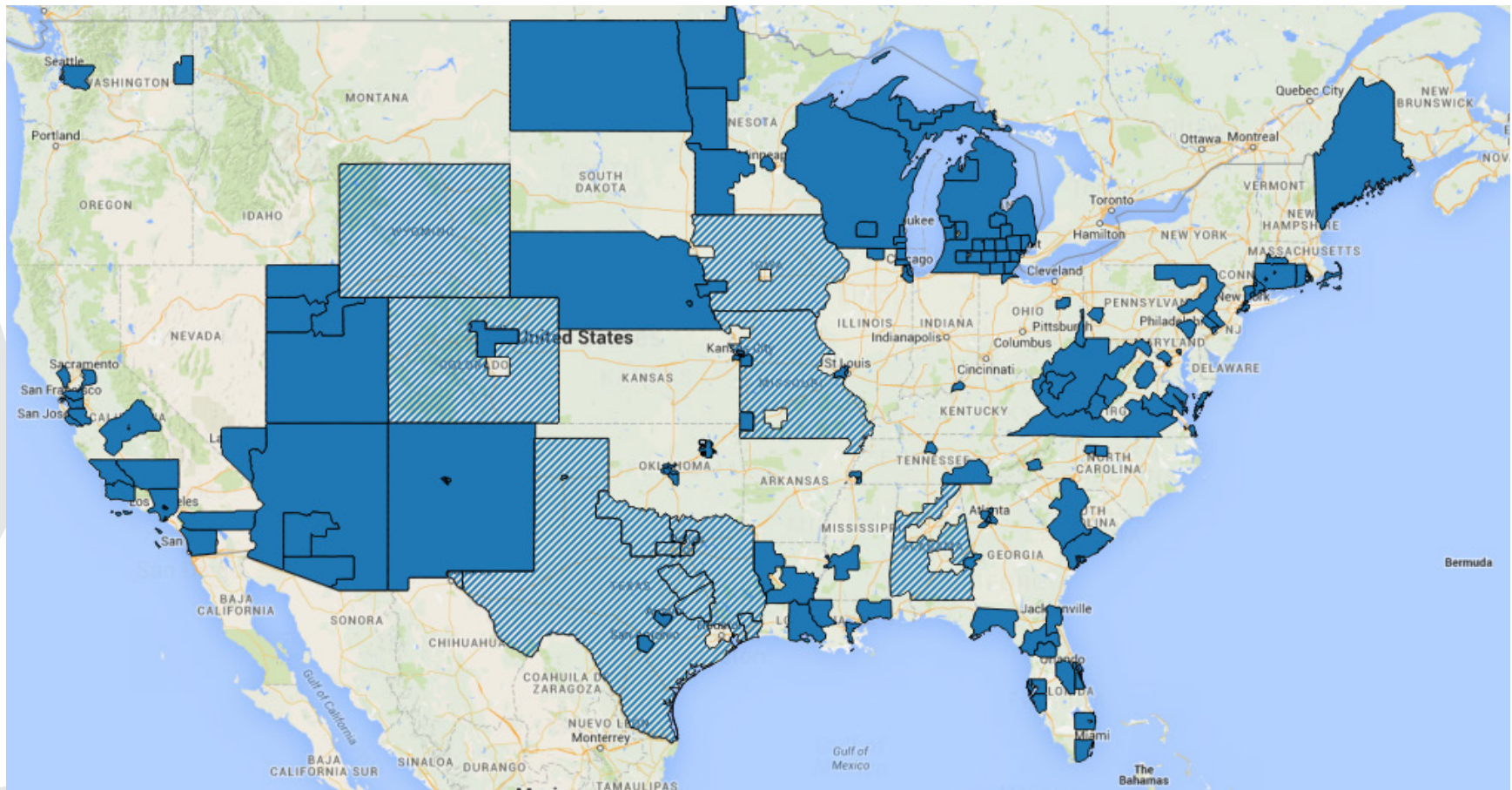# The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;

- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;

- medical, substance use, and mental health questions are all refined;

- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,

- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

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.

1 (800) 355-0420   info@orgcode.com   www.orgcode.com

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

Prevention / Re-Housing

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(PR-VI-SPDAT)

Prevention/Re-Housing Prescreen Tool for Single Adults

To be used ONLY with people that are currently housed and feel they are at imminent risk of losing their housing. "Imminent risk" is determined by the program participant. Types of dwellings that count as "housed" for this tool are:
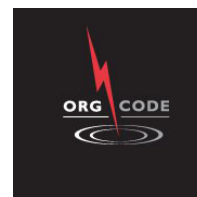
- *An apartment that is in their name (legally permitted to stay there)*

- *A home that they own*

- *The home of a parent, other relative or friend where they believe they have been staying permanently (not feeling there was a time limit on how long they were permitted to stay)*

VERSION 1.0

AMERICAN EDITION

COMMUNITY SOLUTIONS

Administration

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

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

First Name	Nickname	Last Name
_____	_____	_____
In what language do you feel best able to express yourself? _____		
Date of Birth	**Age**	**Social Insurance Number**	**Consent to participate**
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

	SCORE:
IF 60 YEARS OF AGE OR OLDER, SCORE 1.	

Safety

I want to start by asking you some questions about your safety in your current location.

1. Are you currently being harmed or at risk of being harmed by another person, such as a spouse, relative, parent or friend?   ☐ **Y**   ☐ N   ☐ Refused

2. Have you experienced violence or threats of violence in the last six months, that has had an impact on feeling safe where you live?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO EITHER OF THE ABOVE, THEN SCORE 1.			SCORE:

| 3. Is your current situation 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 |
| 4. I do not need any details, just a YES or NO: is your current risk of eviction being caused by emotional, physical, psychological, sexual, or any other type of abuse, or by any other trauma you have experienced? | ☐ **Y** | ☐ N | ☐ Refused |

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1.			SCORE:

Long Term Housing Stability

Now, let's examine some of the other life areas that might impact long term housing stability.

| 5. Do you 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 stay housed? | ☐ **Y** | ☐ N | ☐ Refused |

IF "YES," THEN SCORE 1.			SCORE:

| 6. Do you 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," THEN SCORE 1.			SCORE:

| 7. Have you harmed yourself or anyone else in the last 6 months? | ☐ **Y** | ☐ N | ☐ Refused |

IF "YES," THEN SCORE 1.			SCORE:

| 8. Is anyone currently forcing you to do something you don't want to do? | ☐ **Y** | ☐ N | ☐ Refused |

IF "YES," THEN SCORE 1.			SCORE:

9. If female, are you currently pregnant?	☐ **Y**	☐ N	☐ Refused	SCORE:
IF "YES," THEN SCORE 1.				

History of Housing and Homelessness

10. At any point in the last three years have you stayed in a shelter, in your car, on the street, outdoors, or any other place not fit for people to live?   ☐ Y   ☐ N   ☐ Refused

    a) IF YES: How many times has that occurred in the last three years?   ____   ☐ Refused

    b) IF YES: What is the total length of time that has happened if you add all of the different times together in the last three years?   ____   ☐ Refused

IF "YES" AND 4+ TIMES AND/OR 12+ MONTHS, THEN SCORE 3.   **SCORE:**

11. In the last six months, have you accessed supports from any churches, other faith groups, or a non-profit organization to get supports to stay housed such as financial assistance, help working things out with a landlord, re-locating from one apartment or home to another because where you had been staying was unsafe, or anything like that?   ☐ Y   ☐ N   ☐ Refused

IF "YES," THEN SCORE 1.   **SCORE:**

12. Within the last six months in your current housing, how many complaints have there been about you from neighbours, the landlord or tenant/owner, or, the police?   ____   ☐ Refused

IF 4+ COMPLAINTS, THEN SCORE 1.   **SCORE:**

13. Do any of the following issues make it hard for you to find or stay in permanent housing or connect with other resources that can help you do that:

    a) Accessible housing because you have a disability that requires a special type of housing?   ☐ Y   ☐ N   ☐ Refused

    b) A poor credit history?   ☐ Y   ☐ N   ☐ Refused

    c) Restrictions on where you can live because of legal stuff?   ☐ Y   ☐ N   ☐ Refused

    d) No references for your housing or poor references on your housing history?   ☐ Y   ☐ N   ☐ Refused

    e) Difficulties understanding or communicating in English?   ☐ Y   ☐ N   ☐ Refused

    f) Difficulties with math that make it hard to budget or take care of your finances?   ☐ Y   ☐ N   ☐ Refused

    g) Safety issues which may include keeping where you live unknown to a past abuser?   ☐ Y   ☐ N   ☐ Refused

IF "YES" TO ANY 2 OF THE ABOVE, THEN SCORE 1.   **SCORE:**

14. Are you currently living in an overcrowded situation (which means there are too many people living in the home for the amount of space you have), and where there are arguments or conflicts because of the overcrowding?   ☐ Y   ☐ N   ☐ Refused

IF "YES," THEN SCORE 1.   **SCORE:**

15. If your current housing was saved, do you plan on remaining in that place for at least the next 6 months, if that is legally possible?   ☐ Y   ☐ **N**   ☐ Refused

IF "NO," THEN SCORE 1.   **SCORE:** ____

Personal Administration & Money Management

16. Is there any person, landlord, business, utility company, bookie, dealer, or government group like the IRS that thinks you owe them money?   ☐ **Y**   ☐ N   ☐ Refused

    a) IF YES: What is the total amount of money that others think is owed?   _____   ☐ Refused

IF THE TOTAL VALUE IS $1,000+, THEN SCORE 1.   **SCORE:** ____

17. Do you get any money or assistance from the government like SSI, SSDI, TANF or Food Stamps, or do you have a pension, inheritance, get money from a regular job or working under the table, or anything like that?   ☐ Y   ☐ N   ☐ Refused

    a) IF YES: What is the next date you **know** you will receive money?   _____   ☐ Refused

    b) IF YES: What is the total amount you will expect to receive?   _____   ☐ Refused

IF THE DATE IS MORE THAN 14 DAYS AWAY AND/OR THE VALUE IS LESS THAN HALF THE VALUE OF 16A, THEN SCORE 1.   **SCORE:** ____

18. What is the total amount of money you currently have, including any money in the bank or investments?   _____   ☐ Refused

IF THE AMOUNT IS LESS THAN HALF THE VALUE OF 16A, THEN SCORE 1.   **SCORE:** ____

19. Is there anyone currently helping you manage your finances, like a payee, guardianship, or trustee, because a judge or the government said you have to?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES," THEN SCORE 1.   **SCORE:** ____

20. In the last year, how many times have you received a cash advance or loan from a business, bank, or person, where you have not repaid the full amount **and** the interest owed is 15% or more?   ____   ☐ Refused

IF 3+ TIMES, THEN SCORE 1.   **SCORE:** ____

21. Have other members of your family or friends provided emergency financial assistance to you in the last three years to help you stay housed like helping you with rent, paying off arrears, paying a utility company to keep your lights on or anything like that, where they still expect you to pay them back but you have not been able to?   ☐ **Y**   ☐ N   ☐ Refused

<div style="background:red;color:white">

IF "YES," THEN SCORE 1.   **SCORE:**

</div>

Meaningful Daily Activity

22. Do you have planned activities, other than just surviving, that makes them feel happy and fulfilled?   ☐ Y   ☐ **N**   ☐ Refused

<div style="background:red;color:white">

IF "NO," THEN SCORE 1.   **SCORE:**

</div>

Self Care and Daily Living Skills

23. 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

<div style="background:red;color:white">

IF "NO," THEN SCORE 1.   **SCORE:**

</div>

Interactions with Emergency Services

24. 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 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

<div style="background:red;color:white">

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4+, THEN SCORE 1.   **SCORE:**

</div>

Wellness

25. Have you ever had to leave an apartment, residential program, or other place you were staying because of your physical health?   ☐ **Y**   ☐ N   ☐ Refused

26. Do you have any chronic health issue where you are not accessing appropriate care or that is making it difficult to stay housed?   ☐ **Y**   ☐ N   ☐ Refused

27. Do you have any physical disabilities that limit the type of housing you can access, or make it hard to live independently because help is needed?   ☐ **Y**   ☐ N   ☐ Refused

28. When you are sick, do you avoid getting medical help?   ☐ **Y**   ☐ N   ☐ Refused

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

29. Has your drinking or drug use caused you to be kicked out of an apartment or residential program or other place in the past? ☐ **Y**   ☐ N   ☐ Refused

30. Does drinking or drug use make it difficult to stay housed or afford your housing? ☐ **Y**   ☐ N   ☐ Refused

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

31. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, residential 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

32. Do you have any mental health or brain issues that make it hard for you to live independently because help is needed? ☐ **Y**   ☐ N   ☐ Refused

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

33. DID THE INDIVIDUAL SCORE 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH? ☐ **Y**   ☐ N   ☐ N/A or Refused

IF "YES", SCORE 1.	SCORE:

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

35. Are there any medications like painkillers that you do not take the way the doctor prescribed or where the medication is sold? ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1.	SCORE:

Scoring Summary

TOTAL	SCORE	RECOMMENDATION
	22+:	STRONG RECOMMENDATION FOR FINANCIAL AND CASE MANAGEMENT SUPPORTS
	16-21:	RECOMMENDATION FOR FINANCIAL AND/OR CASE MANAGEMENT SUPPORTS
	11-15:	AS RESOURCES ALLOW, CONSIDER FINANCIAL AND/OR CASE MANAGEMENT SUPPORTS
	0-10:	NO ASSISTANCE PROVIDED; MAY, HOWEVER, PROVIDE REFERRAL TO MAINSTREAM RESOURCES

Prevention / Re-Housing

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(PR-VI-SPDAT)

Prevention/Re-Housing Prescreen Tool for Families

To be used ONLY with people that are currently housed and feel they are at imminent risk of losing their housing. "Imminent risk" is determined by the program participant. Types of dwellings that count as "housed" for this tool are:
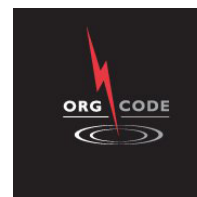
- *An apartment that is in their name (legally permitted to stay there)*

- *A home that they own*

- *The home of a parent, other relative or friend where they believe they have been staying permanently (not feeling there was a time limit on how long they were permitted to stay)*

VERSION 1.0

AMERICAN EDITION

COMMUNITY
SOLUTIONS

ORG CODE

Administration

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

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

	First Name	Nickname	Last Name
FAMILY HEAD 1	_____	_____	_____
	In what language do you feel best able to express yourself? _____		
	Date of Birth	**Age**	**Social Security Number**	**Consent to participate**
	DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

☐ No second parent currently part of the household

	First Name	Nickname	Last Name
FAMILY HEAD 2	_____	_____	_____
	In what language do you feel best able to express yourself? _____		
	Date of Birth	**Age**	**Social Security Number**	**Consent to participate**
	DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

SCORE:

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, SCORE 1.

Household Composition

1. How many children under the age of 18 are currently with you? _____ ☐ Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused

3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ Y ☐ N ☐ Refused

4. 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. IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1.	SCORE:

Safety

I want to start by asking you some questions about your safety in your current location.

5. Are you currently being harmed or at risk of being harmed by another person, such as a spouse, relative, parent or friend? ☐ Y ☐ N ☐ Refused

6. Have you or any member of your family experienced violence or threats of violence in the last six months, that has had an impact on feeling safe where you live? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1.	SCORE:

7. Is your current situation 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

8. I do not need any details, just a YES or NO: is your current risk of eviction being caused by emotional, physical, psychological, sexual, or any other type of abuse, or by any other trauma you or anyone in your family has experienced? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1.	SCORE:

Long Term Housing Stability

Now, let's examine some of the other life areas that might impact long term housing stability.

