Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: 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: City of Sioux City

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

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

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

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

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

(limit 2,000 characters)

Each October, the CoC conducts a social media campaign to solicit new members to join. This year, our focus was homeless or formerly homeless persons, hospital representatives, Indian tribes and tribally designated housing entities, LGBT service organizations, organizations led by and serving black, brown, indigenous and other people of color, school administrators/homeless liaisons, youth advocates, and youth service providers. The CoC 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. We ensure effective communication with individuals with disabilities by utilizing PDF's in written communication and on our website. We have Language Line for non-English speaking members and clients. At various provider meetings the CoC asks if anyone knows of any currently homeless or formerly homeless individuals

interested in joining the CoC. Member agencies are encouraged to recommend and/or solicit homeless or formerly homeless persons to join the CoC as they 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.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

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

(limit 2,000 characters)

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, benefits and health care providers, and employment 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 and other public forums where downtown business owners, law enforcement, education, and social service agencies are working to address the issue of homelessness in downtown Sioux City and the community at large. 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, and we help promote and share events and information regarding homelessness and available services. 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. CoC member agencies provide regular updates and share ideas and opinions gathered at the Street Project meetings and other public forums, and these are used as a sounding board to promote additional discussion and brainstorming to make improvements or inspire new approaches to preventing/ending homelessness.

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

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;

2.	**that your CoC will consider project applications from organizations that have not previously received CoC Program funding;**
3.	**about how project applicants must submit their project applications;**
4.	**about how your CoC would determine which project applications it would submit to HUD for funding; and**
5.	**how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.**

(limit 2,000 characters)

The CoC is fully open to and encourages proposals from entities that have not previously received funds in prior competitions. Even before the NOFO drops, the CoC Grant Committee Chair announces the impending NOFO/CoC Program Competition at CoC meetings and encourages them to consider applying for a new project, especially PSH and RRH projects which are a priority for our CoC. Once the NOFO drops, the CoC Grant Committee Chair puts out an RFP for project applications. The FY 2021 CoC Program Competition RFP was made public on August 25, 2021, via e-mail, the CoC's social media, 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, links to HUD and esnaps resources, and the local competition timeline/deadlines. The CoC Grant Committee Chair and 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. Prior to the project application deadline, the CoC Project Monitoring Committee determines and makes publicly available the CoC's Project Review/Score/Rank Process and Scoring Tools and Reallocation Policy/Procedure. Projects are ranked in Tier 1 and Tier 2 according to their overall score. 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. We ensure effective communication with individuals with disabilities by utilizing PDF's in written communication and on our website. We have Language Line for non-English speaking members and clients.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

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

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

18.		

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

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

(limit 2,000 characters)

The CoC Lead Agency is also the recipient of ESG and ESG-CV funds. As such, the CoC Lead Agency is responsible for completing the five year Consolidated Plan as well as Annual Action Plans. 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 annual amount of ESG funding, CoC and ESG representatives work together to determine priority areas and the application process. For ESG-CV funds, two public meetings were held and all members of the CoC were invited to participate. The meeting was held in a large meeting room to accommodate social distancing and joining by telephone was also an option. The City of Sioux City reviewed HMIS data to determine gaps in our community and how to get as many people off the streets and social distanced as quickly as possible. All ESG recipients are active in the CoC and participate in community discussions regarding available and needed ESG-funded homeless services. Additionally, CoC and ESG recipients and the CoC Lead Agency serve on 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 ESG And CoC program performance quarterly. The Lead Agency has access to PIT and HIC data through the HUD HDX system and that information was pulled from the system and reviewed as part of the Consolidated Plan update. There is very close working relationship between the CoC, Lead Agency, and the Sioux City Consortium Consolidated Planning staff and all member agencies, so the consultation process is a very positive experience for all.

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

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

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are**	No

	not separated.	
2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
3.	**Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.**	Yes
4.	**Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.**	Yes
5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	Yes
6.	**Other. (limit 150 characters)**	

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

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

(limit 2,000 characters)

The CoC collaborates with youth education providers and the school districts to ensure that the children are enrolled in school and have access to the same education, technology, and activities as non-homeless children, including being transported to and attending their home school during their stay in shelter as well as ensuring the children can attend summer education programs to reduce summer learning loss and after school programs for both social and academic development. 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 partnerships with the ESU in Nebraska to provide mental health services to kids and South Sioux City schools to provide two full time therapists in the schools as well as therapy and family wraparound in homes.
While the CoC does not have written MOU's with youth education providers, 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 post fliers prepared by the school districts' equity education offices, 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. They work closely with the service providers to identify and serve the homeless children in the districts. Our Early/Head Start programs prioritize homeless families and children and partner with homeless service agencies as outlined in the Community Action Agency performance standards.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

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

(limit 2,000 characters)

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. Per CoC policy, homeless assistance providers are also 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.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes
7.	Healthy Start	No	No

8.	**Public Pre-K**	No	Yes
9.	**Tribal Home Visiting Program**	No	No
	Other (limit 150 characters)		
10.			

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

	Describe in the field below how your CoC coordinates to provide training for:
1.	**Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and**
2.	**Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**

(limit 2,000 characters)

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 are Certified Domestic Abuse Advocates through the state of Iowa. Over the past year, CoC project staff, agency front line staff, and Coordinated Entry staff have participated in trainings provided by experts in the field both locally and across the country. Due to COVID protocols, these trainings were offered free of charge via Zoom or another virtual method. The topics of these trainings included: Understanding How Trauma Impacts the Brain and Body; Trauma-Informed Practices; Trauma 101: Adverse Childhood ExperienceS (ACES) Overview, Resiliency & Trauma-Informed Care; COVID Trauma: How Do We Heal?; Trauma-Informed Care: What Is It and How Do We Integrate It?; and Psychological First Aid. 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 and Field Office staff provide webinars and 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. to be provided by HUD TA/webinars, CoC Agencies, local providers, Department of Health, IA Attorney General's Office, etc. Training is provided at least annually, but most agency staff participate in related trainings at least quarterly.

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

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

(limit 2,000 characters)

The CoC uses de-identified aggregate data from a comparable database to assess the scope of community needs related to domestic violence, etc. 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 training needs (i.e. trauma-informed care, victim-centered care, cultural sensitivity, etc.). All CoC and ESG funded projects have developed an Emergency Transfer Plan and adhere to VAWA rules and regulations when serving DV clients to ensure their rights are maintained and they are able to access the housing and services they need. 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 several years ago. 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-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure 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. A 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 childcare 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-6.	**Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.**	
	NOFO Section VII.B.1.f.	

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Sioux City Housing Authority	18%	Yes-HCV	Yes
South Sioux City Housing Agency	0%	Yes-HCV	Yes

1C-7a.	**Written Policies on Homeless Admission Preferences with PHAs.**	
	NOFO Section VII.B.1.g.	

Describe in the field below:

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

(limit 2,000 characters)

The City of Sioux City Housing Authority adopted a homeless admission preference and Move On strategy for persons in PSH several years ago. The PHA and the CoC brought together other homeless providers to discuss the idea and work out the details. We also worked together to create an MOU for participating providers. For years the other PHA's in our CoC have maintained that they do not need a homeless admission preference or Move On strategy because they have short waiting lists and could serve a homeless family without a preference. The CoC Lead Agency took the lead and started contacting and having the conversation with the South Sioux City Housing Agency following the FY2018 competition. After several months of discussing the idea and educating them about a homeless preference/move on strategy, the South Sioux City Housing Agency adopted a homeless preference/move on strategy. Because both PHA's use a standardized online application, neither Sioux City nor South Sioux City have the ability to track homeless admissions. The SCEH utilizes HMIS data to report the number of persons exiting HMIS-participating programs to permanent housing with an HCV. Representatives from both the City of Sioux City PHA and the South Sioux City Housing Agency regularly attend CoC meetings.

1C-7b.	**Moving On Strategy with Affordable Housing Providers.**	
	Not Scored–For Information Only	

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

1.	**Multifamily assisted housing owners**	Yes
2.	**PHA**	Yes
3.	**Low Income Tax Credit (LIHTC) developments**	Yes
4.	**Local low-income housing programs**	Yes
	Other (limit 150 characters)	
5.		

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

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	No

1C-7c.1.	**Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	

	NOFO Section VII.B.1.g.

	If you selected yes in question 1C-7c., describe in the field below:
1.	**how your CoC includes the units in its Coordinated Entry process; and**
2.	**whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.**

(limit 2,000 characters)

N/A - We selected No in question 1C-7c. because our PHA's doe not own any PHA-funded units.

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

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

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

	If you selected yes to question 1C-7d, describe in the field below:
1.	**the type of joint project applied for;**
2.	**whether the application was approved; and**
3.	**how your CoC and families experiencing homelessness benefited from the coordination.**

(limit 2,000 characters)

N/A - We selected No in question 1C-7d.

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

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

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

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

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

PHA
Sioux City Public...

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

Name of PHA: Sioux City Public Housing Authority

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

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

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

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	6
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	6
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

Through discussions with the projects both during the quarterly reporting and the bi-monthly Coordinated Entry referral meetings, the CoC ensures that the projects that committed to using a Housing First approach are prioritizing rapid placement and stabilization in PH and not requiring service participation or

preconditions. The CoC Project Monitoring and Development Committee evaluates all CoC- and ESG-funded projects quarterly using the cumulative FY CoC APR report submitted by the project. The quarterly reporting looks at system performance measures including housing stability, cash income from employment and other sources, increases in cash income, and data completeness and timeliness. The report also looks at length of time prior to housing (date homelessness started) and length of time between project start date and housing move-in date. During our bi-monthly CE referral meetings, we prioritize those persons who score the highest on the SPDAT and who have the most vulnerabilities. Because we do not have enough PSH beds/units, often times people who score for PSH are referred to TH and RRH so that they do not languish on the prioritization list indefinitely. The programs accept referrals who do not necessarily score for their project type, and work with the client to get them stabilized in housing as quickly as possible before beginning the work needed to ensure they are accessing the services needed in order to maintain their housing and exit the programs successfully to their own permanent housing destination. In the event that there are no housing opportunities within the CoC's funded projects, CE and Project Staff work together to try to problem solve housing options and other placements/programs to get the homeless housed as quickly as possible.

1C-9b.	**Housing First–Veterans.**	
	Not Scored–For Information Only	

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

1C-10.	**Street Outreach–Scope.**	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

Street outreach is conducted by various agencies in the CoC, including the City of Sioux City's Street Outreach program, Siouxland Mental Health Center Project Restore staff, Sunnybrook Church Stephen's Ministry street medicine volunteers, and Heartland Counseling's Permanent Supportive Housing and Crisis Response staff. The City is hiring 2 additional staff. Street outreach occurs throughout the whole CoC region, with frequency and activity varying by community. In the metropolitan area outreach workers canvas known locations (neighborhoods, shelters, food pantries/meal sites, parks, the library) weekly to identify, engage, and screen people for housing/services. In 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 meet the clients where they are and are present weekly at Siouxland Community Health Center and daily at 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. The Warming Shelter and Siouxland Community Health Center provide personal care items, shower and laundry services, and a street address where homeless can receive their mail. The Warming Shelter has laptops so the homeless can apply for benefits, housing, and services. 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 read and explain program information.

1C-11.	**Criminalization of Homelessness.**	
	NOFO Section VII.B.1.k.	

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

1.	**Engaged/educated local policymakers**	Yes
2.	**Engaged/educated law enforcement**	Yes
3.	**Engaged/educated local business leaders**	Yes
4.	**Implemented communitywide plans**	Yes
5.	**Other:(limit 500 characters)**	

1C-12.	**Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).**	
	NOFO Section VII.B.1.l.	

	2020	**2021**
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	27	117

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

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

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

1C-13a.	**Mainstream Benefits and Other Assistance–Information and Training.**	
	NOFO Section VII.B.1.m	

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

(limit 2,000 characters)

The CoC systematically keeps agency staff up to date regarding mainstream resources by providing a platform at each bimonthly CoC meeting for benefits providers to present program and resource information. Information is also shared in a more informal manner during the biweekly Coordinated Care meetings and other community/agency meetings, benefits fairs, and events such as National Night Out as well as through email and social media in order to ensure the agencies and their clients are well-informed about programs and benefits and accessing them. The CoC encourages program staff to participate in trainings or informational sessions to get the most up-to-date information about programs and services. The CoC emails members and posts to social media the date, time, and location of the trainings/informational sessions. Program staff have a close working relationship with mainstream benefit providers, and benefit providers are available via phone to answer questions and brainstorm specific client situations. CoC funded projects supplement their funding and help homeless clients apply for and receive mainstream benefits by utilizing medical transportation services to/from medical appointments; accessing sliding scale medical/mental health and substance use 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. The seasonal Warming Shelter has a kiosk and laptops available for client use to apply for mainstream benefits such as Medicaid and food stamps. CE Staff assist clients with the applications for health insurance and mainstream benefits as well as replacement documents (ID, SS card, birth certificate). Agency staff are informed of both Iowa and Nebraska Medicaid/MCO programs and use this knowledge to assist their clients with effectively using Medicaid and the related benefits.

1C-14.	**Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	**covers 100 percent of your CoC's geographic area;**
2.	**reaches people who are least likely to apply for homeless assistance in the absence of special outreach;**
3.	**prioritizes people most in need of assistance; and**
4.	**ensures people most in need of assistance receive assistance in a timely manner.**

(limit 2,000 characters)

Our Coordinated Entry System operates under a centralized approach with a single Access Point. Both CoC- and ESG-funded agencies are required to participate in the CES and refer clients to the centralized access point and accept referrals for openings in their programs. We also have several non-funded agencies/service providers within Sioux City, IA and South Sioux City, NE who participate in the CES by making and accepting referrals. CES staff have also 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 a single access point and access for clients in rural areas, several local agencies provide 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 the access point, trained agency staff complete both the HMIS Iowa Basic Assessment and the appropriate SPDAT assessment, enter the information into the HMIS, 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. The CES ensures the people most in need of assistance receive assistance in a timely manner by providing various methods of communication (phone, text, email, Facebook Messenger, in-person).

1C-15.	**Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**	
	NOFO Section VII.B.1.o.	

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

1C-15a.	**Racial Disparities Assessment Results.**	
	NOFO Section VII.B.1.o.	

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

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

1C-15b.	**Strategies to Address Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

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

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

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

(limit 2,000 characters)

The CoC is trying to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment by increasing awareness and training. After participating in several webinars over the past year, the Lead Agency is in the beginning stages of implementing a racial equity task force in an effort to address racial disparity and improve racial equity. The Lead Agency has intentionally attended several webinars focused on improving racial equity in the CES. The Lead Agency is currently working on analyzing community-wide data in an effort to better understand the current disparities in the community and ensure the correct agencies and community members are invited to serve on the racial equity task force. The first meeting is scheduled for December 9, 2021. The agenda for the first meeting will consist of making a decision regarding who should be a part of the task force and how best to proceed. Meetings will be held at least monthly. Additionally, the CoC and all funded agencies have adopted anti-discrimination policies. We do not discriminate against any person regardless of race, ethnicity, gender identity, familial status, or any other state and federally protected class. CE staff participated in the training Understanding Implicit Racial Bias in November 2020.

1C-16.	**Persons with Lived Experience–Active CoC Participation.**	
	NOFO Section VII.B.1.p.	

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

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

1C-17.	**Promoting Volunteerism and Community Service.**	
	NOFO Section VII.B.1.r.	

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

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

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

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

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

The CoC stepped in to immediately address the needs of people experiencing homelessness. One emergency shelter went on lockdown and the other shut their doors, leaving approximately 85 homeless individuals literally on the streets. The CoC sent a team to the closed shelter to interview those standing outside. Each person was asked what it would take to get a roof over their head. For those with no support, the CoC reached out to local hotels and secured funding to pay for temporary stays until more permanent housing solutions could be found. We provided a list of food pantries and meal services and food vouchers to get them through a few days. Staff connected those that hadn't been in contact with Coordinated Entry and assessments were done and many were able to stay in the hotel until they were referred to a permanent housing program or until they were able to find other housing arrangements. The CoC then stepped up their street outreach efforts for several weeks to connect as many people as possible with Coordinated Entry before switching their efforts to rapid rehousing in an effort to house as many people as quickly as possible. In our Transitional Housing facility, we implemented a multi-tiered response during COVID to address safety needs for our clients. This included cleaning and disinfecting daily, providing extra cleaning supplies and masks. We required clients to wear masks and social distance outside of their units and when interacting with staff and others. We did not allow visitors aside from professional workers in the building, and we had protocols in place to isolate/quarantine in the event of exposure to or diagnosis of COVID. When the COVID vaccine became available, we informed our clients of vaccination clinics and helped them get to the clinics. Finally, we received COVID funds to make improvements to the building, units, and Wi-Fi to increase social distancing and

communication capabilities and purchased additional PPE and cleaning supplies.

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

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

(limit 2,000 characters)

The pandemic caught most agencies off guard and unprepared. The thought that there could be a worldwide pandemic that would virtually shut down the entire United States was unfathomable. The Agencies within the CoC improved readiness for future public health emergencies by participating in disaster-related webinars and trainings. Much of the information in these webinars was used to create an immediate, multi-tiered response to COVID-19 to keep agency staff and clients safe. Once these policies were in place and being implemented, agencies that did not have a well-developed emergency response plan began to make revisions to improve their plan. The most relevant training they participated in related to emergency preparedness was sponsored by the Iowa Balance of State and presented by the Iowa Department of Public Health and Linn County Emergency Management. In that training, trainers presented a disaster preparedness manual consisting of 6 parts, including: Day-to-Day Disturbances, Natural Disasters, Technological Disasters, Human-Caused Disasters, Active Shooter, and Infectious Diseases. Although the disaster preparedness manual was prepared specifically for another community in Iowa, many local agencies have been able to take the provided templates and create a manual for their individual agencies.