9. Does 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 stay housed? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1.   **SCORE:**

10. Does anyone in your family 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," THEN SCORE 1.   **SCORE:**

11. Have you or any member of your family harmed yourself or anyone else in the last six months? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1.   **SCORE:**

12. Is anyone currently forcing you or any member of your family to do something they don't want to do? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1.   **SCORE:**

History of Housing and Homelessness

13. At any point in the last three years have you stayed in a shelter, in your car, on the street, outdoors, or any other place not fit for people to live? ☐ Y ☐ N ☐ Refused

   a) IF YES: How many times has that occurred in the last three years? ____ ☐ Refused

   b) IF YES: What is the total length of time that has happened if you add all of the different times together in the last three years? ____ ☐ Refused

IF "YES" AND 3+ TIMES AND/OR 6+ MONTHS, THEN SCORE 3.   **SCORE:**

14. In the last six months, have you accessed supports from any churches, other faith groups, or a non-profit organization to get supports to stay housed such as financial assistance, help working things out with a landlord, re-locating from one apartment or home to another because where you had been staying was unsafe, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1.   **SCORE:**

15. Within the last six months in your current housing, how many complaints have there been about you from neighbours, the landlord or tenant/owner, or, the police?   ____ ☐ Refused

<div style="background:red;color:white">

IF 4+ COMPLAINTS, THEN SCORE 1.   **SCORE:**

</div>

16. Do any of the following issues make it hard for you to find or stay in permanent housing or connect with other resources that can help you do that:

    a) Accessible housing because you or another member of your family has a disability that requires a special type of housing? ☐ **Y** ☐ N ☐ Refused

    b) A poor credit history? ☐ **Y** ☐ N ☐ Refused

    c) Restrictions on where you can live because of legal stuff in the life of any family member? ☐ **Y** ☐ N ☐ Refused

    d) Special school programming required for any of the children? ☐ **Y** ☐ N ☐ Refused

    e) No references for your housing or poor references on your housing history? ☐ **Y** ☐ N ☐ Refused

    f) Difficulties understanding or communicating in English? ☐ **Y** ☐ N ☐ Refused

    g) Difficulties with math that make it hard to budget or take care of your finances? ☐ **Y** ☐ N ☐ Refused

    h) Safety issues which may include keeping where you live unknown to a past abuser? ☐ **Y** ☐ N ☐ Refused

<div style="background:red;color:white">

IF "YES" TO ANY 2 OF THE ABOVE, THEN SCORE 1.   **SCORE:**

</div>

17. Are you and your family currently overcrowded (which means there are too many people living in the home for the amount of space you have), and where there are arguments or conflicts because of the overcrowding? ☐ **Y** ☐ N ☐ Refused

<div style="background:red;color:white">

IF "YES," THEN SCORE 1.   **SCORE:**

</div>

18. If your current housing was saved, do you plan on remaining in that place for at least the next 6 months if that is legally possible? ☐ Y ☐ **N** ☐ Refused

<div style="background:red;color:white">

IF "NO," THEN SCORE 1.   **SCORE:**

</div>

Personal Administration & Money Management

19. Is there any person, landlord, business, utility company,   ☐ **Y**   ☐ N   ☐ Refused
    bookie, dealer, or government group like the CRA that thinks
    you or anyone in your family owes them money?

    a) IF YES: What is the total amount of money that others think   _____   ☐ Refused
       is owed?

IF THE TOTAL VALUE IS $1,000+, THEN SCORE 1.	SCORE:

20. Do you get any money or assistance from the government like   ☐ **Y**   ☐ N   ☐ Refused
    Income Support/Welfare, Disability Benefits, or do you have
    a pension (CPP), inheritance, get money from a regular job or
    working under the table, or anything like that?

    a) IF YES: What is the next date you **know** you will receive   _____   ☐ Refused
       money?

    b) IF YES: What is the total amount you will expect to receive?   _____   ☐ Refused

IF THE DATE IS MORE THAN 14 DAYS AWAY **AND/OR** THE VALUE IS LESS THAN HALF THE VALUE OF 19A, THEN SCORE 1.	SCORE:

21. What is the total amount of money you and your family   _____   ☐ Refused
    currently has, including any money in the bank or
    investments?

IF THE VALUE IS LESS THAN HALF THE VALUE OF 19A, THEN SCORE 1.	SCORE:

22. Is there anyone currently helping you manage your finances,   ☐ **Y**   ☐ N   ☐ Refused
    like a payee, guardianship, or trustee, because a judge or the
    government said you have to?

IF "YES," THEN SCORE 1.	SCORE:

23. In the last year, how many times have you received a cash advance   _____   ☐ Refused
    or loan from a business, bank, or person, where you have not repaid
    the full amount **and** the interest owed is 15% or more?

IF 3+ TIMES, THEN SCORE 1.	SCORE:

24. Have other members of your family or friends provided   ☐ **Y**   ☐ N   ☐ Refused
    emergency financial assistance to you in the last three years
    to help you stay housed like helping you with rent, paying
    off arrears, paying a utility company to keep your lights on
    or anything like that, where they still expect you to pay them
    back but you have not been able to?

IF "YES," THEN SCORE 1.	SCORE:

Meaningful Daily Activity

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

<div style="background:red">

IF "NO," THEN SCORE 1.   **SCORE:**
</div>

Self Care and Daily Living Skills

26. Is everyone in your family currently able to take care of basic   ☐ Y ☐ **N** ☐ Refused
    needs like bathing, changing clothes, using a restroom, getting
    food and clean water, and other things like that?

<div style="background:red">

IF "NO," THEN SCORE 1.   **SCORE:**
</div>

Interactions with Emergency Services

27. 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   ____ ☐ Refused
   crisis, family/intimate violence, distress centers and suicide
   prevention hotlines?

   e) Talked to police because they witnessed a crime, were the victim   ____ ☐ Refused
   of a crime, or the alleged perpetrator of a crime or because the
   police told them that they must move along?

   f) Stayed one or more nights in a holding cell, jail or prison, whether   ____ ☐ Refused
   that was a short-term stay like the drunk tank, a longer stay for a
   more serious offence, or anything in between?

<div style="background:red">

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4+, THEN SCORE 1.   **SCORE:**
</div>

Wellness

28. Have you or your family ever had to leave an apartment,   ☐ **Y** ☐ N ☐ Refused
    residential program, or other place you were staying because
    of your physical health?

29. Do you or any member of your family have any chronic health   ☐ **Y** ☐ N ☐ Refused
    issue where you are not accessing appropriate care or that is
    making it difficult to stay housed?

30. Do you have any physical disabilities that limit the type of   ☐ **Y** ☐ N ☐ Refused
    housing you can access, or make it hard to live independently
    because help is needed?

31. When you or a family member is sick, do you avoid getting   ☐ **Y** ☐ N ☐ Refused
    medical help?

<div style="background:red">

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**   **SCORE:**
</div>

32. Has the drinking or drug use of anyone in your family caused you to being kicked out of an apartment or residential program or other place in the past?   ☐ **Y**   ☐ N   ☐ Refused

33. Does drinking or drug use make it difficult to stay housed or afford your housing?   ☐ **Y**   ☐ N   ☐ Refused

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

34. Have you or anyone in your family ever had trouble maintaining your housing, or been kicked out of an apartment, residential 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

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

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

36. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Is it the same person in your family that has a medical condition, mental health concern or brain injury, and has experience with problematic substance use?   ☐ **Y**   ☐ N   ☐ N/A or Refused

IF "YES", SCORE 1.   **SCORE:**

37. 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

38. Are there any medications like painkillers that you or anyone in your family does not take the way the doctor prescribed or where the medication is sold?   ☐ **Y**   ☐ N   ☐ Refused

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

Family Unit Considerations

39. Are there any children that have been removed from the family by a child protection service within the last 6 months?   ☐ **Y**   ☐ N   ☐ Refused

40. 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.   **SCORE:**

41. In the last 6 months have any children lived with family or friends because of your homelessness or housing situation?   □ **Y**   □ N   □ Refused

IF "YES," SCORE 1.	**SCORE:**

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

43. Have the members of your family changed in the last 6 months, 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

44. Do you anticipate any other adults or children coming to live with you within the next 6 months?   □ **Y**   □ N   □ Refused

IF "NO" TO 42 OR "YES" TO 43 OR 44, SCORE 1.	**SCORE:**

45. 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

46. *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

47. 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

IF "NO" TO 45, OR "YES" TO 46 OR 47, SCORE 1.	**SCORE:**

Scoring Summary

TOTAL	SCORE	RECOMMENDATION
	22+:	STRONG RECOMMENDATION FOR FINANCIAL AND CASE MANAGEMENT SUPPORTS
	16-21:	RECOMMENDATION FOR FINANCIAL AND/OR CASE MANAGEMENT SUPPORTS
	11-15:	AS RESOURCES ALLOW, CONSIDER FINANCIAL AND/OR CASE MANAGEMENT SUPPORTS
	0-10:	NO ASSISTANCE PROVIDED; MAY, HOWEVER, PROVIDE REFERRAL TO MAINSTREAM RESOURCES

Siouxland Coalition To End Homelessness
New and Renewal Project Scoring/Ranking Policy

Policy: to determine the process by which new and renewal applications will be scored and ranked within HUD's CoC Program Competition.

Renewal HMIS, Coordinated Entry, PH, TH, and SSO Projects
In order to be considered for scoring and ranking, all renewal project applications must submit:
- a complete renewal project application to the CoC through the eSnaps online system by the announced deadline
- a complete set of other required reports and documents by the announced deadline

Incomplete or late applications and materials will not be accepted, and the project application will be rejected by the CoC.

All renewal HMIS projects will be scored using the developed Performance Scoring Charts for HMIS Projects. Scoring criteria for renewal projects will include:
- PIT/HIC
  - Completeness and Accuracy of PIT count, especially special populations
  - Increases in HMIS bed coverage/efforts to increase HMIS participation among non-funded agencies
  - Data reporting to SCEH
  - Timely submission of PIT/HIC data in HUD HDX
- System Performance Measures
  - CoC-wide improvements in SPM's over the previous year(s)/efforts to improve CoC-wide SPM's
  - Data reporting to SCEH
  - Timely submission of PIT/HIC data in HUD HDX

All renewal Coordinated Entry (CE) projects will be scored using the developed Performance Scoring Chart for CE Projects. Scoring criteria for renewal projects will include:
- Participation in CE by both CoC and ESG funded agencies and non-funded agencies/efforts to increase CE participation by both funded and non-funded agencies.
- System outcomes including the rate of exits to permanent housing, reducing the average length of stay in programs, and reducing the number of persons who become homeless for the first time.

All renewal PH, TH, and SSO (excluding Coordinated Entry) projects will be scored using the developed Performance Scoring Charts for PH, TH, and SSO Projects. Scoring criteria for renewal projects will include:
- Performance Measures
  - increasing housing stability
  - sources of cash income
  - gained or increased income
  - sources of non-cash benefits
- data quality/completeness and data entry timeliness
- grant funding expenditures/drawdown

Accepted projects will be ranked by score, from highest to lowest. In the event that 1st year renewal projects (new projects awarded during the previous federal FY funding cycle) are not under contract and have not begun operating at the time of the competition, they will be exempt from the scoring criteria for renewal projects. They will instead be automatically ranked in the order they were initially ranked in the Priority Rankings submitted to HUD in the previous year.

7/2018

New PH Projects

In order to be considered for scoring and ranking, all new project applications must submit a complete new project application to the CoC through the eSnaps online system by the announced deadline. Incomplete or late project applications will not be accepted, and the project application will be rejected by the CoC.

All new PH projects will be scored using the developed Performance Scoring Charts. Scoring for New Projects will include:

- Program and Housing type/capacity
  - CH dedicated focus
  - Housing First focus
- Proposed Performance Measures
  - increasing housing stability
  - sources of cash income
  - gained or increased income
  - sources of non-cash benefits
- Agency Experience

Accepted projects will be ranked by score, from highest to lowest.

Tab 3 - 3A Obj 3 - All

IA-500 SCEH CoC 2018 Renewal Applicants Performance Charts
All Projects
Project Scoring Summary

Performance/Scoring Measure (Max. Pts.)	Crittenton Center - Project Help PSH	CSADV - RRH	Center For Siouxland - Bridges West TH	Community Action Agency of Siouxland - Crossroads TH
Housing Stability (4pts.)				
Earned Income (2 pts.)				
Other Cash Income Source (2 pts.)				
Gained or Increased Income (2 pts.)				
Non-Cash Benefits (2 pts.)				
Data Quality/Completeness (4 pts.)				
Data Entry Timeliness (4 pts.)				
Recaptured Funds (2 pts.)				
Shelter Capacity/Utilization (2 pts.)				
Quarterly Report Submission Timeliness (5 pts.)				
Application/Report Submission Timeliness (5 pts.)				

TOTAL COMBINED SCORE (34 pts.)	0	0	0	0
TOTAL COMBINED SCORE - PERCENTAGE	0.00	0.00	0.00	0.00

Performance/Scoring Measure (Max. Pts.)	Institute for Community Alliances - HMIS
Point In Timt Count (10 pts.)	
PIT Training	
Complete/Accurate PIT Count	
HIC/AHAR (5 pts.)	
HMIS bed coverage %	
Increase HMIS bed coverage %	

Tab 3 - 3A Obj 3 - All

AHAR tables	
System Performance Measures (7 pts.)	
Non-Funded Agency Data Quality (5 pts.)	
Program Management/Spending (2 pts.)	
Application/Report Submission Timeliness (5 pts.)	

TOTAL COMBINED SCORE (34 pts.)   0

TOTAL COMBINED SCORE - PERCENTAGE   0.00

Performance/Scoring Measure (Max. Pts.)	Institute for Community Alliances - Coordinated Entry
CE Agency Participation (9 pts.)	
Organizations completing intake/assessment	
Organizations trained by not active	
Program Participation/Referrals (12 pts.)	
# of referrals made/accepted	
Rate of exits to PH	
System Outcomes (6 pts.)	
Reducing length of time homeless	
Decreasing # of 1st time homeless	
Program Management/Spending (2 pts.)	
Application/Report Submission Timeliness (5 pts.)	

TOTAL COMBINED SCORE (34 pts.)   0

TOTAL COMBINED SCORE - PERCENTAGE   0.00

IA-500 SCEH CoC 2018 Renewal Applicants Performance Charts

Transitional and Permanent Housing Projects
Increase Housing Stability. (80%+ remainining in PH or exiting to PH)

PSH Scoring:
80% or higher = 4 pts.
less than 80% = 0 pts.

Permanent Housing Projects	Total participants	Stayers	Exits to Other PH (Q23A, 23B)	Total stayers and PH exits	Percentage of participants who either remained in PH or exited to PH.	Score
Crittenton Center - Project Help PSH					#DIV/0!	
CSADV - RRH					#DIV/0!	
Totals	0	0	0	0	#DIV/0!	

TH/SSO Scoring
80% or higher = 4 pts.
65% - 79% = 3 pts.
Below 65% = 0 pts.

Transitional Housing Projects	Total participants	Stayers	Exits to Other PH (Q23A, 23B)	Total stayers and PH exits	Percentage of participants who exited to PH.	Score
Center For Siouxland - Bridges West					#DIV/0!	
Community Action Agency of Siouxland - Crossroads Shelter					#DIV/0!	
Totals	0	0	0	0	#DIV/0!	

IA-500 SCEH CoC 2018 Renewal Applicants Performance Charts

All Projects (Excluding HMIS)

Sources of cash income. (PSH Goals: 15%+ obtain employment/earned income; 50%+ obtain other cash income;

RRH/TH Goals: 50%+ obtain employment/earned income; 30%+ obtain other cash income;

ES Goals: 10%+ obtain employment/earned income; 20%+ obtain other cash income.)

Note: Calculations based on Calendar Year 2017

For all performance charts, please review your CoC APR report for CY 2017 and email susan.mcguire@centerforsiouxland.org if corrections are needed.