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

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

The Lead Agency is the City of Sioux City which received an allocation of ESG-CV funds directly from HUD. The Lead Agency conducted three public hearings regarding ESG-CV funds and how to best utilize those funds to address safety measures, housing assistance, eviction prevention, healthcare supplies, and sanitary supplies. As a result of those hearings, it was determined that other agencies and funding sources were providing eviction prevention, healthcare supplies, and sanitary supplies. Therefore, it was determined that the Lead Agency's ESG-CV funds received would be used to report ESG-CV project data

in the HMIS system. A percentage of the funds were also earmarked to provide non-congregate emergency shelter, especially for families, in a local hotel. And a percentage of the funds were to be used to expand an existing Rapid Rehousing program in an effort to get as many homeless persons off the streets and out of shelters and back into their own permanent housing as quickly as possible. Additionally, the CoC and the City of Sioux City have a close relationship with the State of Iowa. The State of Iowa also awarded ESG-CV funds to the City of Sioux City to increase Rapid Rehousing opportunities. The entities all worked together to ensure there was no duplication of services. As an added precaution, each household that is provided assistance is required to sign an agreement and paperwork that they are not receiving funds from another person/source. The State ESG-CV funds are used to provide security deposits to house people as quickly as possible as well as rapid rehousing assistance.

1D-4.	**CoC Coordination with Mainstream Health.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	**decrease the spread of COVID-19; and**
2.	**ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).**

(limit 2,000 characters)

We worked closely with Siouxland District Health to learn as much as we could about COVID and preventing the spread of COVID. We participated in webinars and trainings and watched daily press conferences (federal, state, local) to stay up-to-date on CDC and health department guidelines and recommendations. We then posted the fliers and shared the information and resources with our clients to keep them educated on preventing the spread of COVID. Shelters implemented daily cleaning and sanitizing protocols. Shelter staff and residents were given extra PPE (masks, hand sanitizer, hand soap, etc.) and cleaning supplies so that they could regularly clean and disinfect their spaces and their persons. Within our shelters and our offices we implemented social distancing by installing plexi-glass shields, creating separate office spaces, and conducting case management and meetings via phone, webchat, or Zoom. We implemented a mask mandate and daily temperature checks for all staff and clients and installed hand sanitizing stations throughout the common areas of the building and on each staff member’s desk. During the height of the pandemic, we staggered our staff working in the office to promote social distancing.

1D-5.	**Communicating Information to Homeless Service Providers.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	**safety measures;**
2.	**changing local restrictions; and**
3.	**vaccine implementation.**

(limit 2,000 characters)

The CoC primarily communicated information on safety measures, changing local restrictions, and vaccine implementation to homeless service providers during COVID via email. As information came out from the CDC and state and local health departments, it was shared via the CoC's email list serve, and homeless service providers were encouraged to pass the information along and share it as appropriate with other non-CoC agencies and clients. Resources and information were also posted to the CoC's website. Staff from several agencies volunteered at vaccination clinics and educated agency staff and clients about the importance of getting vaccinated and the locations and times of vaccination clinics.

1D-6.	**Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.**	
	NOFO Section VII.B.1.q.	

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

(limit 2,000 characters)

Within our agencies, program staff were kept apprised of the availability of COVID vaccination preference groups (high-risk, essential services, etc.) and vaccination clinic locations and hours of operation. All agency staff, especially those working in street outreach, coordinated entry, in the shelters and in street outreach were strongly encouraged, but not required, to be vaccinated. For those encountered by street outreach and coordinated entry staff, individuals were provided with information regarding where to obtain a free vaccine and they were encouraged to get that done as soon as possible. Within our TH, PSH, and RRH programs, program staff monitored vaccination preference groups and vaccination clinic locations and hours and made this information available to the clients in their programs. As needed, they assisted them with registering for a vaccination clinic and provided transportation to the clinics.

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

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

(limit 2,000 characters)

State and local domestic violence providers and advocates created and disseminated several public service announcements in an effort to alert victims of abuse that there was help available. They also conducted outreach to providers and service agencies. The outreach included information about the signs of domestic violence, especially as it related to COVID requirements to stay at home, virtual learning, and increased unemployment as well as provided information regarding how to help those who may be victims of domestic violence due to staying home due to COVID-19.

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

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

(limit 2,000 characters)

The CoC adjusted its CES to account for rapid changes related to the onset and continuation of COVID by going virtual. They completed CE Intake Assessments via the telephone. They conducted, and continue to conduct, the bi-weekly pull meetings via WebEx meetings and agency requests via email. During the height of the pandemic, some agencies limited the number of new referrals they would accept at each pull meeting. They did this in an effort to improve the ability to social distance and decrease the risk of spreading COVID throughout their shelters and transitional housing facilities.

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

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

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

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	08/25/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	09/15/2021

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

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

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	Yes
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	**the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and**
2.	**considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.**

(limit 2,000 characters)

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 considered 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 serve the most vulnerable and hardest to house and to 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. All renewal PH-PSH, PH-RRH, and TH projects were scored based on performance measures in housing stability, cash income sources, and gained/increased income; housing first; data quality/completeness and data entry timeliness; quarterly report/response timeliness; grant funding expenditures/drawdown and application submission timeliness. All new PH-PSH and PH-RRH projects were scored based on project detail, housing type/capacity, CH dedicated focus, housing first focus, supportive services, budget, ratio of rental/leasing dollars to supportive services dollars, admin amount, agency experience and application submission timeliness.

1E-3.	**Promoting Racial Equity in the Local Review and Ranking Process.**	
	NOFO Section VII.B.2.e.	

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

(limit 2,000 characters)

The CoC strives to promote racial equity in the local review and ranking process. As we invite persons to join the CoC and serve on our Board and

Committees, we strive to include persons of different races and those who are most indicative of those over-represented in our local homeless population. Each October, the CoC conducts a social media campaign to solicit new members to join. This year, our focus was homeless or formerly homeless persons, Indian tribes and tribally designated housing entities, organizations led by and serving black, brown, indigenous and other people of color, and school administrators/homeless liaisons. Although we completely understand the importance of ranking projects to the degree in which their program participants mirror the homeless population demographics, the issue we face is having enough agencies apply for all of the funding that is available. Essentially, it doesn't allow for a full and complete "competition."
The CoC is trying to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment by increasing awareness and training. After participating in several webinars over the past year, the Lead Agency is in the beginning stages of implementing a racial equity task force to address racial disparity and improve racial equity. The Lead Agency has intentionally attended several webinars focused on improving racial equity in the CES. The Lead Agency is currently working on analyzing community-wide data in an effort to better understand the current disparities in the community and ensure the correct agencies and community members are invited to serve on the racial equity task force. The first meeting is scheduled for December 9, 2021 and will meet monthly thereafter. The agenda for the first meeting will consist of making a decision regarding who should be a part of the task force and how best to proceed.

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

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

(limit 2,000 characters)

The Coc's written process for reallocation involves both voluntary reallocation where an applicant chooses to reallocate all or part of their renewal funds to create a new project(s) and involuntary reallocation where the CoC may reallocate funds from low-scoring or low-performing projects to create one or more new projects without decreasing the CoC's ARD. Low performing projects are those who aren't meeting CoC performance standards. Projects that have had funds recaptured are also subject to having the amount of recaptured funds reallocated. If there are no new project applications, the funds remain available for the original renewal project(s). The project scoring/ranking and reallocation procedures are based largely on the SCEH's quarterly reporting. All CoC-funded projects submit quarterly reports and data including housing stability, income, data quality and timeliness, and financial accountability is reviewed by

the Project Monitoring and Development Committee. This data is taken into consideration along with the project application and overall performance when the projects are scored and ranked during the competition.
The CoC's Project Monitoring and Development Committee identified 3 low performing projects through the local competition this year and had 1 project where the project applicant decided not to re-apply for the funding. All of the projects were reallocated during the competition this year to create a new PSH expansion project and new SSO-CE and HMIS projects.
In years where we do not receive new project applications, we do not reallocate funds from low performing projects. Instead, we continue to work with the project in the hope of helping them improve their performance.
The reallocation process is communicated to all applicants via e-mail and public posting on the CoC's website when the local competition and scoring process/charts are announced.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

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

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	10/27/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/27/2021

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

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application;	11/09/2021

2. Priority Listings; and **3. all projects accepted, ranked where required, or rejected.**	

2A. Homeless Management Information System (HMIS) Implementation

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

2A-1.	**HMIS Vendor.**	
	Not Scored–For Information Only	

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

2A-2.	**HMIS Implementation Coverage Area.**	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/04/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

For all DV housing and service providers in our CoC, the HMIS Lead operates and maintains the DVIMS system. The system is maintained and operated separately from the HMIS version of ServicePoint that is used by all non-DV grantees. The HMIS Lead manages the DV database project setup, licensed user training, and system administration. Providers utilize an un-named client function of the ServicePoint software. Initially the end user enters the client's name at the point of client record creation. Then system then creates a unique ID for that client and discards the client's name from the system. No ICA staff, vendor staff, or end user staff has access to the client's name once the unnamed client has been created. DVIMS is a replicated version of ServicePoint and meets all HUD HMIS Data Standards and reporting requirements, just like the regular version of HMIS.
Due to the use of the same software as the non-DV HMIS, the CoC can request the same performance data as it does for any project participating in HMIS. Additionally, the HMIS Lead can produce system performance measure data through the use of the DV database. Any report that is provided by the software vendor in HMIS is also available for use in DVIMS.