Earned Income Scoring: PSH Projects

15% or higher = 2 pts.

10% - 14% - 1 pt.

less than 10% = 0 pts.

Other Cash Income Scoring: PSH Projects

50% or higher = 2 pts.

30% - 49% = 1 pt.

less than 30% = 0 pts.

Project	Cash Income Sources	# of Adult Leavers w/ income source (18)	Total Adult Leavers (5a)	% of Adults w/ earned income	% of Adults w/ other cash income	% of Adults w/ both earned income and other income	% of Adults w/ no cash income	Score
Crittenton Center - Project Help PSH	Earned Income			#DIV/0!				
	Other Cash Income Sources:				#DIV/0!			
	Both Earned and Other Income Sources:					#DIV/0!		
	No Cash Income Sources:						#DIV/0!	

Earned Income Scoring: RRH/TH Projects

50% or higher = 2 pts.

30% - 49% = 1 pt.

less than 30% = 0 pts.

Other Cash Income Scoring: RRH/TH Projects

30% or higher = 2 pts.

10% - 29% = 1 pt.

less than 10% = 0 pts.

Project	Cash Income Sources	# of Adult Leavers w/ income source (18)	Total Adult Leavers (5a)	% of Adults w/ earned income	% of Adults w/ other cash income	% of Adults w/ both earned income and other income	% of Adults w/ no cash income	Score
CSADV - RRH	Earned Income			#DIV/0!				
	Other Cash Income Sources:				#DIV/0!			

	Both Earned and Other Income Sources:					#DIV/0!		
	No Cash Income Sources:						#DIV/0!	
CFS - Bridges West	Earned Income			#DIV/0!				
	Other Cash Income Sources:				#DIV/0!			
	Both Earned and Other Income Sources:					#DIV/0!		
	No Cash Income Sources:						#DIV/0!	
CAAS - Crossroads	Earned Income			#DIV/0!				
	Other Cash Income Sources:				#DIV/0!			
	Both Earned and Other Income Sources:					#DIV/0!		
	No Cash Income Sources:						#DIV/0!	

Tab 3 - 3A Obj 3 - All

IA-500 SCEH CoC 2018 Renewal Applicants Performance Charts

All Projects (Excluding HMIS)

Obtain or increase project participants income (from employment and from other sources).

(Goal: PSH/RRH/TH - 40%+ obtain or increase income from employment and other sources)

Note: Calculations based on Calendar Year 2017

For all performance charts, please review your CoC APR report for CY2017 and email susan.mcguire@centerforsiouxland.org if corrections are needed.

Gained or Increased Income Scoring:

40% or higher = 2 pts.

20% - 39% - 1 pt.

less than 20% = 0 pts.

Applicant/Project	Total Adult Leavers (5a6)	Adult Leavers who maintained income (19a2, row 6, column 4)	Percentage of Total Adults who maintained income (C/B)	Adult Leavers who gained or increased income (19a2; row 6, columns 5+6)	Percentage of Adult Leavers who gained or increased income (E/B)	Score
Crittenton Center - Project Help PSH					#DIV/0!	
CSADV - RRH					#DIV/0!	
Center For Siouxland - Bridges West					#DIV/0!	
Community Action Agency of Siouxland - Crossroads					#DIV/0!	
	0	0	0	0	#DIV/0!	

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IA-500 SCEH CoC 2018 Renewal Applicants Performance Charts

All Projects (Excluding HMIS)
Sources of Mainstream Benefits
(Goal: PSH - 85%+ obtain mainstream benefits;
TH/RRH - 80%+ obtain mainstream benefits)

Note: Calculations based on Calendar Year 2017

For all performance charts, please review your CoC APR report for CY2017 and email susan.mcguire@centerforsiouxland.org if corrections are needed.

Mainstream Benefits Scoring: PSH Projects

85% or higher = 2 pts.

65% - 84% - 1 pt.

less than 65% = 0 pts.

Project	Non Cash Benefit Sources	# of Adult Leavers (20b)		Score
Crittenton Center - Project Help PSH	Total Adults			
	Total w/ 1+ sources			
	% Receiving Non Cash Benefits			

Mainstream Benefits Scoring: RRH/TH Projects
80% or higher = 2 pts.
60% - 79% - 1 pt.
less than 60% = 0 pts.

Project	Non Cash Benefit Sources	# of Adult Leavers (20b)		Score
CSADV - RRH	Total Adults			
	Total w/ 1+ sources			
	%Receiving Non Cash Benefits			
CES - Bridges	Total Adults			

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CPS - Bridges West	Total w/ 1+ sources			
	% Receiving Non Cash Benefits			
CAAS - Crossroads	Total Adults			
	Total w/ 1+ sources			
	%Receiving Non Cash Benefits			

Tab 4 - 3A Obj 4 - All

IA-500 SCEH CoC 2018 Renewal Applicants Performance Charts
All Projects (Excluding HMIS)
Data Quality, Timeliness (Goals: <5% null/missing data in all categories;
100% of entry/exit data entered in <6 days)

Note: Calculations based on Calendar Year 2017
For all performance charts, please review your CoC APR report for CY2017 and email susan.mcguire@centerforsiouxland.org if corrections are needed.

Data Quality/Completeness Scoring:	Data Entry Timeliness Scoring:
96-100% complete in all categories = 4 pts.	</= 6 days = 4 pts.
at least 95% complete in all categories = 2 pts.	8-14 days - 2 pts.
Less than 95% complete in any category = 0 pts.	15 days + - 0 pts.

Project	Data Element	% of Error Rate			Score
Crittenton Center - Project Help PSH	Name (6a)				
	SSN (6a)				
	Date of Birth (6a)				
	Race (6a)				
	Ethnicity (6a)				
	Gender (6a)				
	Veteran Status (6b)				
	Relationship to HoH (6b)				
	Client Location (6b)				
	Disabling Condition (6b))				
	Destination (Exit) (6c)				
	Income and Sources (Entry) (6c)				
	Income and Sources (Annual Assess) (6c)				
	Income and Sources (Exit) (6c)				
	Started, # of Times/# of Months Homeless in				
	Domestic Violence (14a)				
	Fleeing Domestic Violence (14b)				

Tab 4 - 3A Obj 4 - All

Project	Data Entry Timeliness	Total # of Entry/Exit Records	# of Records entered in <11 days		Score
	Residence Prior to Project Entry (15)				
	Non-Cash Benefit Received (20b)				
	Covered by Health Insurance (21)				
	Data Quality/Completeness Score				
Critt Ctr - Project Help PSH	**Data Entry Timeliness**				
CSADV - RRH	Name (6a)				
	SSN (6a)				
	Date of Birth (6a)				
	Race (6a)				
	Ethnicity (6a)				
	Gender (6a)				
	Veteran Status (6b)				
	Relationship to HoH (6b)				
	Client Location (6b)				
	Disabling Condition (6b))				
	Destination (Exit) (6c)				
	Income and Sources (Entry) (6c)				
	Income and Sources (Annual Assess) (6c)				
	Income and Sources (Exit) (6c)				
	Started, # of Times/# of Months Homeless in				
	Domestic Violence (14a)				
	Fleeing Domestic Violence (14b)				
	Residence Prior to Project Entry (15)				
	Non-Cash Benefit Received (20b)				
	Covered by Health Insurance (21)				

Tab 4 - 3A Obj 4 - All

Project	Data Entry Timeliness	Total # of Entry/Exit Records	# of Records entered in <11 days		
	Data Quality/Completeness Score				
CSADV - RRH	Data Entry Timeliness				
	Name (6a)				
	SSN (6a)				
	Date of Birth (6a)				
	Race (6a)				
	Ethnicity (6a)				
	Gender (6a)				
	Veteran Status (6b)				
	Relationship to HoH (6b)				
	Client Location (6b)				
CFS - Bridges West	Disabling Condition (6b))				
	Destination (Exit) (6c)				
	Income and Sources (Entry) (6c)				
	Income and Sources (Annual Assess) (6c)				
	Income and Sources (Exit) (6c)				
	Started, # of Times/# of Months Homeless in				
	Domestic Violence (14a)				
	Fleeing Domestic Violence (14b)				
	Residence Prior to Project Entry (15)				
	Non-Cash Benefit Received (20b)				
	Covered by Health Insurance (21)				
	Data Quality/Completeness Score				
Project	**Data Entry Timeliness**	**Total # of Entry/Exit Records**	**# of Records entered in <11 days**		

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CFS - Bridges West	Data Entry Timeliness				
CAAS - Crossroads	Name (6a)				
	SSN (6a)				
	Date of Birth (6a)				
	Race (6a)				
	Ethnicity (6a)				
	Gender (6a)				
	Veteran Status (6b)				
	Relationship to HoH (6b)				
	Client Location (6b)				
	Disabling Condition (6b))				
	Destination (Exit) (6c)				
	Income and Sources (Entry) (6c)				
	Income and Sources (Annual Assess) (6c)				
	Income and Sources (Exit) (6c)				
	Chronic Homelessness (Approx Date Started, # of Times/# of Months Homeless in Past 3 years) (6d)				
	Domestic Violence (14a)				
	Fleeing Domestic Violence (14b)				
	Residence Prior to Project Entry (15)				
	Non-Cash Benefit Received (20b)				
	Covered by Health Insurance (21)				
	Data Quality/Completeness Score				
Project	Data Entry Timeliness	Total # of Entry/Exit Records	# of Records entered in <11 days		
CAAS - Crossroads	Data Entry Timeliness				

IA-500 SCEH CoC 2018 Renewal Applicants Performance Charts
HMIS

Point In Time Count (10 pts.)   Score:

Points to consider when scoring:

Types of training provided
Agencies that participated in training
Adequacy of training provided
Complete and Accurate PIT count

Scorer's Comments:

Housing Inventory Chart/AHAR (6 pts.)   Score:

Points to consider when scoring:

Bed Coverage % in HMIS
Efforts to increase bed coverage
# of tables used in AHAR

Scorer's Comments:

System Performance Measures (7 pts.)   Score:

Points to consider when scoring:

Difference in SPM's from last year
Efforts to improve SPM's

Scorer's Comments:

Non-funded Agency Data (5 pts.)

Score:

Points to consider when scoring:

Impact of non-funded agency data on SPM's

Efforts to improve non-funded agency data
quality and timeliness

Scorer's Comments:

IA-500 SCEH CoC 2018 Renewal Applicants Performance Charts
Coordinated Entry

CE Agency Participation (9 pts.)

Score:

Points to consider when scoring:

# of Agencies trained for CE vs. # of Agencies doing CE

Reasons Agencies trained aren't serving clients

Scorer's Comments:

Program Participation (12 pts.)

Score:

Points to consider when scoring:

# of agencies providing each
type of service vs. # of agencies
actively participating in CE
# of referrals made/accepted
Efforts to increase accepted referrals

Scorer's Comments:

System Outcomes (6 pts.)

Score:

Points to consider when scoring:

Increase/Decrease in Avg. length of time homeless

Increase/Decrease in # of 1st time homeless

Scorer's Comments:

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IA-500 SCEH CoC 2018 Renewal Applicants Performance Charts
All Projects

Financial Management, Cost Per Client, Program Capacity/Shelter Utilization, Quarterly Reporting, Application Submission
(Goals: 100% funds expended; 80%+ shelter utilization rate**)**

Note: Financial Calculations based on Most Recently Completed Grant Year/APR Report; Utilization Rates based on CY2017
For all performance charts, please review all numbers from your APR and email susan.mcguire@centerforsiouxland.org if corrections are needed.

Recaputred Funds Scoring
100% expended = 2 pts.
1% - 5% recaptured = 1 pt.
6% - 10% recaptured = -1 pt.
>10% recaptured = -2 pts.

Unexpended Funds Scoring - ICA projects
>50% unexpended = 2 pts.
51 - 75% unexpended = 1 pt.
<75% unexpended = 0 pts.

Applicant/Project	Total Budget	Total Funds Recaptured/ Unexpended	% of Funds Recaptured/ Unexpended	Score	# of clients served	Average Cost per Client Served
Crittenton Center - Project Help PSH						#DIV/0!
CSADV - RRH						#DIV/0!
Center For Siouxland - Bridges West						#DIV/0!
Community Action Agency of Siouxland - Crossroads						#DIV/0!
ICA - HMIS					N/A	#VALUE!
ICA - Coordinated Entry					N/A	#VALUE!

Shelter Capacity/Utilization Scoring
80-100% utlitization = 2 pts.
65 -79% utilization = 1 pt.
<65% utilization = 0 pts.

Applicant/Project	# of Clients served during CY2017	# of bed nights available	# of bed nights used	Shelter Utilization Rate	Score
Crittenton Center - Project Help PSH					

Tab 3 - 3A Obj 3 - All

CSADV - RRH					
Center For Siouxland - Bridges West					
Community Action Agency of Siouxland - Crossroads					
ICA - HMIS	N/A	N/A	N/A	N/A	N/A
ICA - Coordinated Entry	N/A	N/A	N/A	N/A	N/A

SCEH Quarterly Report Submission Scoring
Reports - complete and on time, every quarter = 5 pts.
Reports - complete and on time, 2+ quarters = 2 pts.
Reports - incomplete and/or late, 3+ quarters = 0 pts.

Applicant/Project	1st Quarter - complete, on time	2nd Quarter - complete, on time	3rd Quarter - complete, on time	4th Quarter - complete, on time	Score
Crittenton Center - Project Help PSH					
CSADV - RRH					
Center For Siouxland - Bridges West					
Community Action Agency of Siouxland - Crossroads					
ICA - HMIS	N/A	N/A	N/A	N/A	N/A
ICA - CE	N/A	N/A	N/A	N/A	N/A

Application/Report Submission Scoring
Application and All Materials Complete and submitted by 5:00 p.m., Monday, August 13, 2018 = 5 pts.
Application and/or Materials Incomplete or Late = 0 pts.; application rejected by SCEH

Applicant/Project	Application in eSnaps by 8/25/17	HUD CoC APR Report	ESG Application Report	HUD Correspondence	Score
Crittenton Center - Project Help PSH					
CSADV - RRH					
Center For Siouxland - Bridges West					
Community Action Agency of Siouxland - Crossroads					
ICA - HMIS					
ICA - Coordinated Entry					

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IA-500 SCEH CoC 2018 New Applicants Performance Charts
New Permanent Housing Projects
Project Scoring Summary

Performance/Scoring Measure (Max. Pts. Available)					
Agency Experience (3 pts.)					
Project Detail (10 pts.)					
Housing First (8 pts.)					
Low Barrier to Entry (4 pts.)					
Low Barrier for Termination (4 pts.)					
Supportive Services (10 pts.)					
Performance Measures (8 pts.)					
Budget (20 pts.)					
Application Submission Timeliness (5 pts.)					

TOTAL COMBINED SCORE (72 pts.)	0	0	0	0	0
TOTAL COMBINED SCORE - PERCENTAGE	0.00	0.00	0.00	0.00	0.00

IA-500 SCEH CoC 2016 New Applicants Performance Charts

New Permanent Housing Projects
Agency Experience/Qualifications

Note: Calculations based on GY 2017-2018 Application
For all performance charts, please review all numbers from your application and email susan.mcguire@centerforsiouxland.org if corrections are needed.

PSH/RRH Scoring:
Yes = 1 pt.
No = 0 pts.

Permanent Housing Projects	Experience with managing federal grants effectively	Experience leveraging funds from other govt. and private sources	Adequate organization, management, and accounting structure	Total "Yes" responses	Score
					0
					0

IA-500 SCEH CoC 2016 New Applicants Performance Charts

New Permanent Housing Projects
Project Detail - Project Type, Housing Type, Target Population

Note: Calculations based on GY 2017-2018 Application
For all performance charts, please review all numbers from your application and email susan.mcguire@centerforsiouxland.org if corrections are needed.

PSH/RRH Scoring:
Yes = 2 pts.
No = 0 pts.