2A-5.	**Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.**	
	NOFO Section VII.B.3.c. and VII.B.7.	

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	216	36	58	32.22%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	81	0	81	100.00%
4. Rapid Re-Housing (RRH) beds	117	10	107	100.00%
5. Permanent Supportive Housing	53	0	23	43.40%
6. Other Permanent Housing (OPH)	0	0	0	

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

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

Currently bed coverage rates for emergency shelter and permanent supportive housing project types fall below 84.99%. Steps to increase bed coverage within the CoC in these project types will include continuing to build relationships with the privately-funded, faith-based organization that operates these ES beds although past efforts have not yielded much success. The CoC and the HMIS Lead will continue to work with the VA and the PHA to increase HMIS

participation among the HUD-VASH program following the guidelines set for in the HUD Exchange resource on HMIS Participation and HUD-VASH Data Sharing dated 10/07/2020. Due to staff turnover at the VA and the COVID pandemic, new VA staff have not been trained to enter HUD-VASH data into HMIS. This would bring PSH coverage up to 100%. It will be important to continue to educate community leaders and local providers about the benefit of HMIS participation and our ability to provide a full picture of homelessness and the homeless response system in the CoC if all beds are included in data collection. Without full HMIS participation we do not have true pictures of important data points such as first time homeless and returns to homelessness. To further incentivize HMIS participation, the CoC and HMIS lead agency will continue to meet with the ES agency to answer questions, demonstrate the capabilities of HMIS and encourage HMIS use.

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

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

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

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A - our bed coverage rate entered in question 2A-5b. is 100%.

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

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

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

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

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

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

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

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

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

(limit 2,000 characters)

The Number of First Time Homeless in our CoC increased 150% from FY2019 to FY 2020 (230 to 576). This seem to be a nation-wide trend related to affordability and expenses, and locally it seems to be due to our seasonal shelter resuming participation in HMIS and entering data on all of the clients who touch their system. They utilize a modified entry questionnaire which may not accurately obtain 1st time homeless data.
The CoC found that mental health and substance abuse, unemployment, and lack of childcare, transportation, and/or education/skills and life skills like budgeting are among the leading causes of homelessness. Many of those at risk of becoming homeless are facing eviction. Others are doubled up with friends or family. Still others have lost their housing and are living in a hotel. CE Staff work with them to problem solve and try to come to a resolution that will prevent them from entering the homeless system. Through the CES, the CoC not only prioritizes clients by their VI-SPDAT score, but we also consider tie-breakers including domestic violence, chronically homeless, length of time 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, a portion 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. CoC/ESG-funded agencies and The CoC Project Monitoring and Development Committee oversee this strategy. In the upcoming year, the CoC will work with the seasonal shelter to develop a process for CE

data collection to better gather 1st time homeless information.

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

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

(limit 2,000 characters)

Our CoC is reporting a 35% decrease (97 days in FY2019 vs. 64 days in FY2020) in the average LOT individuals and persons in families remain homeless for persons in ES and TH. Most programs have adopted a Housing First model. Despite a lack of PSH projects, providers work to quickly move the clients to permanent housing either through RRH or by helping them complete applications for other permanent housing, both subsidized and unsubsidized. Our CoC holds CE Case Conferencing meetings twice a month 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. CE Staff engage clients in diversion conversations each time they touch the system. The conversations guide the client through strength-based problem solving to identify places they may be able to stay until permanent housing can be identified. 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. Our quarterly project monitoring continues to stress the importance of entering program exit data accurately and in a timely manner. CoC/ESG-funded agencies and the CoC Project Monitoring and Development Committee oversee this strategy.

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

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

Our CoC is reporting a 49% decrease from FY 19 to FY 20 (80% to 31%) in the number of persons who exited to or retained their permanent housing destinations. This is due in large part to the dramatic increase in the number of persons in ES who disappeared or didn't complete an exit interview. Our

seasonal shelter began entering data in FY 2020, and the vast majority of the population they serve are transient with mental health and/or substance abuse issues. This population frequently checks in for a night and then disappears for several weeks. All ES, TH, and RRH providers strive to move clients through their programs to their own permanent housing as quickly as possible. While in a program the clients work on action steps to address and overcome the complex barriers and hardships preventing 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 an appeal to help them plead their case and get housed. While PSH project participants are not required to participate in supportive services or case management, the case managers maintain regular contact with them to ensure the clients are successful in the program and are maintaining their permanent housing. Services such as applying for SSI/SSDI, mental health counseling, substance abuse counseling, crisis response, day rehabilitation, psychiatry, medical and dental services, and community support that includes teaching them life skills, such as cleaning, cooking, and hygiene are offered to the clients to improve their housing stability. When it is determined that a client has stabilized their housing, finances, and disability, PSH staff work with the client to help them secure subsidized housing and other supports to successfully transition and maintain their own permanent housing.

2C-4.	**Returns to Homelessness–CoC's Strategy to Reduce Rate.**	
	NOFO Section VII.B.5.e.	

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

(limit 2,000 characters)

Our Return to Homelessness rate remains steady at 2%. Of the 197 persons who exited to a permanent housing destination, only 4 persons (2%) returned to homelessness in 6-12 months. All 4 had exited from TH. Through Coordinated Entry and the sharing agreement among providers we can fully utilize system-level HMIS reports to identify common factors and identify 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, develop social skills and increase community involvement, etc. Within our CoC there are a couple of ESG-funded RRH programs that can provide rental assistance for up to 12 months, allowing the clients time to address mental health and substance abuse issues, obtain income, and develop financial and housing stability to avoid a return to homelessness.

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. CoC/ESG-funded agencies and the CoC Project Monitoring and Development Committee oversee this strategy.

2C-5.	**Increasing Employment Cash Income-Strategy.**	
	NOFO Section VII.B.5.f.	

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

(limit 2,000 characters)

The number of persons who exited with increased earned income increased by 9% (from 25% in FY 2019 to 34% in FY 2020). Through regular case management, the clients set education and/or employment goals designed to help them increase access to employment and cash income from employment. 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, childcare, 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 or difficulty obtaining/maintain employment. CoC/ESG-funded agencies and the CoC Project Monitoring and Development Committee oversee this strategy.

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

	Describe in the field below how your CoC:
1.	**promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**

2.	**is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.**

(limit 2,000 characters)

CoC agencies partner with numerous private employers, staffing agencies, and private employment organizations that provide outreach to case managers and clients when jobs are available. These partnerships include working with employers in the community who will hire non-traditional workers who may need a little more patience and assistance when entering or re-entering the work force. Many large employers also hold job fairs and on-the-spot interviews several times per year and widely promote them in local television, radio, and print media in order to attract employees. Many CoC -funded agencies also have booths at these job fairs to promote community resources to all potential employees. Employers also utilize list serves and send employment opportunities directly to housing providers and agencies to post for clients. CoC Agencies partner with local community colleges and universities to assist clients with furthering their education whether that be completing the GED/Hi-Set, taking college courses to complete a certification course or degree, or enrolling in trade school to learn or improve a skill that will lead to future employment. Clients are also assisted with accessing training and employment through IowaWorks, Social Security's Ticket to Work program, Goodwill, and Voc Rehab. These connections not only help clients with developing and improving skills, but also help them with documenting their skill base and applying for jobs. Education and employment organizations that CoC agencies partner with include: Western Iowa Tech Community College, The College Center/Northeast Community College, Morningside University, IowaWorks, Nebraska Voc Rehab, and staffing agencies including Short Staffed, IMKO, Aventure Staffing, J&L Staffing, and People Ready.

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

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

(limit 2,000 characters)

The number of persons who exited with increased non-employment cash income increased by 12% (from 29% in FY 2019 to 37% in FY 2020). All agencies recognize the need for clients to have a source of cash income in order to pay their rent and other bills. The CoC is working to increase non-employment income by inviting non-cash benefits providers to present information about their benefits at our CoC meetings. The information provided includes more specific information about available benefits, eligibility requirements, and the application process. Agencies also collaborate to problem solve and determine non-employment cash income sources for which clients may be eligible. Regular case management is an important strategy to help clients access non-employment cash income. For clients who are fleeing domestic violence, often they either were not working or they left/lost their job when they fled. While in shelter, shelter staff assist them with applying for

FIP/TANF so that they have a source of cash income until their housing can be stabilized and they can return to work. For clients who are unable to work due to a disability, staff help them apply for SSDI/SSI benefits. This is a long process that many clients could not and would not complete without assistance. Among our agencies there is one staff who has completed SOAR training, and another staff who has registered for the webinars to become SOAR trained. These staff work with PSH clients and assist them with obtaining the required information and applying for SSDI/SSI benefits. The CoC is encouraging all projects, especially street outreach and coordinated entry to have at least one staff complete and stay current on SOAR training. Once a client is approved for SSI/SSDI, the case manager continues to assist them with budgeting or requesting a payee to assist them with budgeting and money management. CoC/ESG-funded agencies and the CoC Project Monitoring and Development Committee oversee this strategy.