Permanent Housing Projects	PSH or RRH	Apartments or single family homes/ duplexes	100% CH	100% from ES or street	100% HH w/ children	Total "Yes" responses	Score
							0
							0

Total 1BR Units	Total 2BR Units	Total Units larger than 2BR	Total beds for HH w/out children	Total beds for HH w/ children

IA-500 SCEH CoC 2018 New Applicants Performance Charts

New Permanent Housing Projects

Increase Housing Stability - Housing First/ Low Barrier

Note: Calculations based on GY 2019-2020 Application
For all performance charts, please review all numbers from your application and email susan.mcguire@centerforsiouxland.org if corrections are needed.

PSH/RRH Housing First Scoring:
Yes = 2 pts.
No = 0 pts.

Permanent Housing Projects	Project will quickly and successfully connect clients to PSH	Project has no barriers to program entry (based on low barrier scores below)	Project has no related preconditions that may lead to program termination	Project offers supportive services to maximize housing stability and prevent returns to homelessness		Total "Yes" responses	Score
							0
							0

PSH/RRH Low Barrier Project Entry Scoring:
Yes = 1 pt.
No = 0 pts.

Permanent Housing Projects	Entry not denied for too little or no income	Entry not denied for active or history or substance abuse	Entry not denied for criminal record with exception for state-mandated restrictions	Entry not denied for fleeing domestic violence		Total "Yes" responses	Score
							0
							0

PSH/RRH Low Barrier Project Termination Scoring:
Yes = 1 pt.
No = 0 pts.

Permanent Housing Projects	Clients not terminated for non-participation in supportive services	Clients not terminated for not making progress on a service plan	Clients not terminated for loss of income or failure to increase income	Clients not terminated for being a victim of domestic violence	Clients not terminated for any other activity no covered in a typical lease agreement	Total "Yes" responses	Score
							0
							0

Tab 3 - 3A Obj 3 - All

IA-500 SCEH CoC 2018 New Applicants Performance Charts

<mark>**New Permanent Housing Projects**</mark>

<mark>**Supportive Services - Type, Provided by**</mark>

Note: Calculations based on GY 2019-2020 Application
For all performance charts, please review all numbers from your application and email susan.mcguire@centerforsiouxland.org if corrections are needed.

<mark>**Supportive Services Scoring:**

1 pt. per service up to 10 points for SS
provided by applicant or applicant referral</mark>

Project	Supportive Service	Provided by Applicant	Provided by Applicant Referral	Score
	Assessment of Service Needs			
	Assistance with Moving Costs			
	Case Management			
	Child Care			
	Education Services			
	Employment Assistance/Job Training			
	Food			
	Housing Search/Counseling Services			
	Legal Services			
	Life Skills Training			
	Mental Health Services			
	Outpatient Health Serivces			
	Outreach Services			
	Substance Abuse Treatment Services			
	Transportation			
	Utility Deposits			
	Assessment of Service Needs			
	Assistance with Moving Costs			
	Case Management			
	Child Care			
	Education Services			
	Employment Assistance/Job Training			
	Food			
	Housing Search/Counseling Services			
	Legal Services			
	Life Skills Training			
	Mental Health Services			
	Outpatient Health Serivces			
	Outreach Services			
	Substance Abuse Treatment Services			
	Transportation			
	Utility Deposits			

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IA-500 SCEH CoC 2018 New Applicants Performance Charts
New Permanent Housing Projects
Performance Measures

Note: Calculations based on GY 2019-2020 Application

For all performance charts, please review all numbers from your application and email susan.mcguire@centerforsiouxland.org if corrections are needed.

Performance Measures Scoring:
Yes = 2 pts.
No = 0 pts.

Permanent Housing Project	80% or more obtain and remain in PH project or exit to other PH destination	55% or more gain or increase their cash income from employment or any non-employment cash source	20% or more are employed	56% or more have obtain non-cash/ mainstream benefits	Score

Tab 3 - 3A Obj 3 - All

IA-500 SCEH CoC 2018 New Applicants Performance Charts
New Permanent Housing Projects
Financial Management, Cost Per Client, Program/Shelter Capacity

Note: Calculations based on GY 2019-2020 Application

For all performance charts, please review all numbers from your application and email susan.mcguire@centerforsiouxland.org if corrections are needed.

Budget Categories/Percentages
Leasing/Rental Assistance - >75% - 5 pts.
Operations - <10% - 5 pts.
Supportive Services - <25% - 5 pts.
Admin - <7% = 5 pts.

Applicant/Project	Total Budget	Total Leasing/ Rental Assistance	% of Total Budget	Total Operations	% of Total Budget	Total Supportive Services	% of Total Budget	Admin	% of Total Budget	Score	Average Cost per Client Served
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		

Note: Calculations based on FY2018 application

Shelter Capacity - not scored

Applicant/Project	Total # of Clients to be served	Total # Singles/Couples to be served	Households w/ Children to be served	# of beds available	# of 1BR units available	# of 2BR units available	# units >2BR available				
	0	0		0							

Application/Report Submission Scoring
Application and All Materials Complete and submitted by 5:00 p.m., Monday, August 13, 2018 = 5 pts.
Application and/or Materials Incomplete or Late = 0 pts.; application rejected by SCEH

Applicant/Project	Application in eSanps by 8/12/16									Score

Screenshot 1

Continuum of Care Funding

The Continuum of Care Program is a Housing and Urban Development (HUD)program designed to develop supportive housing and services that will allow homeless persons to live as independently as possible. The Siouxland Coalition to End Homelessness receives funding for the following programs in FY2017:

Bridges West	$130,609
Crossroads Shelter	$124,292
Siouxland HMIS	$43,156
Project PSH	$51,045
Rapid Rehousing Project	$186,822
Siouxland Coordinated Entry	$186,608

The items below will be updated when the Notice of Funding Availability (NOFA) for the next fiscal year Continuum of Care Program Competition is released.

2018 SCORING/RANKING POLICY	2018 REALLOCATION PLAN	2018 APPEALS PROCESS
2018 REQUEST FOR PROPOSALS	2018 APP - COMING SOON	2018 PROJ PRIORITY LISTING - COMING SOON

CrossCards

Screenshot 2

For SCEH New and Renewal CoC Program Funding Applicants:

This message is to provide information and a timeline for any agencies interested in submitting a new or renewal application for CoC Program funding through the Siouxland Coalition to End Homelessness Continuum of Care program for homeless services.

New and Renewal CoC Project Applications Due in eSnaps by 5:00 p.m. Monday, August 13, 2018

First, some background information about the Continuum of Care (CoC) program: This is a program of the U.S. Department of Housing and Urban Development (HUD). HUD released new interim regulations on the program in the summer of 2012; the new regulations combine the old Supportive Housing Program and Shelter Plus Care program into the new CoC program. The regulations can be found at this link

Second, about the Siouxland Coalition to End Homelessness CoC: This includes Sioux City, Woodbury County, Iowa, and Dakota County, Nebraska. Any agency or unit of local government within the SCEH that is interested in receiving CoC Program funding must submit an application for review by the Project Development and Monitoring Committee of the SCEH.

Third, about this CoC competition: This CoC Consolidated Application to be submitted to HUD consists of the FY2018 CoC application (the Co C plan with all charts and narratives completed as applicable), the Priority Project Listing, the FY2018 New and Renewal Project Applications, as well as any required forms and attachments. The SCEH Grant Committee provides support for this process, and eventually our CoC Collaborative Applicant, the City of Sioux City, submits the application that is recommended by the SCEH Project Monitoring and Development Committee and approved by the SCEH Board of Directors.

HUD has released the Notice of Funding Availability for this competition, which can be found at https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf. All potential applicants are encouraged to read the NOFA in its entirety. The NOFA lists eligible applicants and activities as well as information regarding the CoC ranking process and HUD scoring. Pay special attention to HUD's priority to serve the chronically homeless and to provide rapid rehousing for families coming from the street or an emergency shelter. HUD also provides a number of resources to assist applicants with their application and navigating the system. They can be found on the Continuum of Care (CoC) Program page of HUD Exchange which can be found at https://www.hudexchange.info/programs/coc/.

New Projects may be created through reallocation, bonus, or a combination of reallocation and bonus, new DV Bonus projects, and Co C Planning Project.

CrossCards

Siouxland Coalition To End Homelessness
New and Renewal Project Scoring/Ranking Policy

Policy: to determine the process by which new and renewal applications will be scored and ranked within HUD's CoC Program Competition.

Renewal HMIS, Coordinated Entry, PH, TH, and SSO Projects
In order to be considered for scoring and ranking, all renewal project applications must submit:
- a complete renewal project application to the CoC through the eSnaps online system by the announced deadline
- a complete set of other required reports and documents by the announced deadline

Incomplete or late applications and materials will not be accepted, and the project application will be rejected by the CoC.

All renewal HMIS projects will be scored using the developed Performance Scoring Charts for HMIS Projects. Scoring criteria for renewal projects will include:
- PIT/HIC
  - Completeness and Accuracy of PIT count, especially special populations
  - Increases in HMIS bed coverage/efforts to increase HMIS participation among non-funded agencies
  - Data reporting to SCEH
  - Timely submission of PIT/HIC data in HUD HDX
- System Performance Measures
  - CoC-wide improvements in SPM's over the previous year(s)/efforts to improve CoC-wide SPM's
  - Data reporting to SCEH
  - Timely submission of PIT/HIC data in HUD HDX

All renewal Coordinated Entry (CE) projects will be scored using the developed Performance Scoring Chart for CE Projects. Scoring criteria for renewal projects will include:
- Participation in CE by both CoC and ESG funded agencies and non-funded agencies/efforts to increase CE participation by both funded and non-funded agencies.
- System outcomes including the rate of exits to permanent housing, reducing the average length of stay in programs, and reducing the number of persons who become homeless for the first time.

All renewal PH, TH, and SSO (excluding Coordinated Entry) projects will be scored using the developed Performance Scoring Charts for PH, TH, and SSO Projects. Scoring criteria for renewal projects will include:
- Performance Measures

Hi!

HUD has begun making announcements regarding the FY2018 CoC Program Grant Application. I have completed and submitted the Grant Inventory Worksheet of renewal projects, and I have registered our CoC to be able to apply for funding once the NOFA drops. Generally, there is a very small timeframe for applying once the NOFA drops, so if anybody is thinking about applying for a new Permanent Supportive Housing or Rapid Rehousing Project, now is the time to start planning what your project might look like. There are a ton of resources on everything from the CoC Program Interim Rule to PSH and RRH program guidance on HUD's website at www.hudexchange.info.

More information to come as soon as it's available.

Thanks,
Susan

Helping People   Empowering Lives   Building Futures

From:	Susan McGuire
To:	Alice Mollett (Crossroads51105@hotmail.com); Alison Justice; Allison Larson (Allison.Larson@icalliances.org); Amy Keairns (akeairns@sioux-city.org); Amy Tooley (atooley@sioux-city.org); Anais Adame (aadame@slandchc.com); Andrea Rodriguez; Barb Wingert (barbwingert@siouxlan.net); Brad Johnson (bjohnson@poncatribe-ne.org); Cara Conrad (cconrad@slandchc.com); Carter Smith (csmith@slandchc.com); Cusick, Nicole; Cynthia Urbanos; "Danielle Dempster"; Dawn Kimmel (MobilityManager@simpco.org); Debbie Goettsch (debbieg@havenhousefsc.org); Denise Holst; Denise Palmer (dpalmer@siouxlandmentalhealth.com); Erick Smith (cleonard@dismas.com); Erika Worrell (eworrell@siouxlandmentalhealth.com); Fitz Grant; Frank Tenuta (ftenuta@iowalaw.org); gerardo Hernandez; Harold Youtzy - SC Gospel Mission (harold@thegospelmission.org); Jan Hawk - NEN CAP; Jean Logan - CAAS (jlogan@caasiouxland.org); Jennifer Jackson (jennifer@heartlandcounselingservices.com); Jeremy Mayo (gerald.mayoiii@va.gov); Jeremy McClure (jmcclure@sioux-city.org); Joe Twidwell (jtwidwell@snbonline.com); Josh Rogers (josh_rogers1@uhc.com); Julie Eberbach; Julie Schaap (jschaap@siouxlandmentalhealth.com); Karen Mackey (kmackey@sioux-city.org); Katie Colling (katiewmaware@siouxlan.net); Keely Blome (keely.blome@boystown.org); Kim Grieve; Knowles, Nicole M.; Kristi Walz; Kristine Bornholtz (Kristinewa@siouxlan.net); kroberts@siouxlandhabitat.org; LaRae Lyons (llyons@caasiouxland.org); Laura Lindsay; Lindsay Landrum; Lorelei Thomas (thomas.lorelei@yahoo.com); Major Von VanDiver (von_vandiver@usc.salvationarmy.org); Marcia Carlson (mcarlson@siouxlandmentalhealth.com); Margaret Sanders (margaret@csadv.org); Margarita Ramirez; Mary Jordan (Mary.Jordan7@va.gov); Michelle Haukap; Monica Rosenthal (mrosenth@crittentoncenter.org); Nathan Probasco (nathan.probasco@briarcliff.edu); Noreen, Connie; Pam Kayser (sheslerh@aol.com); Pastor Lil Johnston (pastorlil@yahoo.com); Rev. Paul Johnston (Chrstclwn10@yahoo.com); Robin Rich (rrich@poncatribene.onmicrosoft.com); Robyn Deacon - Dismas Charities, Inc. (jdeacon@dismas.com); Sarah Hughes; Stacy Schenk (NE DHS); Stephanie Pickinpaugh; Susan McGuire; Terri Sturges (terri@csadv.org); Terry Inserra (terry_l._inserra@hud.gov); Tim Wilson; Trevor Risdal (trisdal@dismas.com); Wendy Jackson
Subject:	FW: The FY 2018 CoC Program Competition is Now Open
Date:	Wednesday, June 20, 2018 3:23:00 PM
Attachments:	image003.png

Good Afternoon!

The FY 2018 CoC Program Competition is now open. The information below from HUD Exchange includes a link to NOFA. I will be reading the NOFA and will put out a Request for Proposals/Projects in the near future. Anyone who will be applying for new or renewal projects is encouraged to read the NOFA and become familiar with program and application requirements.

Thanks,

Susan

Susan McGuire
Grant Writer
715 Douglas Street | Sioux City, Iowa 51101
712.252.1861 x17 | fax 712.255.1352
susan.mcguire@centerforsiouxland.org
www.centerforsiouxland.org

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From: HUD Exchange Mailing List <news@hudexchange.info>

[?]   *Resources and assistance to support
                                            HUD's community partners*

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The FY 2018 CoC Program Competition is Now Open

The Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition has been posted to the FY 2018 CoC Program Competition: Funding Availability page on the HUD Exchange. Additional resources are available on the *e-snaps* page on the HUD Exchange.

Submission Deadline: Tuesday, September 18, 2018 at 8:00 PM EDT

The electronic application *e-snaps* will be available on or after Thursday, June 28, 2018. In the meantime, HUD strongly encourages CoCs, Collaborative Applicants, project applicants, and stakeholders to:

- Carefully and thoroughly read the FY 2018 CoC Program Competition NOFA to understand the information; and

- Begin to plan local competitions based on the information, new and changed, from the previous Competition, provided in the FY 2018 CoC Program Competition NOFA.

Additionally, HUD will post the FY 2018 Estimated Annual Renewal Demand (ARD) Report to the HUD Exchange on or after Thursday, June 28, 2018 that will include the amounts a CoC may apply for: CoC planning, Bonus, and Domestic Violence (DV) Bonus. This report will also provide the Preliminary Pro Rata Need (PPRN) and the estimated ARD for each CoC.