3A. Coordination with Housing and Healthcare Bonus Points

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

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

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

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

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

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

3A-2.	**New PSH/RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
Heartland PSH Exp...	PSH	4	Healthcare

3A-3. List of Projects.

1. What is the name of the new project?	Heartland PSH Expansion
2. Select the new project type:	PSH
3. Enter the rank number of the project on your CoC's Priority Listing:	4
4. Select the type of leverage:	Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

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

3B-1.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.r.	

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

3B-2.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

N/A - No new projects are applying for rehabilitation/new construction costs.

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

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

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

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

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

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

N/A - Our CoC is not requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes.

4A. DV Bonus Application

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

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	**SSO Coordinated Entry**	No
2.	**PH-RRH or Joint TH/RRH Component**	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	**Number of Domestic Violence Survivors in Your CoC's Geographic Area.**	
	NOFO Section II.B.11.	

1.	**Enter the number of survivors that need housing or services:**	160
2.	**Enter the number of survivors your CoC is currently serving:**	14
3.	**Unmet Need:**	146

4A-2a.	**Calculating Local Need for New DV Projects.**	
	NOFO Section II.B.11.	

Describe in the field below:

1.	**how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or**
3.	**if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.**

(limit 2,000 characters)

SafePlace provides services to 900 individuals or heads of households from Woodbury County, Iowa or Dakota County, Nebraska each year. Of those 900, 200 individuals or heads of households stay in the SafePlace shelter. Of those 200, 80%, or 160, identify as needing assistance with permanent housing. All client services provided by SafePlace are documented in EmpowerDB. A needs assessment is completed with each client, and 80% of responses list permanent housing as the main need at the time of service. SafePlace uses EmpowerDB, a victim service program software to document interactions with domestic violence survivors. We also use Servicepoint in conjunction with the CoC. The community is currently experiencing a shortage of affordable housing and landlords that will rent to those with problematic backgrounds, bad credit, or immigration status issues. In addition, the dynamics of domestic violence present a barrier to service, and the Case Manager must work closely with participants to encourage them to break free from the abusive partner, learn new skills to achieve self-sufficiency, and feel supported.

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.**	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
SafePlace

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	SafePlace
2.	Rate of Housing Placement of DV Survivors–Percentage	46.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	85.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

SafePlace has a Rapid Rehousing program with 14 units and 60 beds. This project is a program of the CoC and tracks placement into permanent housing once the participant completes the program. Since 2019, an average of 85% of participants remained permanently housed following completion of the program.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,000 characters)

SafePlace services are survivor-driven and tailored to the unique needs of each household being served. SafePlace employs a housing first, low barrier, harm reduction, trauma-informed approach that accounts for the special needs of

domestic violence victims.
Advocates work to connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. Participants who have identified as victims of domestic violence will be referred to the program in coordination with the Prioritization List through the Continuum of Care. The participant will work closely with a Case Manager who is a certified victim advocate to create a customized plan to exit the program and remain permanently housed. Participants receive support, connect with resources and build life skills. Participants will be linked with basic needs resources, mental health services, health care, substance abuse treatment and transportation. Other supportive services will be provided as needed, including utility deposits and food. SafePlace provides survivors with housing-focused case management tailored to identify the participant's strengths, address their housing barriers, and support housing stabilization with a focus on the participant's exit to permanent housing as quickly as possible. Services are voluntary and can be increased through progressive engagement if more services are necessary to help a participant stabilize in housing.

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

SafePlace advocates are trained and certified according to standards set by the Iowa Attorney General's Office. Advocates are trained to work with the survivor to identify potential danger and help address any shortcomings in their safety options before the next violent incident happens. The building has numerous private offices where all confidential, sensitive conversations take place. SafePlace works with the survivor of domestic violence, sexual assault, or human trafficking. We do not work with couples. SafePlace staff conducts an assessment with survivors to address housing barriers, needs and preferences. An action plan is developed which includes assisting survivors in identifying units that are desirable and sustainable - those that are in neighborhoods where they want to live, have access to transportation, are close to employment or school, are safe and within the limits of the participant's budget (or projected future budget). All rental property referrals are required to pass city inspection codes for housing assistance. Any safety concerns a survivor has for prospective housing would be addressed before they move in. Staff assist with

applications and negotiations with landlords/property managers, as well as assist with obtaining necessary documentation for meeting landlord requirements. The shelter has a robust security system, featuring cameras, audio, and sensors. Annual inspections are conducted, and the building is in full compliance with all laws and guidelines for congregate living spaces. The shelter is 2 stories, with the bedrooms located on the 2nd floor for increased safety. The shelter is a secure, double door entry facility. It is a non-descript, unmarked building in a residential neighborhood. The address is not publicized, and a PO Box is used for mailing.

4A-4c.1.	**Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

SafePlace services are survivor-driven and tailored to the unique needs of each household being served. SafePlace employs a housing first, low barrier, harm reduction, trauma informed approach that accounts for the special needs of domestic violence victims.

4A-4d.	**Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	**prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offering support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

SafePlace services are survivor-driven and tailored to the unique needs of each household being served. SafePlace employs a housing first, low barrier, harm reduction, trauma informed approach that accounts for the special needs of domestic violence victims.
Advocates work to connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as

sobriety, treatment, or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.
SafePlace utilizes the philosophy of empowerment when providing advocacy to clients. The agency believes that by providing survivors with emotional support and accurate information, clients will be empowered to make their choices. SafePlace supports victims to make the decisions that are best for themselves, without offering judgment, because we believe that each client is their own best expert. We strive to empower victims in various areas of their lives, including safety planning, rebuilding self-esteem, and exploring resources and referrals that promote economic self-sufficiency. SafePlace provides advocacy as victims interact with law enforcement, the judicial system, and other systems the client may encounter when rebuilding their lives. In addition, an advocate is available if the victim desires for appointments with DHS, housing, employment and others of the client's choosing.
SafePlace works closely with various community partners to offer comprehensive services to victims. Several on staff are bilingual in Spanish, and the language line and other resources are also used for non-English speaking clients. All staff have been trained in cultural competency and diversity.
We work with the Crittenton Center to offer assistance with parenting skills and support. Private foundation funds are available to assist with child care while the client is attending support groups and other activities or meetings to assist with obtaining self-sufficiency.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

All survivors residing in shelter receive a wide variety of supportive services. A needs assessment is completed at entry to determine housing, education, employment, childcare, and other self-sufficiency needs. A housing instability index is completed to gather information on barriers the participant faces, history of homelessness, and housing history. Services provided include: Individual counseling; Group counseling and support; Civil legal advocacy with matters of divorce, child custody, landlord/tenant, etc.; Criminal justice support and advocacy: assisting with protection orders, criminal proceedings, helping survivor apply for Crime Victim Compensation program, etc.; Housing advocacy: support and assist a survivor seeking housing. Assist with property search, applications, relationships with landlords, etc. and Economic advocacy: support and assistance for a survivor seeking or maintaining employment, transportation, or financial issues such as opening a bank account, dealing with credit history, and applying for jobs.
SafePlace assisted a 19-year-old male survivor in early 2021. He entered shelter from a very abusive home situation. He experienced physical, mental,

and emotional abuse from his mother nearly his entire life, with the last incident leading to her holding a gun to his head and threatening to kill him. His father was no help, not wanting to get involved. Within the first week of being in shelter, he was meeting with an advocate and receiving education and support on domestic violence and had an appointment to see a therapist at Siouxland Mental Health.
Along with his mental health concerns, this survivor lacked the skills needed to become independent. We assisted help him apply for food stamps, Medicaid, and Section 8 housing. He needed to find employment, so we helped him prepare for the interview and he was successful in finding a job. The survivor was in shelter for a total of 50 days. He left shelter getting food stamps and Medicaid and moved into his own apartment through Section 8. We assisted him with budgeting and independent living skills. He left shelter being able to advocate for himself, having more confidence, having more positive coping strategies, and having a plan to succeed on his own.

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offer support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

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safety planning, rebuilding self-esteem, and exploring resources and referrals that promote economic self-sufficiency. SafePlace provides advocacy as victims interact with law enforcement, the judicial system, and other systems the client may encounter when rebuilding their lives. In addition, an advocate is available if the victim desires for appointments with DHS, housing, employment and others of the client's choosing.
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4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	IA 500 CE Assessm...	10/29/2021
1C-7. PHA Homeless Preference	No	IA500 1C-7. Homel...	11/08/2021
1C-7. PHA Moving On Preference	No	IA500 1C-7. Movin...	11/08/2021
1E-1. Local Competition Announcement	Yes	IA 500 Public Pos...	10/29/2021
1E-2. Project Review and Selection Process	Yes	IA500 Public Post...	10/29/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	IA500 1E-5 Public...	11/08/2021
1E-5a. Public Posting–Projects Accepted	Yes	IA500 1E-5a Publi...	11/08/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: IA 500 CE Assessment Tool

Attachment Details

Document Description: IA500 1C-7. Homeless Preference

Attachment Details

Document Description: IA500 1C-7. Moving on Preference

Attachment Details

Document Description: IA 500 Public Posting Competition Announcement

Attachment Details

Document Description: IA500 Public Posting Review, Selection Process

Attachment Details

Document Description: IA500 1E-5 Public Posting Rejected, Reduced Projects

Attachment Details

Document Description: IA500 1E-5a Public Posting Accepted Projects

Attachment Details

Document Description:

Attachment Details

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Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/25/2021
1B. Inclusive Structure	11/02/2021
1C. Coordination	11/08/2021
1C. Coordination continued	11/08/2021
1D. Addressing COVID-19	11/08/2021
1E. Project Review/Ranking	11/09/2021
2A. HMIS Implementation	10/26/2021
2B. Point-in-Time (PIT) Count	09/13/2021
2C. System Performance	10/26/2021
3A. Housing/Healthcare Bonus Points	11/02/2021
3B. Rehabilitation/New Construction Costs	09/13/2021

3C. Serving Homeless Under Other Federal Statutes	09/13/2021
4A. DV Bonus Application	11/04/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

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

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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.