What's New for the FY 2018 CoC Program Competition

The list below highlights some important information regarding new concepts CoCs should consider while planning for the FY 2018 CoC Program Competition. This list is not exhaustive and additional details are in the FY 2018 CoC Program Competition NOFA. A full list of new, changed, and highlighted information is on the HUD Exchange

and can also be found on the [FY 2018 CoC Program Competition: Funding Availability page](#).

- *Transition Grants.* Project applicants can transition their project(s) from one CoC Program Component to another during the CoC Program Competition using the funds to wind down the previous project while ramping up the new project. (Section II.B.2).

- *Domestic Violence Bonus.* CoCs can apply for up to 10 percent of their PPRN or a minimum of $50,000, whichever is greater, or a maximum of $5 million, whichever is less, to create up to three DV Bonus Projects to serve survivors of domestic violence, dating violence, and stalking. (Section II.B.3). CoCs may create up to one of each of the following project types:
  - Permanent Housing-Rapid Rehousing (PH-RRH;
  - Joint Transitional Housing (TH) and Permanent Housing-Rapid Rehousing (PH-RRH) component project; and
  - Supportive Services Only-Coordinated Entry (SSO-CE).

- *Consolidated Project.* Eligible renewal project applicants will have the ability to consolidate two or more (limit of four) eligible renewal projects into one project application during the application process. (Section II.B.4).

- *CoC Merger.* CoCs that merged between the FY 2016 CoC Program Registration and FY 2018 CoC Program Registration process are eligible for merger bonus points. (Section II.B.5).

Listserv Communications

All information related to the FY 2018 CoC Program Competition is communicated via the [HUD Exchange Mailing List](#). Join the mailing list to receive important updates and reminders.

If you are aware or suspect that the Collaborative Applicant, CoC members, or interested stakeholders are not currently receiving these listserv messages, please forward the following link, https://www.hudexchange.info/mailinglist/, to them so that they may register for the listserv messages as this is the only form of communication used by HUD to the public.

If you have questions related to subscribing to the HUD Exchange mailing list or have issues receiving listserv messages in your inbox please contact info@hudexchange.info. Please be sure to add news@hudexchange.info and info@hudexchange.info to your contact list or safe senders list. This ensures that messages from the HUD Exchange go to your inbox and are not filtered to your spam or junk folder.

Questions

If you have questions pertaining to *e-snaps* technical issues, please submit your questions to the *e-snaps* [Ask A Question (AAQ) portal](#) on the HUD Exchange website.

To submit a question to the *e-snaps* AAQ portal, select "*e-snaps*" from the "My question is related to" drop down list on Step 2 of the question submission process.

If you have questions related to the CoC Program interim rule or a policy related question, please submit your questions to the CoC Program AAQ portal. To submit a question to the CoC Program AAQ portal, select "CoC Program" from the "My question is related to" drop down list on Step 2 of the question submission process.

The AAQ portal accepts question submissions 24/7. However, responses are usually provided between 8:00 AM and 5:00 PM Eastern Time, Monday through Friday, except for federal holidays. Additionally, per the FY 2017 CoC Program Competition NOFA, starting 2 days prior to the application deadline for FY 2018 funds, the AAQ will respond only to emergency technical support questions up to the deadline of Tuesday, September 18, 2018 at 8:00 PM EDT.

Good Afternoon!

I have attached the RFP, Funding Notice, and Deadlines for the FY 2018 CoC Program. The notice includes information regarding the SCEH's Project Applications and our CoC Consolidation Application. Please share this RFP with any organization that may be interested in applying for a CoC Program Project to assist the homeless in Sioux City, Woodbury County, and Dakota County. Please let me know if you have any questions about this notice or need help accessing *eSnaps* or completing the project application.

Thanks,

Susan

Susan McGuire
Grant Writer
715 Douglas Street | Sioux City, Iowa 51101
712.252.1861 x17 | fax 712.255.1352
susan.mcguire@centerforsiouxland.org
www.centerforsiouxland.org

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Voluntary Reallocations:

Wholly voluntary reallocation: An applicant may voluntarily choose to reallocate funds from an existing renewal project, to free additional funds for one or more new projects.
- o The applicant may choose to reallocate all or a portion of their renewal funds to create a new project(s).

- o Projects Impacted:
  - ▪ Community Action Agency of Siouxland – Crossroads Shelter for Women and Children
  - ▪ **Total Reallocated: $124,292**

All funds freed through voluntary reallocations may be made available for one or more new projects. If no new project applications are submitted, funds will remain available for the original renewal projects.

If the same applicant wishes to apply for a new project using those same funds, the following parameters apply:
- o The applicant will be required to submit a new project application in eSnaps following all usual HUD requirements for new projects.

- o The Siouxland Coalition to End Homelessness retains final approval for the new project to be included in the official Consolidated Application to HUD.

- o If, for any reason, the Siouxland Coalition to End Homelessness does not approve the new project, the same applicant may instead submit the original renewal project instead. In this way, the applicant choosing to voluntarily reallocate to a new project avoids the risk that the new project will be rejected by the Siouxland Coalition to End Homelessness and funds lost as a result.

- o All projects are subject to final consideration by HUD for funding. Approval by the Siouxland Coalition to End Homelessness does not guarantee that a project will be funded by HUD.

- o The applicant may also choose to compete for a portion or all of the funds available to the CoC through bonus funds. In this case, the applicant would be subject to competitive review along with other new project applicants. Any additional funding will depend on the scoring. If the applicant does not score well enough to be competitive for additional funding, it may still submit the new project using just their own voluntarily reallocated funds.

If another applicant wishes to apply for a new project using the reallocated funds, the following parameters apply:
- o The applicant will be required to submit a new project application in eSnaps following all usual HUD requirements for new projects.

- o The Siouxland Coalition to End Homelessness retains final approval for the new project to be included in the official Consolidated Application to HUD.

- o All projects are subject to final consideration by HUD for funding. Approval by the Siouxland Coalition to End Homelessness does not guarantee that a project will be funded by HUD.

Involuntary Reallocations:

Full or Partial Reallocation for low scoring or lower performing project: The SCEH may reallocate funds in whole or in part from eligible renewal projects to create one or more new projects without decreasing the CoC's ARD (Annual Renewal Demand).

- O Projects impacted:
  - Council on Sexual Assault and Domestic Violence - RRH
  - **Total Reallocated: $39,634**

o Projects with recaptured funds may be subject to having the amount of recaptured funds reallocated to new PH projects.

o Funds from low/the lowest scoring project(s) and/or from lower performing projects may be involuntarily reallocated to higher scoring new PH projects that will serve chronically homeless individuals and families, including unaccompanied youth, and RRH projects that will serve homeless families and individuals, including unaccompanied youth, coming directly from the streets or emergency shelters or fleeing domestic violence situations.

O Project applicants that are subject to partial involuntary reallocation must develop a plan to continue with their renewal projects, with the reduced level of funding. This include HUD contract compliance for numbers of persons served and the types of services provided. It may be possible to seek a contract amendment from HUD for some changes. Applicants should contact their HUD representative to discuss any options for amendment. If the reduction in funding will result in loss of assistance for persons currently served by the program, the applicant must develop a transition plan for these persons. Any concerns should be brought to the CoC.

O If there are no applications for new project applications, funds will remain available for the original renewal projects.

SIOUX CITY

August 29, 2018

Center For Siouxland
Jonette Spurlock
jspurlock@centerforsiouxland.org

Congratulations! Your renewal project application, Center For Siouxland Bridges West Transitional Housing, has been accepted in Tier 1 by the Project Monitoring and Development Committee in the amount of $130,609.00. The Siouxland Coalition to End Homelessness Board has approved this decision and your project will be included in the Consolidated Application to HUD for FY18 CoC Program funding.

If you have any questions, please contact Committee Chair, Wendy Jackson, at 712-202-9074, or me at 712-279-6255.

Sincerely,

Amy Keairns
Project Monitoring and Development Committee
Committee Member

COMMUNITY DEVELOPMENT DEPARTMENT

OFFICE OF THE DIRECTOR	INSPECTION SERVICES/ PERMIT CENTER	HOUSING ASSISTANCE CENTER	NEIGHBORHOOD SERVICES	PLANNING & ZONING	REAL ESTATE
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SIOUX ★ CITY

August 29, 2018

Crittenton Center
Monica Rosenthal
mrosenth@crittentoncenter.org

Congratulations! Your renewal project application, Project Help PSH, has been accepted in Tier 1 by the Project Monitoring and Development Committee in the amount of $51,202.00. The Siouxland Coalition to End Homelessness Board approved this decision and your project will be included in the Consolidated Application to HUD for FY18 CoC Program funding.

If you have any questions, please contact Committee Chair, Wendy Jackson, at 712-202-9074, or me at 712-279-6255.

Sincerely,

Amy Keairns

Amy Keairns
Project Monitoring and Development Committee
Committee Member

SIOUX ★ CITY

August 29, 2018

Crittenton Center
Monica Rosenthal
mrosenth@crittentoncenter.org

Congratulations! Your renewal project application, Project Help PSH, has been accepted in Tier 1 by the Project Monitoring and Development Committee in the amount of $51,202.00. The Siouxland Coalition to End Homelessness Board approved this decision and your project will be included in the Consolidated Application to HUD for FY18 CoC Program funding.

If you have any questions, please contact Committee Chair, Wendy Jackson, at 712-202-9074, or me at 712-279-6255.

Sincerely,

Amy Keairns
Project Monitoring and Development Committee
Committee Member

COMMUNITY DEVELOPMENT DEPARTMENT

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SIOUX★CITY

August 30, 2018

Council on Sexual Assault and Domestic Violence
Margaret Sanders
margaret@csadv.org

Congratulations! Your renewal project application, Rapid Rehousing Project, has been accepted in Tier 1 by the Project Monitoring and Development Committee in the amount of $103,835.00. The remaining dollar amount, $43,353.00, is in Tier 2 and may be funded based on availability of HUD funding for Tier 2 projects, and the CoC Consolidated Application score. The Siouxland Coalition to End Homelessness Board approved this decision and your project will be included in the Consolidated Application to HUD for FY18 CoC Program funding.

Please note the amount approved is $39,634.00 less than you had requested. The SCEH Project Monitoring and Development Committee recommended reducing your project funding for the following reasons:
- Projects were ranked from highest scoring to lowest scoring, following the process laid out in the SCEH Ranking Policy. Since your project didn't have enough data to score and rank, it was ranked based upon your initial new application score and rank from FFY 2016, which resulted in your project receiving the lowest score.
- The Committee understands that there were delays in getting the project under contract, which didn't occur until December 2017, and also delays in getting the project set up for drawdown in the eLoccs system. However, they still had concerns about the lack of program participants and the amount of funding drawn down to date. These concerns focused on meeting spending deadlines and the potential for a large amount of funding being recaptured by HUD at the end of the current grant year. The committee felt that your RRH project would still be able to operate and serve a high number of DV survivors even at the reduced level of $147,188.

Therefore, in an effort utilize as much CoC funding as possible and to fund additional, much-needed permanent supportive housing, your RRH project was reduced by $39,634.00 and reallocated to a new PSH project.

If you have any questions, please contact Committee Chair, Wendy Jackson, at 712-202-9074, or me at 712-279-6255.

Sincerely,

Amy Kearins
Project Monitoring and Development Committee
Committee Member

COMMUNITY DEVELOPMENT DEPARTMENT

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FAX 712-224-5218

SIOUX★CITY

August 29, 2018

Heartland Counseling Services
Jennifer Jackson
jennifer@heartlandcounselingservices.com

Congratulations! Your new project application, Project Help PSH, has been accepted in Tier 1 by the Project Monitoring and Development Committee in the amount of $163,770.00. It is anticipated that the Siouxland Coalition to End Homelessness Board will concur with this decision and your project will be included in the Consolidated Application to HUD for FY18 CoC Program funding.

If you have any questions, please Committee Chair, Wendy Jackson, at 712-202-9074, or me at 712-279-6255.

Sincerely,

Amy Keairns
Project Monitoring and Development Committee
Committee Member

COMMUNITY DEVELOPMENT DEPARTMENT

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PH 712-279-6340					
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SIOUX ★ CITY

August 29, 2018

Institute for Community Alliances
Julie Eberbach
Julie.eberbach@icalliances.org

Congratulations! Your renewal project applications, Iowa's Continuum Outcome and Universal Needs Toolkit and Siouxland Coordinated Entry, have been accepted in Tier 1 by the Project Monitoring and Development Committee in the amounts of $43,156 and $186,608 respectively. The Siouxland Coalition to End Homelessness Board has approved this decision and your project will be included in the Consolidated Application to HUD for FY18 CoC Program funding.

If you have any questions, please contact Committee Chair, Wendy Jackson, at 712-202-9074, or me at 712-279-6255.

Sincerely,

Amy Keairns
Project Monitoring and Development Committee
Committee Member

COMMUNITY DEVELOPMENT DEPARTMENT

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FAX 712-224-5218					
WEB www.sioux-city.org					

SIOUX★CITY

August 31, 2018

City of Sioux City
Jill Wanderscheid
jmwander@sioux-city.org

Congratulations! Your renewal project application, SCEH Planning Project, has been accepted by the Project Monitoring and Development Committee in the amount of $21,675.00. The Siouxland Coalition to End Homelessness Board has approved this decision and your project will be included in the Consolidated Application to HUD for FY18 CoC Program funding.

If you have any questions, please contact Committee Chair, Wendy Jackson, at 712-202-9074, or me at 712-279-6255.

Sincerely,

Amy Keairns
Project Monitoring and Development Committee
Committee Member

COMMUNITY DEVELOPMENT DEPARTMENT

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PH 712-279-6340 FAX 712-224-5218 WEB www.sioux-city.org					

Explanation of Project Reallocated due to Project Sponsor's intention to not renew the project in FY2018.

The CoC did not reject any new or renewal applications. However, we did have one grantee express their intent to not apply for renewal funding in the FY2018 competition. Therefore, the project funding for that project was reallocated to a new PSH project application. What follows below is an explanation of how the grantee notified the CoC of their intent.

The Community Action Agency of Siouxland notified the CoC Lead Agency and CoC Chair via several in-person conversations that have taken place since approximately July 15, 2018, that they did not intend to renew their project application for IA0002L7D001710: Crossroads Shelter for Women and Children. Among the reasons for their decision, Community Action Agency of Siouxland noted:

- The difficulty in serving the homeless through the Coordinated Entry system. They have struggled with following the protocol of putting clients on the CE Prioritization List and having to take the most vulnerable, especially when a homeless person presents at their transitional housing shelter late in the day and they have an opening. They prefer to be able to place someone immediately.
- The difficulty in serving all families according the HUD's Equal Access Ruling. The facility isn't set up to serve families due to it being a 2-story house converted to a transitional housing facility. It is best suited for served single persons, but the program did not wish to reclassify.

The CoC accepted a new project application and reallocated the funds from the Community Action Agency of Siouxland project to this new project.

SIOUX★CITY

August 30, 2018

Council on Sexual Assault and Domestic Violence
Margaret Sanders
margaret@csadv.org

Congratulations! Your renewal project application, Rapid Rehousing Project, has been accepted in Tier 1 by the Project Monitoring and Development Committee in the amount of $103,835.00. The remaining dollar amount, $43,353.00, is in Tier 2 and may be funded based on availability of HUD funding for Tier 2 projects, and the CoC Consolidated Application score. The Siouxland Coalition to End Homelessness Board approved this decision and your project will be included in the Consolidated Application to HUD for FY18 CoC Program funding.

Please note the amount approved is $39,634.00 less than you had requested. The SCEH Project Monitoring and Development Committee recommended reducing your project funding for the following reasons:

- Projects were ranked from highest scoring to lowest scoring, following the process laid out in the SCEH Ranking Policy. Since your project didn't have enough data to score and rank, it was ranked based upon your initial new application score and rank from FFY 2016, which resulted in your project receiving the lowest score.
- The Committee understands that there were delays in getting the project under contract, which didn't occur until December 2017, and also delays in getting the project set up for drawdown in the eLoccs system. However, they still had concerns about the lack of program participants and the amount of funding drawn down to date. These concerns focused on meeting spending deadlines and the potential for a large amount of funding being recaptured by HUD at the end of the current grant year. The committee felt that your RRH project would still be able to operate and serve a high number of DV survivors even at the reduced level of $147,188.