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/

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

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

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- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

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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

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:

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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:**

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

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.

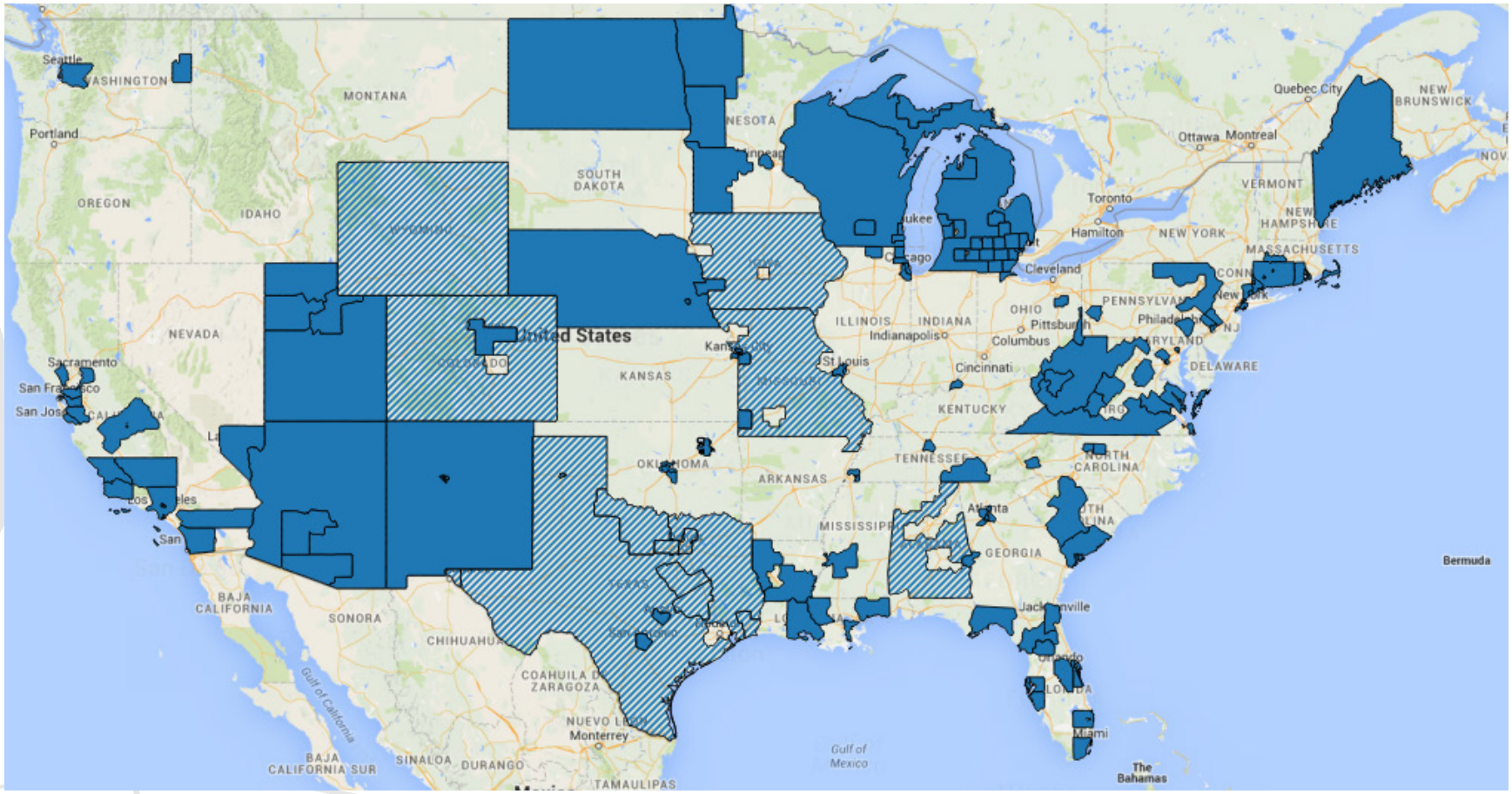
You will notice some differences in Version 2 compared to Version 1. Namely:

- 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).

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

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

AMERICAN VERSION 2.0

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COMMUNITY SOLUTIONS

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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 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:

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

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:**

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

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

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

27. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ **Y** ☐ N ☐ Refused

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

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/4
D. WELLNESS	/6
GRAND TOTAL:	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no housing intervention
4-7:	an assessment for Rapid Re-Housing
8+:	an assessment for Permanent Supportive Housing/Housing First

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.

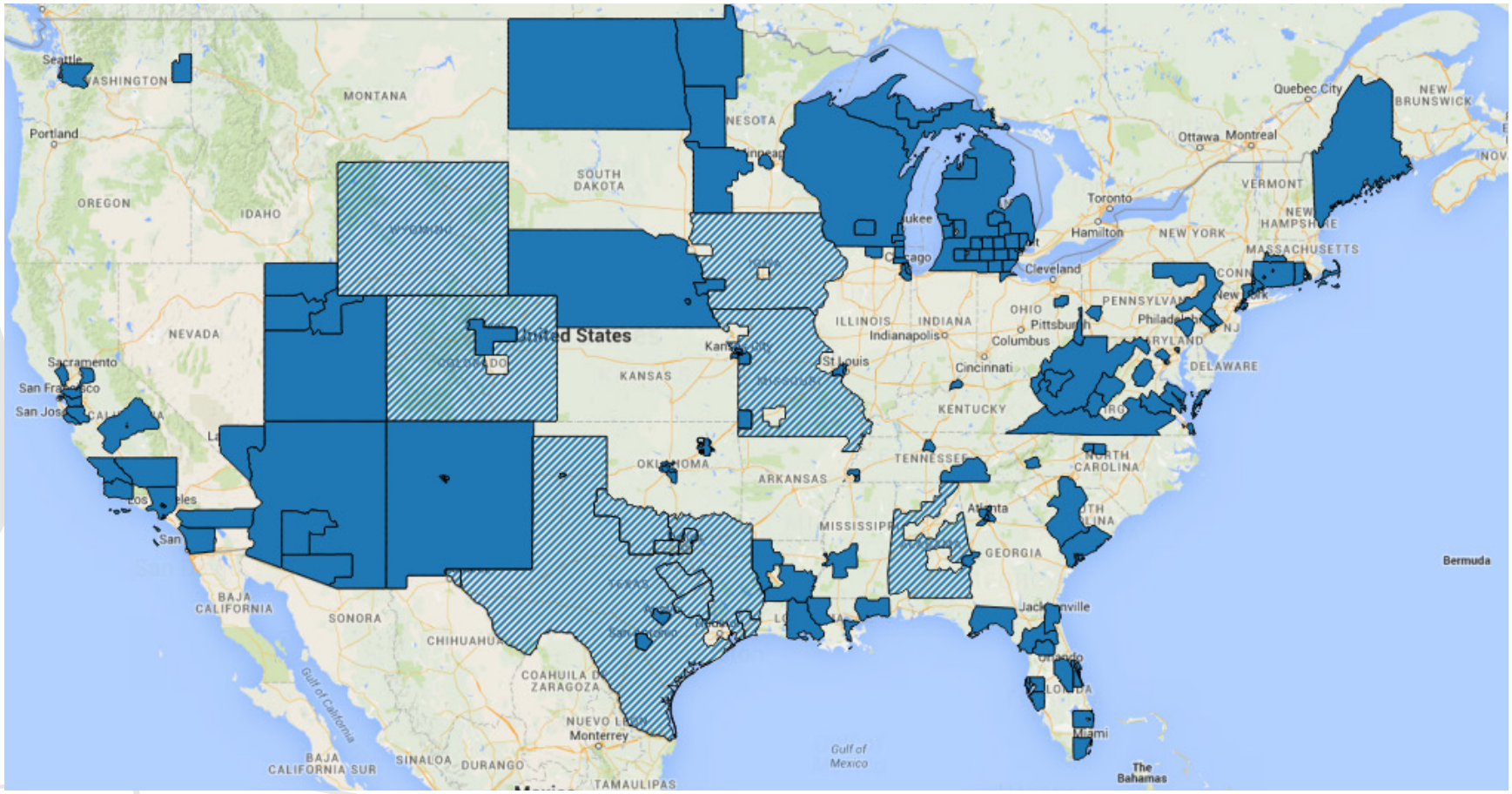
You will notice some differences in Version 2 compared to Version 1. Namely:

- 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).

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

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

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

Eric Rice, PhD

COMMUNITY SOLUTIONS

CSH

USC SCHOOL OF SOCIAL WORK

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
- 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/

SPDAT Series

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

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

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

SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

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

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

Administration

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:

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

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:**

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

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:**

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

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:**

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22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

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

24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

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

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

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

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

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

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

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

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

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

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/5
D. WELLNESS	/5
GRAND TOTAL:	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no moderate or high intensity services be provided at this time
4-7:	assessment for time-limited supports with moderate intensity
8+:	assessment for long-term housing with high service intensity

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

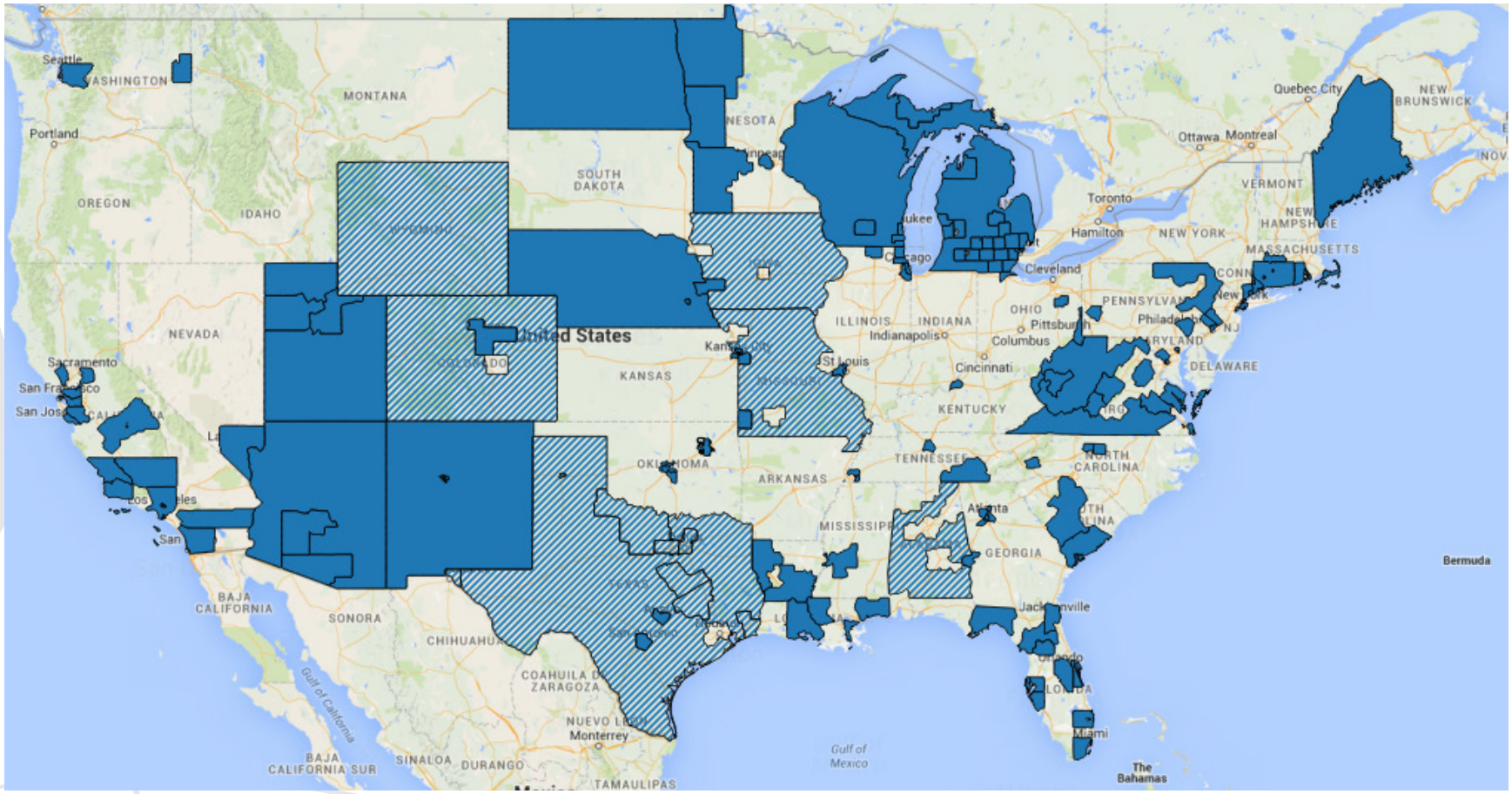
One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces 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.



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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

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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

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COMMUNITY SOLUTIONS

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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

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

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

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

Meaningful Daily Activity

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

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

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

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

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

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

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)***

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COMMUNITY SOLUTIONS

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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

FAMILY HEAD 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

FAMILY HEAD 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, SCORE 1.

SCORE:

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

IF 4+ COMPLAINTS, THEN SCORE 1.	SCORE:

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

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

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

IF "YES," THEN SCORE 1.	SCORE:

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

IF "NO," THEN SCORE 1.	SCORE:

Personal Administration & Money Management

19. Is there any person, landlord, business, utility company, bookie, dealer, or government group like the CRA that thinks you or anyone in your family owes 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:**

20. Do you get any money or assistance from the government like 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? ☐ **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 19A, THEN SCORE 1. **SCORE:**

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

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, 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:**

23. 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:**

24. 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

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

Meaningful Daily Activity

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

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

Self Care and Daily Living Skills

26. 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. **SCORE:**

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 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+, THEN SCORE 1. **SCORE:**

Wellness

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

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

30. 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

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

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

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

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

Excerpt from the Sioux City PHA Administration Plan:

Family Unification Program, Mainstream for Persons with Disabilities, VASH

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.

Excerpt from South Sioux City Housing Agency Administration Plan:

4-III.C. SELECTION METHOD

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PHA Policy

Domestic (first priority): Victims of Domestic Violence. (See qualifications for preference)

Work, Disabled (second priority): Head, Spouse or Sole Member maintains employment or persons over the age of 62 or receiving Social Security Disability or Supplemental Security Income or verified as disabled.

Residential (Third priority): Family/Individual maintains a permanent place of residence in the HA's jurisdiction. This preference applies to a Family/Individual who currently maintains a residence in the South Sioux City Housing Agencies jurisdiction for a minimum of 6 months prior to the application date. (This preference requires Applicant to provide a current active Lease with their name on it or a current local electric bill with their name & address, to prove permanent residency.)

Homeless Families with School Aged Children Preference
This preference will identify homeless school aged children in the South Sioux City Community School District that meet this criteria: meet HUD's definition of homelessness and are identified and referred by South Sioux City Community Schools or other private South Sioux City schools.(The applicant must have referring agency submit documentation verifying from South Sioux City Schools. 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 PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

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)].

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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.

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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.

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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.

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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

Domestic (first priority): Victims of Domestic Violence. (See qualifications for preference)

Work, Disabled (second priority): Head, Spouse or Sole Member maintains employment or persons over the age of 62 or receiving Social Security Disability or Supplemental Security Income or verified as disabled.

Residential (Third priority): Family/Individual maintains a permanent place of residence in the HA's jurisdiction. This preference applies to a Family/Individual who currently maintains a residence in the South Sioux City Housing Agencies jurisdiction for a minimum of 6 months prior to the application date. (This preference requires Applicant to provide a current active Lease with their name on it or a current local electric bill with their name & address, to prove permanent residency.)

Homeless Families with School Aged Children Preference
This preference will identify homeless school aged children in the South Sioux City Community School District that meet this criteria: meet HUD's definition of homelessness and are identified and referred by South Sioux City Community Schools or other private South Sioux City schools.(The applicant must have referring agency submit documentation verifying from South Sioux City Schools. 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 PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

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)].

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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 FY2019:

- Bridges West Transitional Housing, $130,609
- Siouxland HMIS, $43,156
- Project Help PSH, $54,393
- Rapid Rehousing, $159,260
- Siouxland Coordinated Entry, $186,608
- Heartland PSH, $173,010

2021 COC NOTICE OF FUNDING OPPORTUNITY (NOFO)

The FY 2020 Notice of Funding Availability (NOFO) has been released by HUD. The Siouxland Coalition to End Homelessness will be working diligently over the next few months and will submit an application for funding prior to November 10, 2021. The items below will be updated with 2021 grant information as it is available. To find out more about the FY 2021 NOFA, click here.