Therefore, in an effort utilize as much CoC funding as possible and to fund additional, much-needed permanent supportive housing, your RRH project was reduced by $39,634.00 and reallocated to a new PSH project.

If you have any questions, please contact Committee Chair, Wendy Jackson, at 712-202-9074, or me at 712-279-6255.

Sincerely,

Amy Keairns
Project Monitoring and Development Committee
Committee Member

COMMUNITY DEVELOPMENT DEPARTMENT

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SIOUXLAND COALITION TO END HOMELESSNESS

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Welcome to Siouxland Coalition to End Homelessness

The Siouxland Coalition to End Homeless (SCEH) was founded in 1996 and served Woodbury County. In 1997, Dakota County was added. In 2010, SCEH became a non-profit organization consisting of individuals, organizations, businesses, and agencies.

We are always looking for new members! If you are interested in participating in the Siouxland Coalition to End Homelessness, please call 712-279-6255.

LEARN MORE

*** FY 2018 CoC Program New and Renewal Project Application Deadline: August 13, 2018 at 5:00 p.m. ***

If you are homeless or at imminent risk of losing your housing, please contact any one of the following Access Points and they will be able to assist you:

CrossCards

For SCEH New and Renewal CoC Program Funding Applicants:

This message is to provide information and a timeline for any agencies interested in submitting a new or renewal application for CoC Program funding through the Siouxland Coalition to End Homelessness Continuum of Care program for homeless services.

***New and Renewal CoC Project Applications Due in eSnaps
by 5:00 p.m. Monday, August 13, 2018***

First, some background information about the **Continuum of Care (CoC) program:** This is a program of the U.S. Department of Housing and Urban Development (HUD). HUD released new interim regulations on the program in the summer of 2012; the new regulations combine the old Supportive Housing Program and Shelter Plus Care program into the new CoC program. The regulations can be found at this link.

Second, about the Siouxland Coalition to End Homelessness CoC: This includes Sioux City, Woodbury County, Iowa, and Dakota County, Nebraska. Any agency or unit of local government within the SCEH that is interested in receiving CoC Program funding must submit an application for review by the Project Development and Monitoring Committee of the SCEH.

Third, about this CoC competition: This CoC Consolidated Application to be submitted to HUD consists of the FY2018 CoC application (the Co C plan with all charts and narratives completed as applicable), the Priority Project Listing, the FY2018 New and Renewal Project Applications, as well as any required forms and attachments. The SCEH Grant Committee provides support for this process, and eventually our CoC Collaborative Applicant, the City of Sioux City, submits the application that is recommended by the SCEH Project Monitoring and Development Committee and approved by the SCEH Board of Directors.

HUD has released the Notice of Funding Availability for this competition, which can be found at https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf. All potential applicants are encouraged to read the NOFA in its entirety. The NOFA lists eligible applicants and activities as well as information regarding the CoC ranking process and HUD scoring. Pay special attention to HUD's priority to serve the chronically homeless and to provide rapid rehousing for families coming from the street or an emergency shelter. HUD also provides a number of resources to assist applicants with their application and navigating the system. They can be found on the Continuum of Care (CoC) Program page of HUD Exchange which can be found at https://www.hudexchange.info/programs/coc/.

New Projects may be created through reallocation, bonus, or a combination of reallocation and bonus, new DV Bonus projects, and Co C Planning Project.

CrossCards

Continuum of Care Planning.

The CoC will:

- develop a plan that includes the coordination of housing and supportive services within the geographic area to best meet the needs of homeless individuals;
- ensure a plan that will encompass but is not limited to outreach engagement and assessment, sheltering housing and various supportive services, and homeless prevention strategies;
- plan and conduct annually a Point-in-Time (PIT) count of homeless individuals within the CoC geographic area
- conduct the PIT count within the guidelines issued by the US Department of Housing and Urban Development and report its results to HUD and various other interested parties in a timely fashion;
- conduct at least annually an analysis of gaps, shortfalls, and unmet needs in the provision of homeless services that are available within the geographic;
- provide information that may be required by the City of Sioux City and other city, county and state governments within the CoC geographic area in order to complete the entity consolidated plan; and
- consult with state and local governments and ESG program recipients regarding the allocation of ESG funds and the review and evaluation of performance measures of ESG recipients.

HMIS Lead

The SCEH has selected the Iowa Institute for Community Alliances (IICA) to operate the HMIS for the CoC. The current software product supported by IICA is ServicePoint, which is a product of Bowman Systems.

- IICA will ensure that the HMIS is operated in accordance with the HMIS data and technical standards as outlined in 69 FR 1406. IICA will review and ensure at least annually that it is in compliance with data and technical standards. IICA will notify the CoC of any deficiencies and a corrective action plan if required.
- IICA will maintain operational policies and procedures for the operation of the HMIS including but not limited to; privacy, security, and data quality.
- IICA will provide regular on-going training and technical assistance to support all recipients and sub-recipients in use of the HMIS system. This training may be conducted in-person or web based.

- IICA will monitor and report to the CoC on the CoC recipients and their utilization of the HMIS. IICA will provide assistance to the CoC to develop plans to correct data quality issues, as well as improve participation rates.
- IICA will work collaboratively with the CoC to create performance outcome reports consistent with the requirements of the McKinney-Vento Act as amended by the HEARTH Act, as well as the interim and final CoC regulations as issued by the US Department of Housing and Urban Development.
- IICA will manage the collection of data required for the annual homeless assessment report and enter data into the Homeless Data Exchange (HDX) on behalf of the CoC.
- IICA will assist recipients and the CoC in the completion of various required reports including but not limited to the CoC annual performance reports and the annual performance report for ESG.

Continuum Policies

- The SCEH in its function as the CoC organization for Sioux City, IA, Woodbury County, Iowa and Dakota County, Nebraska is governed through by-laws that were adopted and approved by the membership of the CoC on May 22, 2013. Those governing by-laws are incorporated by reference here and attached as Appendix A. The by-laws specify the responsibilities, membership, officers, standing and ad hoc committees, meeting schedule, and revision process for the organization.

- No member of the CoC will participate in a committee whether standing or ad hoc that participates in the review, ranking selection, or award of any grant funds in which the member or its agency has a financial interest. Any member with a parent, sibling, child, niece, nephew, or a person with whom they co-habitat that may have a financial interest in a grant will also recuse themselves from consideration of that item.

  Members of the CoC will disclose potential conflicts of interest they may have regarding any matters that may come before them in any committee or session of the CoC. The CoC will operate under conflict of interest regulations as published in Iowa Code 68B.2A, as well as the requirement of the interim rule of the CoC program as specified in 24 CFR 578.95.

- The members, officers, and committee members of the CoC will be selected on a non-discriminatory basis with respect to race, color, nation origin, age, disability, religion, gender, sexual orientation, and any other state or federal protected group.
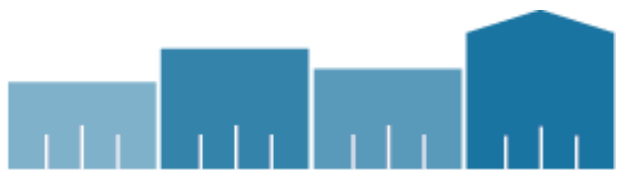
Institute for Community Alliances

Homeless Management Information System

POLICIES & PROCEDURES

For: Iowa Balance of State CoC

       Des Moines/Polk County CoC

       Sioux City/Woodbury County CoC

Institute for Community Alliances

1111 Ninth Street, Suite 245
Des Moines, IA 50314

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Version – June 2017

1. INTRODUCTION

This document provides the framework for the ongoing operations of the Institute for Community Alliances Homeless Management Information System Project (ICA HMIS). The *Project Overview* provides the main objectives, direction and benefits of ICA HMIS. The *Governing Principles* establish the values that are the basis for all policy statements and subsequent decisions. Finally, the *Operating Procedures* provide specific policies and steps necessary to control the operational environment for:

Privacy
- Release and Disclosure of Client Data

Security
- User Authorization
- Server Security
- Server Availability
- Workstation Security

Data Quality
- Project Participation
- Collection and Entry of Client Data
- Training
- Technical Support

Other Obligations and Agreements discuss external relationships required for the continuation of this project.

2. PROJECT OVERVIEW

The long-term vision of the ICA HMIS is to enhance our Continua of Care participating agencies' collaboration, service delivery and data collection capabilities. Accurate information will put the various Continua of Care that ICA supports in a better position to request funding from various sources and help plan better for future needs.

The mission of the ICA HMIS Project is to support an integrated network of homeless and other service providers that use a central database to collect, track and report uniform information on client needs and services. This system will not only meet Federal requirements but also enhance local service planning and delivery.

The fundamental goal of the ICA HMIS is to document the demographics of homelessness in our partner Continua according to the HUD HMIS Data and Technical Standards. It is then the goal of the project to identify patterns in the utilization of assistance, and document the effectiveness of the services for the client. This will be accomplished through analysis of data that is gathered from the actual experiences of homeless persons and the service providers who assist them in shelters and homeless assistance programs throughout the partner Continua. Data that is gathered via intake interviews and program participation will be used to complete HUD required and related reports. This data may also be analyzed to provide unduplicated counts and anonymous aggregate data to policy makers, services providers, advocates, and consumer representatives.

The project utilizes a web-enabled application (ServicePoint™) residing on a central server to facilitate data collection by homeless service organizations across the various CoCs. Access to the central server is limited to agencies formally participating in the project and then only to authorized staff members who meet the necessary training and security requirements.

This HMIS project is staffed and advised by The Institute for Community Alliance. The Institute for Community Alliance's Executive Director is the authorizing agent for all agreements made between participating agencies and The Institute for Community Alliance. The ICA HMIS System Administrators are responsible for the administration of the network and user access. The Institute for Community Alliance Project Staff will also provide training and technical assistance to users of the system throughout the continua.

Various data related sub-committees of the Continua are responsible for oversight and guidance of the ICA HMIS. These groups are committed to balancing the interests and needs all stakeholders involved; homeless men, women, and children; service providers; and policy makers.

Potential benefits for homeless men, women, and children and case managers: Service coordination can be improved when information is shared among case management staff within one agency or with staff in other agencies (with written client consent) who are serving the same clients.

Potential benefits for agencies and program managers: Aggregated, information can be used to develop a more complete understanding of clients' needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report for funding agencies such as HUD.

Potential benefits for community-wide Continua of Care and policy makers: CoC - wide involvement in the project provides the capacity to generate HUD Annual Progress Reports (APRs), Consolidated Annual Performance and Evaluation Reports (CAPERs), and other HUD required or related reports. The network provides data to the Continua of Care and allows access to aggregate information both at the local and regional level that will assist in identification of gaps in services, as well as the completion of other service reports used to inform local policy decisions aimed at addressing and ending homelessness.

3. Governing Principles

Described below are the overall governing principles upon which all decisions pertaining to the ICA HMIS are based.

Participants are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.

Confidentiality
The rights and privileges of clients are crucial to the success of the ICA HMIS. These policies will ensure clients' privacy without impacting the delivery of services, which is the primary focus of agency programs participating in this project.

Policies regarding client data are founded on the premise that a client owns his/her own personal information and provide the necessary safeguards to protect client, agency, and policy level interests. Collection, access and disclosure of client data through the ICA HMIS will only be permitted by the procedures set forth in this document.

Data Integrity
Client data is the most valuable and sensitive asset of the ICA HMIS. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.

System Availability
The availability of a centralized data repository is necessary to achieve the ultimate state or CoC-wide aggregation of unduplicated homeless statistics. The System Administrator is responsible for ensuring the broadest deployment and availability for homeless service agencies across all participating Continua.

Compliance
Violation of the policies and procedures set forth in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity will result in the withdrawal of system access for the offending entity.

4. Roles and Responsibilities

The Institute for Community Alliances

Executive/Associate Director
- Liaison with HUD
- Project Staffing
- The Institute for Community Alliances Signatory for Memorandums of Understanding
- Overall Responsibility for Success of ICA HMIS

Project Manager (Security Officer) and System Administrator
- Selection and Procurement of Server Hardware
- Hosting Facility Agreement
- Domain Registration
- Procurement of Server Software and Licenses
- Distribution of End User Licenses
- Creation of Project Forms and Documentation
- Project Website Maintenance
- Project Policies and Procedures and Compliance

- General Ongoing Network Management
- Central Server Administration
  - Server Security, Configuration, and Availability
  - Maintenance of Software
  - Configuration of Network and Security Layers
  - Anti-Virus Protection for Server Configuration
  - System Backup and Disaster Recovery
- Keeper of Signed Memorandums of Understanding
- User Administration
  - Manage participating Agency Administrators
  - Manage User Licenses
- System Uptime and Performance Monitoring
- Ongoing Protection of Confidential Data
- Curriculum Development
- Training Documentation
- Confidentiality Training
- Application Training for Agency Administrators and End Users
- Outreach/End User Support
- Training Timetable
- Helpdesk

Data Analyst
- Adherence to HUD Data Standards
- Application Customization
- Data Monitoring
- Data Validity
- Aggregate Data Reporting and Extraction
- Assist Partner Agencies with Agency-Specific Data Collection and Reporting Needs (Within Reason and Within Constraints of Other Duties)

Participating Agency (CoC)

Participating Agency Executive Director
- Authorizing Agent for CoC agreements (Memorandum of Understanding)
- Designation of Agency Administrator
- Agency Compliance with Policies and Procedures
- Oversight and Distribution of End User Licenses

- Agency Level HUD Reporting
- Each Participating Agency is responsible for ensuring they meet the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards. Annually, Participating Agencies, in cooperation with the Institute will conduct a thorough review of internal policies and procedures regarding HMIS.

Participating Agency Administrator
- Authorizing Agent for Participating Agency User Agreements
- Keeper of Participating Agency User Agreements
- Keeper of Executed Client Informed Consent Forms
- Authorizing Agent for End User License Requests
- Staff Workstations
- Internet Connectivity
- End User Adherence to Workstation Security Policies
- Detecting and Responding to Violations of the Policies and Procedures
- First Level End User Support
- Maintain Agency/Program Data in ICA HMIS Application

Agency End User Staff
- Safeguard Client Privacy Through Compliance with Confidentiality Policies
- Data Collection as Specified by Training and Other Documentation

5. Operating Procedures * Security
5.1 Project Participation

Policies
- Agencies participating in ICA HMIS shall commit to abide by the governing principles of ICA HMIS and adhere to the terms and conditions of this partnership as detailed in the Memorandum of Understanding

Procedures

Confirm Participation

1. The Partner Agency shall confirm their participation in ICA HMIS by submitting a Memorandum of Understanding to the ICA HMIS System Administrator.
2. The ICA HMIS System Administrator will obtain the co-signature of The Institute for Community Alliance Executive Director.
3. The ICA HMIS System Administrator will maintain a file of all signed Memorandums of Understanding.
4. The ICA HMIS System Administrator will maintain a list of all Partner Agencies

Terminate Participation

Voluntary

1. The Partner Agency shall inform the ICA HMIS System Administrator in writing of their intention to terminate their agreement to participate in ICA HMIS.
2. The ICA HMIS System Administrator will inform the The Institute for Community Alliance's Executive Director and update the Participating Agency List.
3. The ICA HMIS System Administrator will revoke access of the Partner Agency staff to ICA HMIS. Note: All Partner Agency-specific information contained in the ICA HMIS System will remain in the ICA HMIS system.
4. The ICA HMIS System Administrator will keep all termination records on file with the associated Memorandums of Understanding.