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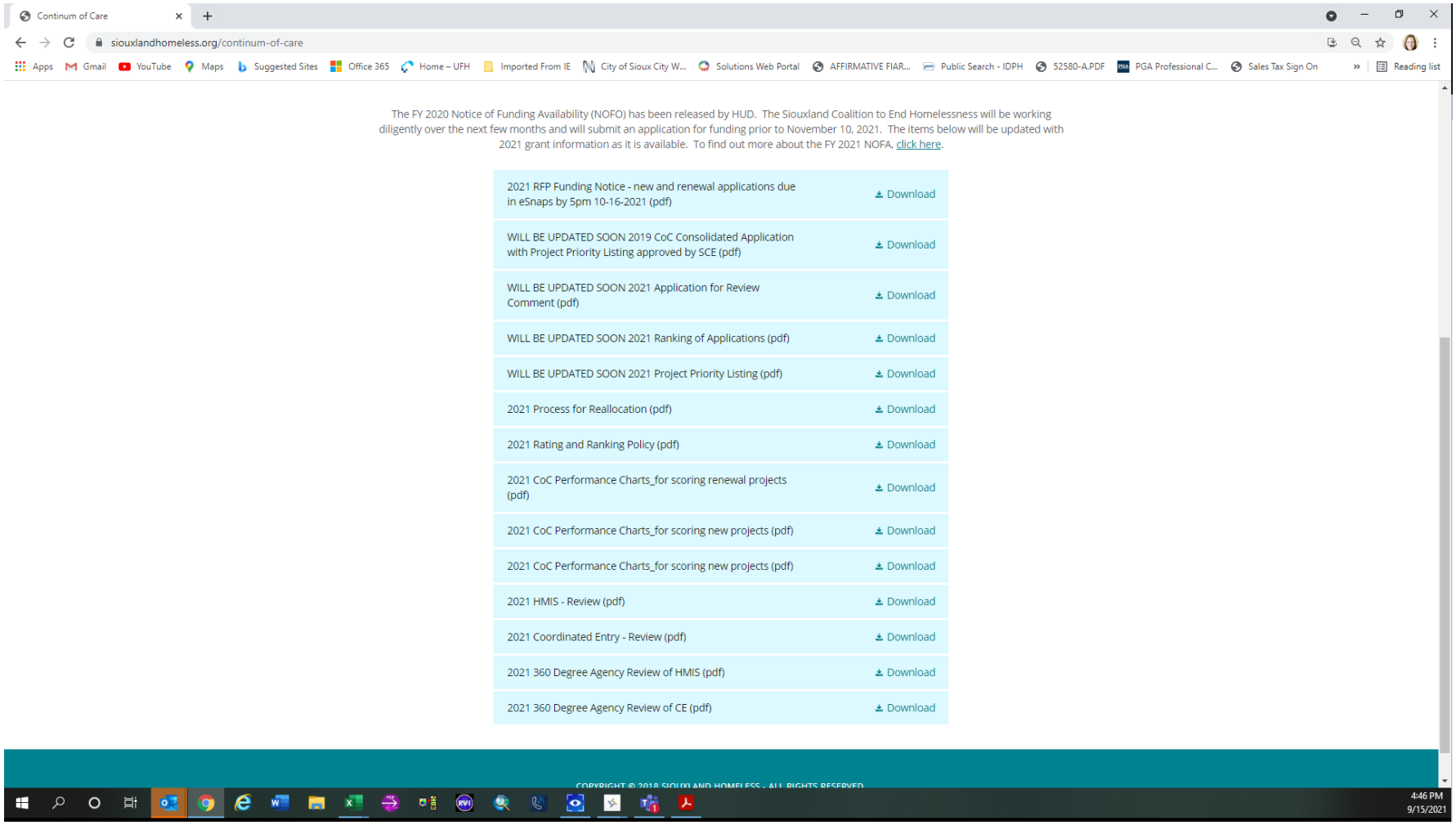
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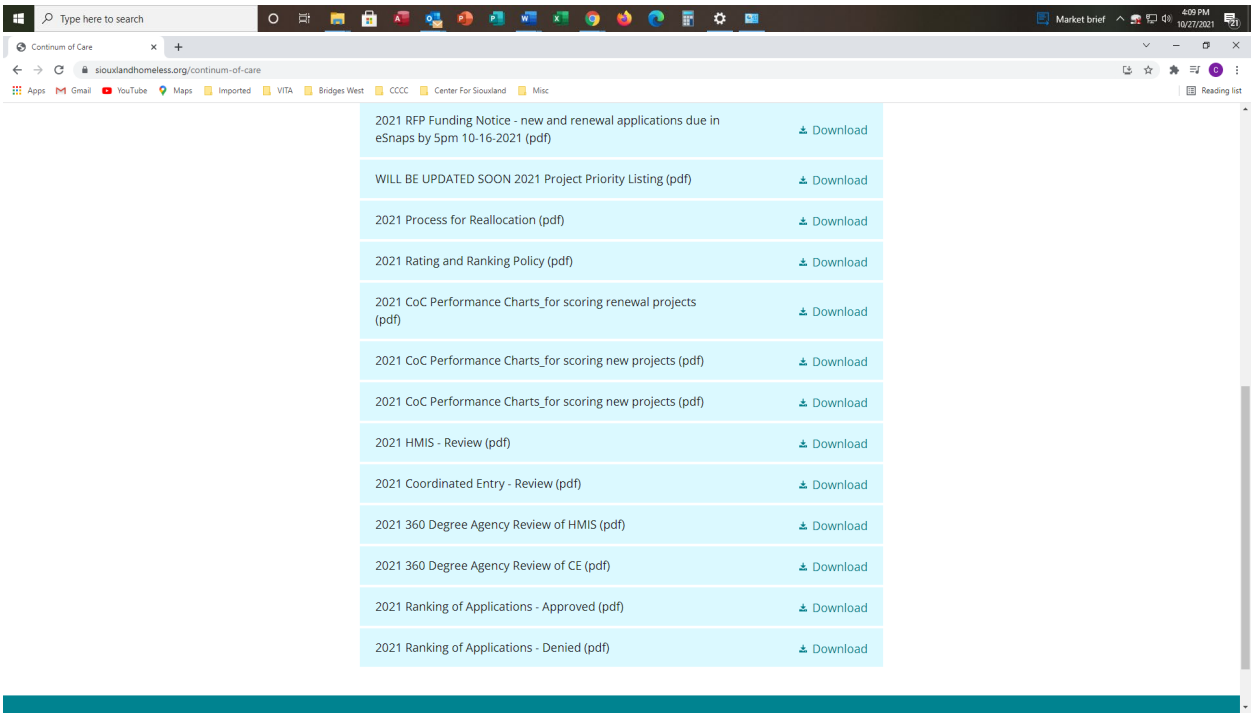
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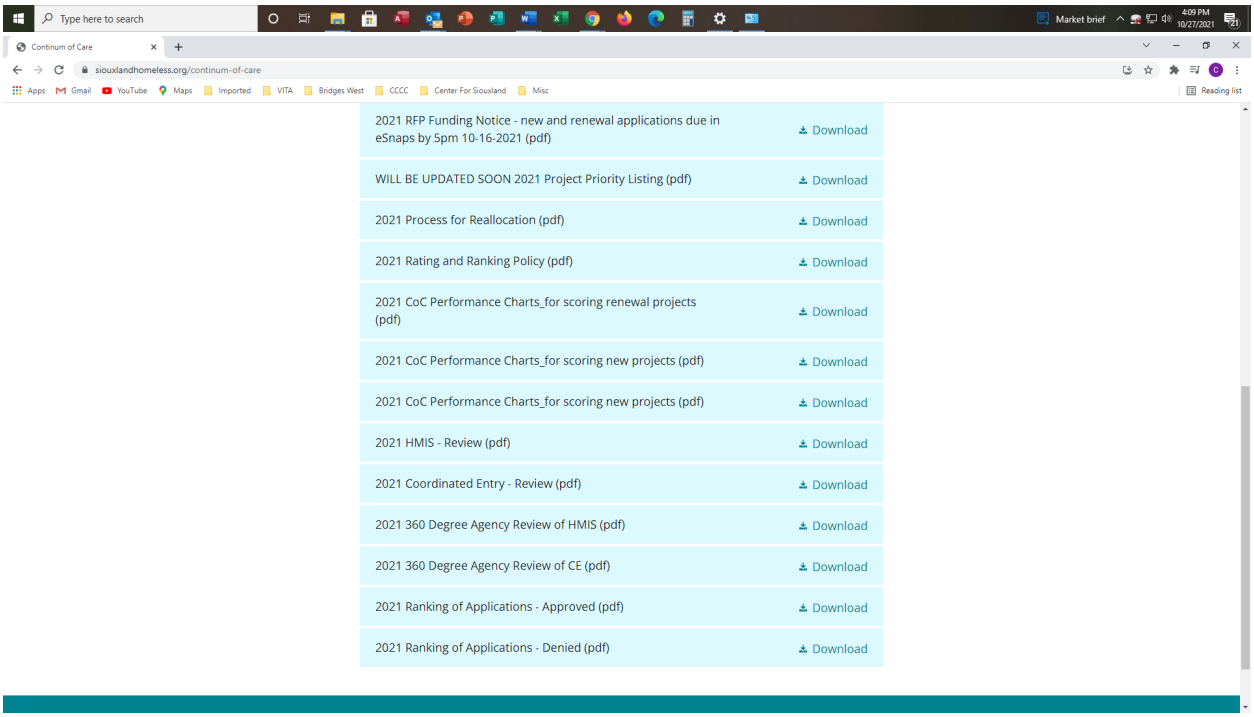
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