Lack of Compliance

1. When the ICA HMIS System Administrator determines that a Partner Agency is in violation of the terms of the partnership, Executive Directors of Partner Agency and ICA will work to resolve the conflict(s).
2. If the Executive Directors are unable to resolve conflict(s), the appropriate CoC Data Committee will be called upon to resolve the conflict. If that results in a ruling of Termination:
    i.   The Partner Agency will be notified in writing of the intention to terminate their participation in ICA HMIS.
    ii.   The ICA HMIS System Administrator will revoke access of the Partner Agency staff to ICA HMIS.

      iii.   The ICA HMIS System Administrator will keep all termination records on file with the associated Memorandums of Understanding.

Assign Primary HMIS Administrator Contact

1. The Partner Agency shall designate a primary contact for communications regarding ICA HMIS by submitting information in writing to the ICA HMIS System Administrator.
2. The ICA HMIS System Administrator will obtain all signatures necessary to execute the Partner Agency Technical Administrator Agreement.
3. The ICA HMIS System Administrator will maintain a file of all signed Technical Administrator Assignment forms.
4. The ICA HMIS System Administrator will maintain a list of all assigned Partner Agency Technical Administrators and make it available to the ICA HMIS staff.

Re-Assign Technical Administrator

1. The Partner Agency may designate a new or replacement primary contact in the same manner as above.

Site Security Assessment

1. Prior to allowing access to ICA HMIS, the Partner Agency Technical Administrator and the ICA HMIS System Administrator may meet to review and assess the security measures in place to protect client data. The Partner Agency Executive Director (or designee) and Partner Agency Administrator may meet with a The Institute for Community Alliance staff member to assess The Partner Agency's information security protocols. This review shall in no way reduce the responsibility for Partner Agency information security, which is the full and complete responsibility of the Partner Agency, its Executive Director, and Administrator.
2. Partner Agencies shall have virus protection software on all computers that access ICA HMIS.

a. User Authorization & Passwords

<u>*Policies*</u>

- Partner Agency staff participating in ICA HMIS shall commit to abide by the governing principles of ICA HMIS and adhere to the terms and conditions of the Partner Agency User Agreement.
- The Partner Agency Technical Administrator must only request user access to ICA HMIS for those staff members that require access to perform their job duties.
- All users must have their own unique user ID and should never use or allow use of a user ID that is not assigned to them (see Partner Agency User Agreement).
- Temporary, first time only, passwords will be communicated via email or phone to the owner of the user ID.
- User-specified passwords should never be shared and should never be communicated in any format.
- New user IDs must require password change on first use.
- Passwords must consist of at least 8 characters and must contain a combination of letters and numbers (no special characters; alpha and numeric only). The password must contain at least two numbers (required by software). According to the HUD Data and Technical Standards Final Notice (July 2004):
    > *User authentication. Baseline Requirement. A CHO must secure HMIS systems with, at a minimum, a user authentication system consisting of a username and password. Passwords must be at least eight characters long and meet reasonable industry standard requirements.*
- Passwords must be changed every 45 days. If they are not changed within that time period they will expire and the user will be locked out of the system.
- For Partner Agency Administrators and Agency Users, passwords may only be reset by the ICA HMIS System Administrator.
- Three consecutive unsuccessful attempts to login will disable the User ID until the account is reactivated by the ICA HMIS System Administrator.
- It is the responsibility of the partnering Agency to inform The Institute for Community Alliance about any changes to IP address information previously submitted and approved for authorized access to ICA HMIS.

Procedures

Workstation Security Assessment

1. Prior to requesting user access for any staff member, the Partner Agency Administrator will assess the operational security of the user's workspace.
2. Partner Agency Administrator will confirm that workstation has virus protection properly installed and that a full-system scan has been performed within the last week.
3. Partner Agency Administrator will confirm that workstation has and uses a hardware or software firewall.

Request New User ID

1. When the Partner Agency Administrator indentifies a staff member that requires access to ICA HMIS, a "User Ethics & Responsibility Agreement" (UERA) *will* be provided to the prospective user.
2. The prospective user must read, understand and sign the *UERA* and return it to the Executive Director.
3. The Agency Executive Director will co-sign the *UERA*, retain a copy on file and return original to ICA.
4. The ICA System Administrator will create the new user ID as specified and notify the user ID owner of the temporary password via email.

Change User Access

1. When the Partner Agency Administrator determines that it is necessary to change a user's access level, the Partner Agency Technical Administrator will contact ICA who will update the user ID as needed.

Rescind User Access

Voluntary

Use this procedure when any ICA HMIS user leaves the agency or otherwise becomes inactive.

Compliance Failure:

Use this procedure when any ICA HMIS user breaches the "User Ethics & Responsibility Agreement" (UERA), or violates

the Policies and Procedures, or breaches confidentiality or security.

1. The Partner Agency Administrator will deactivate staff user IDs
2. The ICA HMIS System Administrator will deactivate all other user IDs

Reset Password
1. When a user forgets his or her password or has reason to believe that someone else has gained access to their password, they must immediately notify their Partner Agency Technical Administrator.
2. The Partner Agency Technical Administrator will reset the user's password and notify the user of the new temporary password.

b. Collection and Entry of Client Data *Privacy/Data Quality

Policies

- Client data will be gathered according to the policies, procedures and confidentiality rules of each individual program.
- Client data may only be entered into ICA HMIS with client's authorization to do so.
- All universal and program data elements from the HUD ICA HMIS Data and Technical Standards Final Draft should be collected, subject to client consent.
- Client data will only be shared with Partner Agencies if the client consents, has signed the Client Consent form, and the signed Client Consent form is available on record.
- Client data will be entered into ICA HMIS in a timely manner.
  - ♦ Client identification should be completed during the intake process or as soon as possible following intake and within 24 hours.
  - ♦ Required assessments should be entered as soon as possible following the intake process and within 48 hours.

- ♦ If service records are recorded, ICA recommends these should be entered on the day services began or as soon as possible within the next 24 hours.

- All client data entered into ICA HMIS will be kept as accurate and as current as possible.
- Hardcopy or electronic files will continue to be maintained according to individual program requirements, and according to the HUD ICA HMIS Data and Technical Standards Final Draft.
- No data may be imported without the client's authorization.
- Any authorized data imports will be the responsibility of the Partner Agency.
- Partner Agencies are responsible for the accuracy, integrity, and security of all data input by said Agency.
- Our Continuum of Care is committed to entering client specific data into ICA HMIS that is accurate, complete, and timely to ensure quality of data, and to provide reports to agency executive management, public policy decision makers, and all participating homeless service and housing providers.
- Data quality of client specific data is essential to the meaningful analysis and accurate reporting of Continuums of Care data.
- Data quality shall be a concern of highest importance and all members of Continuums of Care will work to continuously improve quality.
- Quality assurance shall be the ultimate responsibility of each Partner's Agency's Executive Director. The Institute for Community Alliance will provide Exception Reports to the Partner Agency Technical Administrator who is designated by the Partner Agency Executive Director.
- The Partner Agency that creates a client record owns the responsibility for a baseline of data quality to include: non-duplication of client record, Release of Information (ROI), Universal & Program level data elements as defined by HUD Data Standards, up-to-date Program Entries and Exits, and answers to the questions, "Currently Homeless?" and "Chronically Homeless?".
- Each Partner Agency that comes in contact with a client has an opportunity to improve data quality and should make every effort to do so when that opportunity arises.

- Each Partner Agency has agreed to and is responsible for collecting and entering all of the data elements on Iowa Basic or MACCH Basic Intake Form, whether required by HUD or not.
- The Continuums of Care will decide on a plan to dispose of (or remove identifiers from) client data seven (7) years after it was created or last changed.

Procedures

1. Refer to User Manual and/or Training Materials for specific data entry guidelines.
2. The Institute for Community Alliance will provide each agency with an ongoing Exceptions Report, and provide the training necessary in order for the Partner Agency to be able to download and report to the appropriate parties within the agency.
3. The Partner Agency Technical Administrator will share data with authorized personnel only (those with ICA HMIS authorization).
4. Partner Agency Technical Administrator will be responsible for reviewing the weekly Exception Reports and notifying users to make corrections, within one week.
5. Partner Agency Technical Administrator will inform the ICA HMIS System Administrator if there are any technical issues retrieving the Exception Reports within three (3) business days.
6. Upon request of Partner Agency Executive Management, The Institute for Community Alliance will provide measures and metrics to verify data quality.
7. Upon request by The Continua's Executive Committee, The Institute for Community Alliance will provide measures and metrics to assess the data quality of individual programs.
8. The CoC's Data Committee shall develop with ICA the procedure to properly dispose of client data within the seven-year time frame allocated in the HUD Data Standards.

c. Release of Disclosure of Client Data

Policies

- Client-specific data from ICA HMIS may be shared with Partner Agencies only when the sharing agency has secured a valid Release of Information from that client authorizing such sharing, and only during such time that

Release of Information is valid (before its expiration). Other non-ICA HMIS inter-agency agreements do not cover the sharing of ICA HMIS data.

- Sharing of client data may be limited by program specific confidentiality rules.
- No client-specific data will be released or shared outside of the Partner Agencies unless the client gives specific written permission or unless withholding that information would be illegal (see Release of Information). Note that services may NOT be denied if client refuses to sign Release of Information or declines to state any information.
- Release of Information must constitute INFORMED consent. The burden rests with the intake staff to inform the client before asking for consent. As part of informed consent, a notice must be posted explaining the reasons for collecting the data, the client's rights, and any potential future uses of the data. An example of such a sign for posting may be found at www.icalliances.org under "Iowa Forms".
- Client shall be given print out of all data relating to them upon written request and within 10 working days.
- A report of data sharing events, including dates, agencies, persons, and other details, must be made available to the client upon request and within 10 working days.
- Aggregate data that does not contain any client specific identifying data may be shared with internal and external agents without specific permission. This policy should be made clear to clients as part of the Informed Consent procedure.
- Each Partner Agency Executive Director is responsible for his or her agency's internal compliance with the HUD Data Standard.

Procedures

1. Procedures for disclosure of client-specific data are readily obtained from the above policies, combined with the configuration of ICA HMIS, which facilitates appropriate data sharing.

5.5 Server Security
Policies

- The ICA HMIS System Administrator and our HMIS Vendor will strive to secure and keep secure the servers, both physically and electronically.

Procedures

1. All procedures for maximizing Server Security are the responsibility of the ICA HMIS System Administrator and our HMIS vendor.

5.6 Server Availability

Policies

- The ICA HMIS System Administrator will strive to maintain continuous availability by design and by practice.
- Necessary and planned downtime will be scheduled when it will have least impact, for the shortest possible amount of time, and will only come after timely communication to all participants.
- The ICA HMIS System Administrator is responsible for design and implementation of a back and recovery plan (including disaster recovery).

Procedures

1. A user should immediately report unplanned downtime to his or her Partner Agency Technical Administrator.
2. All other procedures for maximizing server availability, recovering from unplanned downtime, communicating, and avoiding future downtime are the responsibility of the ICA HMIS System Administrator.
3. The ICA HMIS System Administrator or our HMIS vendor will backup system, software, and database data on a weekly basis, as well as incremental backups nightly.

5.7 Workstation Security

Policies

- The Partner Agency Technical Administrator is responsible for preventing degradation of the whole system resulting from viruses, intrusion, or other factors under the agency's control.
- The Partner Agency Technical Administrator is responsible for preventing inadvertent release of confidential client-specific information. Such release may come from physical or electronic or even visual access to the workstation, thus steps should be taken to prevent these modes of inappropriate access (that is, don't let someone read over your shoulder: lock your screen).

- All workstations to be used with ICA HMIS must be secured by a firewall between the workstation and the internet. Software firewalls are acceptable.
- Recommended Internet connection: DSL or Cable Modem, at least 128 kbits.
- Definition and communication of all procedures to all Partner Agency users for achieving proper agency workstation configuration and for protecting their access by all Agency users to the wider system are the responsibility of the Partner Agency Technical Administrator.

Procedures

1. At a minimum, any workstation accessing the central server shall have anti-virus software with current virus definitions (24 hours) and frequent full-system scans (weekly).

5.8 Training

Policies

- The Partner Agency Executive Director shall obtain the commitment of the Partner Agency Technical Administrator and designated staff persons to attend training(s) as specified in the *Memorandum of Understanding (MOU)* between Partner Agency and The Institute for Community Alliance.

Procedures

Start-up Training
The Institute for Community Alliance will provide training in the following areas prior to the Partner Agency using ICA HMIS:
- o Partner Agency Administrator training
- o End User training
- o Confidentiality training

Partner Agency Technical Administrator Training
Training will be done in a group setting, where possible to achieve the most efficient use of time and sharing of information between agencies. Training will include:
- o New user set-up
- o Assigning agency within ICA HMIS hierarchy
- o End User training
- o Running package reports

o   Creating customized reports

5.9 Compliance

Policies

- Compliance with these Policies and Procedures is mandatory for participation in ICA HMIS.
- Using the Servicepoint™ software, all changes to client data are recorded and will be periodically and randomly audited for compliance.
- Each Partner Agency is responsible for ensuring they meet the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards. Annually, Partner Agencies will conduct a thorough review of internal policies and procedures regarding ICA HMIS.

Procedures

1. See "Project Participation" and "User Authorization" sections for procedures to be taken for lack of compliance.

5.10 Technical Support

Policies

- Support requests include problem reporting, requests for enhancements (features), or other general technical support.
- Users shall submit support requests to their Partner Agency Technical Administrator (email is suggested).
- Users shall not, under any circumstances, submit requests to software vendor.
- Users shall not submit requests directly to The Institute for Community Alliance without specific invitation. All requests to The Institute for Community Alliance shall be submitted to Partner Agency Technical Administrator, who may then escalate to The Institute for Community Alliance, who may then escalate to vendors as appropriate.
- The Institute for Community Alliance will only provide support for issues specific to ICA HMIS software and systems.

Procedures

Submission of Support Request

1. User encounters problem or originates idea for improvement to system or software.
2. User creates support request via email sent to Partner Agency Technical Administrator specifying the severity of the problem and its impact on their work, specific steps to reproduce the problem, and any other documentation that might facilitate the resolution of the problem. User shall also provide contact information and best times to contact.
3. The Partner Agency Administrator, upon receipt of a support request, shall make reasonable attempts to resolve the issue.
4. *If the Partner Agency Administrator is unable to resolve the issue and determines that the problem is specific to ICA HMIS software and systems, the Partner Agency Administrator shall consolidate multiple similar requests and submit to ICA.   Note: If the Support Request is deemed by ICA HMIS System Administrator to be an agency-specific customization[1], resolution of the request may be prioritized accordingly. ICA reserves the right to charge on an hourly basis for these changes if/when the workload for such agency-specific customizations becomes burdensome.*
5. The ICA HMIS System Administrator may at this point determine that the cause of reported issue is outside the scope of control of the ICA HMIS software and systems.
6. The ICA HMIS System Administrator will consolidate such requests from multiple Partner Agencies, if appropriate, and strive to resolve issues according to their severity and impact.
7. If the ICA HMIS System Administrator is unable to resolve the issue, other software or system vendor(s) may be included in order to resolve the issue(s).
8. In cases where issue resolution may be achieved by the end user or other Partner Agency personnel, the ICA HMIS System Administrator will provide instructions via email to the Partner Agency Administrator.

5.11 Changes to This and Other Documents

Policies

- The Data Committee of the Continua will guide the compilation and amendment of these Policies and Procedures.

Procedures

Changes to Policies & Procedures

1. Proposed changes may originate from any participant in ICA HMIS.
2. When proposed changes originate within a Partner Agency, they must be reviewed by the Partner Agency Executive Director, and then submitted by the Partner Agency Executive Director to the ICA HMIS System Administrator for review and discussion.
3. ICA HMIS System Administrator will maintain a list of proposed changes.
4. The list of proposed changes will be discussed by the Technology Committee, subject to line item excision and modification. This discussion may occur either at a meeting of the Technology Committee, or via email or conference call, according to the discretion and direction of the Technology Committee Chairperson.
5. Results of said discussion will be communicated, along with the amended Policies and Procedures. The revised Policies and Procedures will be identified within the document by the date of the Technology Committee discussion.
6. Partner Agencies Executive Directors shall acknowledge receipt and acceptance of the revised Policies and Procedures within 10 working days of delivery of the amended Policies and Procedures by notification in writing or email to ICA HMIS System Administrator. The Partner Agency Executive Director shall also ensure circulation of the revised document within their agency and compliance with the revised Policies and Procedures.

6 Other Obligations and Agreements

Certain HUD grants for ICA HMIS projects provide for a limited number of user licenses within various Continua. While it may not be possible to meet every agency's full requirements for licenses within the HUD grant to The Institute for Community Alliance, the ICA HMIS System Administrator will endeavor to ensure that every agency

participating in Continua with these designated funds, will have their minimum requirements met from the HUD grant as long as these funds are available.

6.1 HUD HMIS Data and Technical Standards

This document should, at a minimum, reflect the baseline requirements listed in the HMIS Data and Technical Standards Final Notice, published by HUD in July 2004, and revised in 2010 and 2014. Users of ICA HMIS are required to read and comply with the HMIS Data and Technical Standards. Failure to comply with these standards carries the same consequences as does failure to comply with these Policies and Procedures. In any instance where these Policies and Procedures are not consistent with the ICA HMIS Standards from HUD, the HUD Standards take precedence. Should any inconsistencies be identified, notice should be made to: david.eberbach@icalliances.org

6.2 HIPAA

For agencies or programs where HIPAA applies, HIPAA requirements take precedence over both the HUD ICA HMIS Data Requirements (as specified in those requirements) and these policies and procedures. **It should be noted here that the Iowa HMIS network software ServicePoint™ is fully HIPPA compliant and can support HIPPA requirements in the local agency setting**.

2018 HDX Competition Report

PIT Count Data for IA-500 - Sioux City/Dakota, Woodbury Counties CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	348	288	264
Emergency Shelter Total	168	171	189
Safe Haven Total	0	0	0
Transitional Housing Total	171	115	69
Total Sheltered Count	339	286	258
Total Unsheltered Count	9	2	6

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	17	17	27
Sheltered Count of Chronically Homeless Persons	13	15	24
Unsheltered Count of Chronically Homeless Persons	4	2	3

2018 HDX Competition Report

PIT Count Data for IA-500 - Sioux City/Dakota, Woodbury Counties CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**55**	**39**	**29**
Sheltered Count of Homeless Households with Children	55	39	29
Unsheltered Count of Homeless Households with Children	0	0	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**25**	**15**	**12**	**25**
Sheltered Count of Homeless Veterans	21	15	11	24
Unsheltered Count of Homeless Veterans	4	0	1	1

2018 HDX Competition Report

HIC Data for IA-500 - Sioux City/Dakota, Woodbury Counties CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	177	31	86	58.90%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	88	0	88	100.00%
Rapid Re-Housing (RRH) Beds	3	0	3	100.00%
Permanent Supportive Housing (PSH) Beds	30	0	0	0.00%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	298	31	177	66.29%

2018 HDX Competition Report

HIC Data for IA-500 - Sioux City/Dakota, Woodbury Counties CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	55	49	30

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	1	4	1

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	2	11	3

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for IA-500 - Sioux City/Dakota, Woodbury Counties CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	28	62	179	27	-152	104	15	-89
1.2 Persons in ES, SH, and TH	315	398	153	98	-55	85	65	-20

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

 The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	28	62	230	86	-144	114	30	-84
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	315	397	172	129	-43	94	82	-12

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range.Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	3	0	0%	0	0%	0	0%	0	0%
Exit was from TH	161	0	0%	7	4%	0	0%	7	4%
Exit was from SH	0	0		0		0		0	
Exit was from PH	5	1	20%	0	0%	0	0%	1	20%
TOTAL Returns to Homelessness	169	1	1%	7	4%	0	0%	8	5%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	348	288	-60
Emergency Shelter Total	168	171	3
Safe Haven Total	0	0	0
Transitional Housing Total	171	115	-56
Total Sheltered Count	339	286	-53
Unsheltered Count	9	2	-7

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	315	401	86
Emergency Shelter Total	28	61	33
Safe Haven Total	0	0	0
Transitional Housing Total	295	347	52

FY2017 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	11	4	-7
Number of adults with increased earned income	2	0	-2
Percentage of adults who increased earned income	18%	0%	-18%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	11	4	-7
Number of adults with increased non-employment cash income	2	1	-1
Percentage of adults who increased non-employment cash income	18%	25%	7%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	11	4	-7
Number of adults with increased total income	4	1	-3
Percentage of adults who increased total income	36%	25%	-11%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	63	92	29
Number of adults who exited with increased earned income	20	31	11
Percentage of adults who increased earned income	32%	34%	2%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	63	92	29
Number of adults who exited with increased non-employment cash income	8	11	3
Percentage of adults who increased non-employment cash income	13%	12%	-1%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	63	92	29
Number of adults who exited with increased total income	26	40	14
Percentage of adults who increased total income	41%	43%	2%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	223	327	104
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	9	5	-4
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	214	322	108

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	251	360	109
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	16	6	-10
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	235	354	119

FY2017 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	0	0	0
Of persons above, those who exited to temporary & some institutional destinations	0	0	0
Of the persons above, those who exited to permanent housing destinations	0	0	0
% Successful exits			

Metric 7b.1 – Change in exits to permanent housing destinations

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	230	346	116
Of the persons above, those who exited to permanent housing destinations	124	185	61
% Successful exits	54%	53%	-1%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	34	15	-19
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	26	7	-19
% Successful exits/retention	76%	47%	-29%

2018 HDX Competition Report
FY2017 - SysPM Data Quality

IA-500 - Sioux City/Dakota, Woodbury Counties CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report
FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	123	123	115	147	133	125	95	93	83	83	64	54	7		2	11				
2. Number of HMIS Beds	4	4	3	3	133	120	95	93	58	58	39	24	7		2	11				
3. HMIS Participation Rate from HIC (%)	3.25	3.25	2.61	2.04	100.00	96.00	100.00	100.00	69.88	69.88	60.94	44.44	100.00		100.00	100.00				
4. Unduplicated Persons Served (HMIS)	11	15	28	61	355	338	295	347	46	47	35	23	51	46	60	54				0
5. Total Leavers (HMIS)	7	5	24	47	253	254	217	279	13	22	10	22	5	0	0	43				0
6. Destination of Don't Know, Refused, or Missing (HMIS)	0	0	2	29	11	33	27	17	5			2		0	0	11				0
7. Destination Error Rate (%)	0.00	0.00	8.33	61.70	4.35	12.99	12.44	6.09	38.46			9.09				25.58				

2018 HDX Competition Report

Submission and Count Dates for IA-500 - Sioux City/Dakota, Woodbury Counties CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/31/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/25/2018	Yes
2018 HIC Count Submittal Date	4/25/2018	Yes
2017 System PM Submittal Date	5/31/2018	Yes

Siouxland Coalition to End Homelessness (SCEH) Coordinated Entry

WOODBURY AND DAKOTA COUNTIES

Siouxland Coalition to End Homelessness (SCEH) Continuum of Care (CoC)
Coordinated Entry System (CES) Policies and Procedures

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written policies and procedures and any adopted variations described in Section II.B.2.

- o The protocols must include the requirements for prioritization and the criteria for uniform decision-making and referrals outlined in Section II of this Notice. CoCs must distribute training protocols and offer at least one training to all participating staff within 12 months of the publication of this Notice.
- The CoC must update and distribute training protocols at least annually.

PRIORITIZATION

Prioritization Standards 6

Prioritization of persons with the highest acuity, the presence of the largest number of severe needs, is perhaps the most important aspect of Coordinated Entry. Outreach, or concerted efforts to find the highest need people to prioritize for housing is critical. People with the highest need for housing are least likely to walk into an office or avail themselves of resources and opportunities. These resources and opportunities must be taken to them.

When agencies are prioritizing, they make a commitment to making things work faster. The path from literally homeless to permanent housing should be clear, transparent, and as rapid as possible. When prioritization is coupled with programs that operate from a Housing First philosophy, homelessness can be resolved quickly and effectively.

Agencies that use ServicePoint will be able to make referrals using the SCEH Coordinated Entry Assessment. Individuals and families being referred to the Prioritization Lists do not need to be enrolled in a program at an agency making the referral

Agencies making referrals to the Prioritization Lists will be responsible for following up with the individuals and families they refer to determine whether the individual or family is still in need of housing assistance. Follow-up contact must occur every **90 days** at a minimum. If the individual or family is still in need of housing, the agency should update contact information, if necessary. If the individual or family is no longer in need of housing, the agency can complete the removal process in the SCEH Coordinated Entry Assessment to remove the individual or family from the Prioritization List. Providers that contact a referral to offer services and find out the household is no longer in need, can also complete a Prioritization List removal in ServicePoint, even if that provider did not make the referral.

In some cases, resources are insufficient to meeting the level of need for a particular type of housing or supportive service. Regardless, the coordinated entry process still should focus on

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6 3.1.1 Prioritization Requirements
Required: Written policies and procedures must include the process by which the CoC staff will
make prioritization decisions for each project type (e.g., PSH, RRH) and the criteria used for
prioritization decisions.

prioritizing the highest need people for whatever resources are available and on developing alternative referral strategies until new resources are added. Coordinated entry can play a critical role in helping to document these gaps in the crisis response system and justify increased funding to meet the need.

People in a housing crisis who are not likely to be rapidly housed by a project should not be put on waiting list and told that it is the resource they are waiting for that will end their homelessness. Instead, it is expected that access points will work with people on alternative housing plans, including applying for affordable housing in the community, increasing income from employment and benefits, and exploring other housing opportunities available through the person's personal support network. Alternatively, if a person is prioritized for PSH but only RRH resources are available, coordinated entry should have that person access RRH as a bridge or temporary placement, without it negatively affecting their PSH eligibility.

HMIS and Prioritization

1) The individual or family that is literally homeless or fleeing domestic violence is encountered in shelter, on the streets, by phone, or other access point.
2) The proper VI-SPDAT is performed at the appropriate time and then recorded in HMIS immediately (see the VI-SPDAT definition to determine which VI-SPDAT to complete).
3) Individuals and families can be assessed via the VI-SPDAT, even if they are not actually entered in a program. No project entry is required for referrals to the Prioritization List in HMIS.
4) Once a referral is placed on the Prioritization List, agencies and community members meet once per week, with all housing providers and DVVSP around the table, and house people by acuity and eligibility. Reminder that the DLA is also responsible to ensure that all parties involved in participating in the Prioritization List Review meetings have signed a Memorandums of Understanding (MOU) to discuss client's confidential information. MOU's will be between the DLA and other community members not covered by the HMIS Client Informed Consent and Release of Information form. Scoring based on the VI-SPDAT and the next steps are:
   a. Score of 0-3 on the VI-SPDAT or the VI-F-SPDAT, it is recommended the individual or family be diverted and not entered into a program.
   b. Score of 4-7 on the VI-SPDAT or 4-8 on the VI-F-SPDAT, the individual or family should be housed in a Rapid Re-Housing Program. This includes SSVF programs for eligible Veterans.
   c. Score of 8+ on the VI-SPDAT or 9+ on the VI-F-SPDAT, the individual or family should be housed in Permanent Supportive Housing (PSH), if available. This includes HUD VASH programs for eligible Veterans.
   d. If PSH programs are not available, agencies should consider placing people scoring 8-12 on the VI-SPDAT or 9-13 on the VI-F-SPADAT in a Transitional Housing Program, if available.
   e. Tie breakers are used for identical scores and are as follows: Chronic Status, Length of Time Homeless or on the Streets, Domestic Violence, Veterans, Youth. When all is equal, those on the list longest will take priority.

     f.   Programs using the TAY-SPDAT are encouraged to follow the above listed scores as closely as possible when looking at housing placements.

     g.   Programs using the JD-VI-SPDAT should enter the score as the single VI-SPDAT in HMIS as the scoring results are the same.

     h.   For Prevention Screening a score of 0-10: no assistance provided; may, however, provide referral to mainstream resources. Score 11-15: as resources allow, consider financial and/or case management supports. Score 16-21: recommendation for financial and/or case management supports. Score: 22+: strong recommendation for financial and case management supports.

5) DVSSP will bring their own agency prioritization lists for comparison and placement in conjunction with the official Prioritization List from HMIS, only divulging VI-SPDAT scores and tie-breaker information as needed.

6) If the programming options that best meet the client's needs are not available in the Continuum, the next best housing option should still be offered to the client. Reminder, it is client's choice as to which program they go into, despite what they may qualify for. Also, not all permanent supportive housing programs can accept clients currently in a transitional housing program. Be sure each DLA is aware of the guidelines of local housing programs.

7) Those families or individuals that refuse to provide any VI-SPDAT information can still be placed on the Prioritization List, but with a score of zero (0) as they cannot be ranked above clients with a valid VI-SPDAT score. Clients that refused certain questions in the VI-SPDAT may amend their answers at a later time and their score can be updated to reflect the more complete assessment.

The matching process and eventual referral connection processes uses a set of prioritization criteria for each project type. The order of individual priority on the Prioritization List will under no circumstances be based on disability type or diagnosis. Priority for each project type is based on the severity of the needs, length of time homeless, or subpopulation characteristics, depending on the specific CoC component type.

SCEH CoC will use uniform system tools and written program standards to provide a transparent management of the priority list, prioritization and housing linkage. To the extent possible, assistance will be provided to persons facing high barriers to help navigate system services.

The SCEH CoC utilizes a single Prioritization List for the CES. DVMIS users will supply their own list during the Care Coordination meetings to be compared to the HMIS Prioritization List. The Prioritization List applies to the entire geographic region, all populations/subpopulations and must be used to fill all ESG/SAF and CoC funded homeless Transitional Housing, Rapid-Re-housing, and Permanent Supportive Housing units. Goals are to help strategically and fairly target available resources and assure that those who are most vulnerable receive housing more rapidly. Prioritization is managed in Servicepoint™, except for survivors of domestic violence, whose prioritization will be managed in the DVMIS.

A minimum VI-SPDAT score or score range is associated with referrals to CoC resources, such as RRH, TH, or PSH. All participants placed on the priority list will be ranked by their score, with

the highest scores at the top of the list. The SCEH CES and all SCEH CoC-funded PSH programs have adopted the Orders of Priority as established in Notice CPD-14-012[7] in order to ensure that those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority. This includes dedicating all PSH beds to serve the chronically homeless and using the final rule on Defining Chronically Homeless[8], effective January 15, 2016, which defines CH as individuals or heads of household who have a disability and have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least 12 months either continuously or cumulatively over a period of at least 4 occasions in the last 3 years. This ensures that all PSH beds funded through the CoC Program are used as strategically and effectively as possible and that households with the highest needs and greatest barriers towards obtaining and maintaining their own permanent housing are being prioritized.

Veterans will be prioritized as follows: If coordinated entry scores two households identically in terms of acuity, and one household is a Veteran household and the other is not, the Veteran household should be served first. A Veteran, for CES purposes, will be defined as qualifying after a single day of federal active duty service, including active duty for training, regardless of type of discharge. Note, this definition includes individuals who do not meet the federal definition used for most veteran benefit programs and is also much broader than the state definition of a veteran.

The assessment scores will be used to match individuals into the appropriate category of intervention. Prioritization will be continuous based on resources available in the CoC, as stated in the Coordinated Entry Policy Brief from HUD.

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[7] https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf

[8] https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf