# Continuum of Care (CoC) and Emergency Solutions Grant Program (ESG) 2015 Policy Manual

# **Table of Contents**

Overview	2
General Standards	3
CoC Standards	6
ESG Standards	7
Street Outreach	9
Shelter Services	10
Prevention and Rapid Rehousing	11-15

#### Attachments

- A. HUD Homeless Definitions 4 pages
- B. HUD ESG Quick Reference 2 pages
- C. HUD Habitability Checklist 5 pages
- D. HUD CPD Notice 14-012 19 pages

#### **Program Overview**

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) consolidated three separate homeless assistance programs administered by the U.S. Department of Housing and Urban Development (HUD) under the McKinney-Vento Homeless Assistance Act into a single grant program. The HEARTH Act revised the Emergency Shelter Grants program and renamed the program the Emergency Solutions Grants (ESG) program. The HEARTH Act also codified in law the Continuum of Care (CoC) planning process that is part of HUD's annual application for funding of programs and services that assist homeless persons.

24 CFR Part 576 Subpart B details the program components and eligible activities of the ESG program. The five components are:

- 1. Street Outreach
- 2. Emergency Shelter
- 3. Homeless Prevention
- 4. Rapid Re-housing
- 5. HMIS (Homeless Management Information System)

ESG provider sub-recipients are selected through a Request for Proposals process conducted by Clackamas County Housing and Community Development Division at least every three years.

The Clackamas County Continuum of Care (CoC) is a consortium of individuals and organizations with the common purpose of planning for a housing and services continuum for people who are homeless.

The mission of the Clackamas County CoC is to facilitate the development of a continuum of housing and services that provide sufficient opportunities to significantly mitigate homelessness in Clackamas County, via:

- Full utilization of mainstream resources
- Coordination of service delivery and housing systems
- Systemic agreements and institutional focusing on populations at high risk of homelessness
- Creative cultivation of new resources
- Public awareness to foster a collective sense of responsibility for addressing homelessness

CoC funded providers operate transitional housing, permanent supportive housing and rapid rehousing programs and follow the program rules listed in CoC Interim Rule 24 CFR Part 578.

ESG provider sub-recipient contracts also include many ESG program requirements. Each ESG and CoC provider may decide to set standards for their homeless services that

exceed these minimum standards, but will at the very least comply with the following Clackamas County Homeless Services General Standards:

#### General Standards:

#### 1. COORDINATED ASSESSMENT:

Minimum standards for the coordinated access and assessment system are:

- Once the Continuum of Care has developed and adopted a coordinated assessment system in accordance with HUD's requirements (24 CFR Part 578) all ESG and CoC providers in Clackamas County shall participate in that assessment system.
- Victim services providers are encouraged to provide input in the planning and implementation of the coordinated assessment system, but may choose not to use the Continuum of Care's coordinated assessment system.

#### 2. HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS):

Minimum standards for CoC and ESG data are:

- Providers, except for victim service providers, shall utilize the Homeless Management Information System (HMIS), to enter data on people served and assistance provided under ESG and CoC.
- Victim service providers shall utilize a comparable data system that meets HUD's standards (24 CFR 576.107).
- All providers including victim services providers, shall adhere to the reporting and data quality standards in the current Clackamas County HMIS Policies and Procedures.

## 3. PERFORMANCE MEASUREMENT

All providers will submit Annual Performance Reports (APRs) to HUD. At least annually all providers will be measured using the following HUD CoC performance measures according to the type of project/service provided:

- a. Ending Chronic Homelessness Have providers met commitments made to HUD or have any new chronic persons been housed? (permanent housing projects)
- b. Housing Stability Have participants stayed in or moved to permanent housing? (transitional housing projects)
- c. Jobs and Income Growth Have participants increased their income? (all projects)
- d. Mainstream Benefits Have participants gotten access to services? (all projects)
- e. Rapid Re-Housing Have families been appropriately housed as quickly as possible? (RRH projects)
- f. At least 30% of people exiting shelters go to transitional or permanent housing (shelter providers).

#### 4. EDUCATION OF CHILDREN 24 CFR 578.23 (c) 7

Clackamas County CoC strongly values education, believing that increased educational attainment lowers risk of future homelessness. ESG and CoC programs shall inform parents and unaccompanied youth of their educational rights, take the educational needs of children into account when families are placed in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education. Providers and homeless school liaisons coordinate schooling for each school-age child, reducing school migration and connecting students to services.

### **5. FAMILY UNITY**

The CoC and ESG providers of emergency shelter, transitional housing, rapid rehousing and permanent housing serving families shall ensure that no members of a household with children under 18 are denied admission or separated when entering shelter or housing.

#### 6. DEFINITION OF FAMILY

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the following:

- (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or,
- (2) A group of persons residing together, and such group includes, but is not limited to:
  - a. A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
  - b. An elderly family;
  - c. A near-elderly family;
  - d. A disabled family;
  - e. A displaced family; and,
  - f. The remaining member of a tenant family.

In general, this definition of "family" applies to both the ESG and CoC Program rules. However, the McKinney-Vento Act, as amended by the HEARTH Act, distinguishes individuals from families. Therefore, paragraph (1) of the definition of family under the Equal Access Rule is considered an individual under the CoC and ESG programs and the definition of family for these programs is defined as follows:

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child

who is temporarily away from the home because of placement in foster care is considered a member of the family.

#### 7. REASONABLE ACCOMMODATIONS

Clackamas County is committed to the equal treatment of all persons, and believes that no eligible individual with disabilities should, solely on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any CoC programs.

All providers will provide **Reasonable Accommodations** to applicants and participants of CoC and ESG Programs. A reasonable accommodation is an agency or program modification or change to its policies or procedures that will assist an eligible person with a disability to attain equal participation in programs.

Providers will assist clients in reviewing and understanding the agency or program Reasonable Accommodation Policy and completing any type of Request for Reasonable Accommodation documentation, as needed.

#### **8. TERMINATION OF ASSISTANCE** (24 CFR Part 578.91(a))

Minimum standards for termination of assistance are:

- In general If a program violation occurs and the provider terminates assistance as a result, the termination shall follow an established process that recognizes the rights of the individuals affected. Termination shall only occur in the most severe cases.
- Program participants receiving rental assistance or housing relocation or stabilization services When terminating rental assistance or housing relocation and stabilization services, the required formal process shall minimally consist of:
  - Written notice clearly stating the reasons for termination;
  - A review of the decision that gives the participant opportunity to present objections to the decision maker; and
  - A prompt written final notice.
- **Ability to provide further assistance** Termination will not bar the provider from providing later additional assistance to the same family or individual.

# **9. GRIEVANCE PROCESS** (24 CFR Part 578.91(b))

All providers shall have a Grievance Process that recognizes the rights of individuals to due process when assistance is terminated. Individuals receiving assistance are informed at entry of the grievance process for that particular provider. The process shall consist of an informal process and a formal process.

Providers will assist clients in reviewing and understanding the agency or program Grievance Process and completing any type of Grievance Process documentation. Under no circumstances shall engaging in a grievance process negatively impact the services provided to the person or household.

#### 10. NONDISCRIMINATION/EQUAL OPPORTUNITY/AFFIRMATIVE

**OUTREACH:** CoC and ESG providers must maintain copies of their marketing, outreach, and other materials used to inform eligible persons of the program to document compliance with the requirements in 24 CFR 578.93(c).

ESG providers minimum standards shall comply with the requirements for nondiscrimination, equal opportunity and affirmative outreach identified in 24 CFR 576.407 (a-b).

Service providers must ascertain the preferred language of participants and make every effort to provide services in the preferred language.

# CoC Standards - 24 CFR 578.7(a)(9)

- **1. Eligibility**. The CoC standard for evaluating individuals' and families' eligibility for assistance is to use an intake process that includes a coordinated assessment to determine and document participant eligibility. All CoC providers will follow CoC Program guidelines to establish the client's status as homeless and verify household income eligibility, if applicable. 24 CFR 578.103 and 24 CFR 576.500
- **2. Transitional Housing.** The CoC standard for determining and prioritizing which eligible individuals and families will receive transitional housing: CoC providers shall use an intake process with the coordinated assessment to prioritize which persons will receive any available transitional housing on a first come first served basis. The determination will be documented in the client file.
- **3. Rapid Re-housing (RRH).** The CoC standard for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance: CoC providers shall use an intake process with the coordinated assessment to prioritize which persons will receive any available Rapid re-housing units on a first come first served basis. The determination will be documented in the client file.
- **4. Participant share of RRH assistance**. The CoC standard for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance: CoC providers shall consider the income information for the last 30 days collected at intake and during the coordinated assessment to determine

the percentage or amount each program participant must pay while receiving assistance. The determination will be documented in the client file. Participants will pay no more than 30% of their household income for rent per 24 CFR 578.77 (c).

**5. Permanent Supportive Housing.** The CoC standard for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance: CoC providers shall use an intake process with the coordinated assessment to determine and prioritize which persons are best served by placement in any available Permanent Supportive Housing unit. Chronically homeless persons are prioritized for PSH beds in accordance with HUD guidance in CPD Notice 14-012 (Attachment D). The determination will be documented in the client file.

# ESG Standards - 24 CFR 576.400 (e):

**1. Evaluating Eligibility.** Standard policies and procedures for evaluating individuals' and families' eligibility for assistance under ESG:

Per 24 CFR 576.401: ESG (sub-recipients) providers must conduct an initial evaluation to determine each individual or family's eligibility for ESG assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing. All ESG providers will follow federal documentation guidelines to establish the client's status as homeless or at-risk of homeless and their income eligibility. These evaluations must be conducted in accordance with the centralized or coordinated assessment requirements set forth under §576.400(d).

**2. Coordination Among Providers.** Policies and procedures for coordination among all Clackamas County emergency shelter providers, essential service providers, homelessness prevention and rapid re-housing assistance providers, other homeless assistance providers, and mainstream service and housing providers:

The ESG providers must coordinate and integrate, to the maximum extent practicable, ESG-funded activities with other ending homelessness programs in the area covered by the Continuum of Care or area over which the services are coordinated to provide a strategic, community-wide system to prevent and end homelessness. The list of programs are included in 24 CFR Part 567.400(b)

ESG provider managers and case managers shall participate in Clackamas County Continuum of Care meetings to coordinate services and to discuss ESG policies and procedures. ESG providers receive feedback from other homeless services providers on all services available for low-income and homeless persons including; accessing mainstream services; housing, legal and health care services.

**3. Determining and Prioritizing.** Policies and procedures for determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive rapid re-housing assistance:

ESG-funded providers will be responsible for ensuring that potential participants are served, with provisions for serving eligible households who meet prioritization criteria established through the Continuum of Care using coordinated assessment protocols.

Coordinated assessment tools thoroughly explore a family's or individual's situation and pinpoints their unique housing and service needs. Based upon the coordinated assessment, families and individuals should be referred to the type, level and duration of housing and services most appropriate to their situations and need.

Under homelessness prevention, ESG assistance is available to individuals and families below 30% of Area Median Income (AMI), and are homeless or at risk of becoming homeless.

ESG funds can be used to prevent an individual or family from becoming homeless and regain stability in current housing or other permanent housing. Rapid re-housing funds can be used to assist individuals and families who are literally homeless progress toward permanent housing and achieve housing stability.

- a. Homeless Prevention Households will be re-certified for continued eligibility every 3 months.
- b. Rapid Re-Housing Households will be re-certified annually.

## 4. Income Determination and Requirements

#### a) Income Eligibility

There are no income eligibility requirements for receiving street outreach, emergency shelter or transitional housing services and assistance. To qualify for rapid re-housing, an applicant must be at imminent risk of homeless which has no income requirements. However, in order to continue to receive rapid re-housing assistance, clients must have an annual income that does not exceed 30% of AMI at time of re-evaluation. To qualify for homeless

prevention assistance, applicants must have an annual income below 30% AMI at time of intake.

#### b) Calculating Gross Annual Income

Annual Income is the gross amount of income anticipated to be received by a household during the coming year based on the household's circumstances at the time of program intake and assessment. Annual Income determination is consistent with the Housing Choice Voucher definition of annual Income found at 24 CFR 5.609.

When determining the annual income of a household to establish eligibility for ESG assistance, Providers must count the income of all adults in the household, including nonrelated individuals, within the limitations imposed by 24 CFR 5.609. Not everyone living in the unit is considered a member of the household for the purposes of determining a household's income. Excluded persons include: foster children, foster adults, live-in aides, children of live-in aides and an unborn child. A child subject to a shared-custody agreement should be counted as a household member if the child resides with the household at least 50 percent of the time.

Income generated by an asset, such as the interest on a savings or checking account is considered household income even if the household elects not to receive it. For example, though an applicant may elect to reinvest the interest or dividends from an asset, the interest or dividends are still counted as income anticipated to be received during the coming 12 months. Asset income is discussed in 24 CFR 5.609. Income producing assets include: bank accounts; life insurance policies; lump sum additions (legal settlement, refund, etc.); personal property held as investments; retirement/pension funds; trusts; assets disposed of for less than fair market value; and stocks, bonds or mutual funds.

# 5. STREET OUTREACH STANDARDS

#### MINIMUM STANDARDS:

#### Targeting/Engagement:

Providers of Street Outreach services shall focus on unsheltered homeless individuals and families, meaning those with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station airport or camping ground.

#### Assessment/Service Provision/Referral/Prioritization:

- Individuals and families shall be offered an initial need and eligibility assessment
  and qualifying program participants, including those meeting special population
  criteria, will be offered the following Street Outreach services, as needed and
  appropriate: engagement, case management, emergency health and mental health,
  transportation services.
- When appropriate based on the individual's needs and wishes, the provision of or referral to rapid rehousing services that can quickly assist individuals to obtain safe, permanent housing shall be prioritized over the provision of or referral to emergency shelter or transitional housing services.

References: 24 CFR 576.101 and 576.400 e (3) (ii)

# **6. EMERGENCY SHELTER STANDARDS**

#### **MINIMUM STANDARDS:**

#### Admission:

Providers of Emergency Shelter services shall admit individuals and families who meet the HUD definition of "homeless," as specified in 24 CFR 576.2 (1, 2, 3 & 4) and agencies' eligibility criteria.

#### **Assessment:**

Individuals and families shall be offered an initial need and eligibility assessment and qualifying program participants, including those meeting special population criteria, will be offered Emergency Shelter services, as needed and appropriate.

#### Prioritization/Diversion/Referral:

When appropriate based on the individual's needs and wishes, the provision of or referral to Homeless Prevention or Rapid Rehousing services that can quickly assist individuals to maintain or obtain safe, permanent housing shall be prioritized over the provision of Emergency Shelter or Transitional Housing services.

#### Reassessment:

Program participants will be reassessed as case management progresses, based on the participant needs and goals as well as the individual service provider's policies.

#### Discharge/Length of Stay:

Program participants shall be discharged from Emergency Shelter services when they choose to leave or when they have successfully obtained safe, permanent housing. Any Length of Stay limitations shall be determined by the individual service provider's policies and clearly communicated to program participants.

#### Safety and Shelter Safeguards for Special Populations:

Safety and Shelter Safeguards shall be determined by the individual Special Population service provider's policies and clearly communicated to program participants.

Reference: 24 CFR 576.102 and 576.400 (e) (iii) and (iv)

# 7. HOMELESSNESS PREVENTION AND RAPID RE-HOUSING STANDARDS (24 CFR 576.103 and 104)

#### **ELIGIBILITY/PRIORITIZATION:**

Minimum standards for determining and prioritizing which eligible families and individuals shall receive homelessness prevention assistance and which eligible families and individuals shall receive rapid rehousing assistance:

**Rapid Re-housing (RR)** – To be eligible for RR Housing Relocation and Stabilization Services and Short-term and Medium-term Rental Assistance, people must:

- Meet the federal criteria under paragraph (1) of the "homeless" definition in 24 CFR 576.2 OR
- Meet the criteria under paragraph (4) of the "homeless" definition in 24 CFR 576.2 and live in an emergency shelter or other place described in paragraph (1) of the "homeless" definition. (See Attachment A).

**Homelessness Prevention (HP)** – To be eligible for HP Housing Relocation and Stabilization Services and Short-term and Medium-term Rental Assistance, program participants must:

- require HP services to prevent moving into an emergency shelter or another place described in paragraph (1) of the "homeless" definition in 24 CFR 576.2 (See Attachment A).
- have an annual income below 30% of the median income for the area and:
- meet the federal criteria under the "at risk of homelessness" definition in 24 CFR 576.2 OR
- meet the criteria in paragraph (2), (3) or (4) of the "homeless" definition in 24 CFR 576.2 (See Attachment A).

#### PARTICIPANT CONTRIBUTION TO RENT:

Minimum standards for determining what percentage or amount of rent and utilities costs each program participant shall pay while receiving homelessness prevention or rapid rehousing assistance:

• Participants shall pay at least 10% but no more than 50% of their adjusted gross income to rent and utilities based on the household income level established upon intake or when re-evaluated. Any additional requirements regarding the

percentage or amount of rent and utilities costs each program participant shall pay shall be determined by the individual service provider's policies and clearly communicated to program participants.

Participant's income shall be verified prior to approval for initial and additional
financial assistance. Documentation of the participant's income and expenses,
including how the participant is contributing to housing costs, if at all, shall be
maintained in participant's file. This file shall also contain a plan to sustain
housing following the assistance, including either a plan to increase income or
decrease expenses or both. 24 CFR 576.400 (e) (vii)

## **RENTAL ASSISTANCE DURATION AND ADJUSTMENT (24 CFR 576.105):**

Minimum standards for determining how long a particular program participant shall be provided with rental assistance and whether and how the amount of that assistance shall be adjusted over time:

- Participants receive approval for the minimum amount of financial assistance necessary to prevent the current episode homelessness. If short-term (1-3 months) or medium-term (4-12 months) is determined to be needed, documentation of financial need shall be kept in the participant's file for each month of financial assistance received. Participants shall not be approved for more rental assistance than can be justified given their income and expenses at a given time.
- Any additional requirements regarding how long a program participant shall be provided with rental assistance and whether and how the amount of that assistance shall be adjusted over time shall be determined by the individual service provider's policies and clearly communicated to program participants.

#### **SERVICE TYPE, AMOUNT & DURATION:**

Per 24 CFR 576.400 e (viii) the minimum standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant:

#### Financial Assistance:

No Use with other subsidies – Payment for Financial Assistance costs shall not be provided to a participant who is receiving the same type of financial assistance through other public sources or to a participant who has been provided with replacement housing payments under the URA, during the period of time covered by the URA payments.

**Rental application fees** – Payment shall only be made for fees charged by the owner to all applicants.

**Security deposits** – Payment shall not exceed two (2) month's rent.

Last month's rent – Payment shall not exceed one (1) month's rent and shall be included in calculating the participant's total rental assistance.

**Utility deposits** – Payment shall only be made for gas, electric, water and sewage deposits.

#### **Utility payments:**

- Payment shall not exceed 24 months per participant, including no more than 6 months of utility payments in arrears, per service.
- A partial payment counts as 1 month.
- Payment shall only be made if the utility account is in the name of the participant or a member of the same household.
- Payment shall only be made for gas, electric, water and sewage costs.
- Participants shall not receive more than 24 months of utility assistance within any 3-year period.

**Moving costs** – Payment shall only be made for temporary storage fees accrued after the date the participant begins receiving housing relocation and stabilization services and prior to the date the participant moves into permanent housing. Payment shall not be made for storage fees in arrears.

## Housing Relocation and Stabilization Services (24 CFR 576.105 and 576.400 e (ix)):

Housing search and placement services – Payment shall only be made for assisting participants to locate, obtain and retain suitable permanent housing through provision of the following services:

- Assessment of housing barriers, needs and preferences
- Development of an action plan for locating housing
- Housing search
- Outreach to and negotiation with owners
- Assistance with submitting rental applications and understanding leases
- Assessment of housing for compliance with ESG requirements for habitability, lead-based paint and rent reasonableness
- Assistance with obtaining utilities and making moving arrangements
- Tenant counseling

Payment for housing search and placement services shall not exceed 24 months during any 3-year period.

Housing stability case management – Payment shall only be made for assessing, arranging, coordinating and monitoring the delivery of individualized services to facilitate housing stability for a participant who resides in permanent housing or to assist a participant in overcoming immediate barriers to obtaining housing through provision of the following services:

- Using the centralized or coordinated assessment system
- Conducting the initial evaluation, including verifying and documenting participant eligibility
- Counseling

- Developing, securing and coordinating services and obtaining Federal,
   State and local benefits
- Monitoring and evaluating participant progress
- Providing information and referral to other providers
- Developing an individualized housing and service plan
- Conducting re-evaluations

Payment for housing stability case management services provided while the participant is seeking permanent housing shall not exceed 30 days.

Payment for housing stability case management services provided while the participant is living in permanent housing shall not exceed 24 months.

Mediation – Payment shall only be made for the cost of mediation between the participant and the owner or person with whom the participant is living, if it is necessary to prevent the participant from losing the permanent housing where he/she resides. Payment for mediation services shall not exceed 24 months during any 3-year period.

Legal services – Payment shall only be made for the cost of legal services, if they are necessary to resolve a legal problem that prohibits the participant from obtaining permanent housing or will likely result in the participant losing the permanent housing where he/she resides. Payment for legal services shall not exceed 24 months during any 3-year period.

Credit repair – Payment shall only be made for the cost of assisting the participant in obtaining skills related to household budgeting, managing money, accessing a free personal credit report and resolving personal credit problems. Payment will not be made for a debt or modification of a debt. Payment for credit repair services shall not exceed 24 months during any 3-year period.

- **Rental Assistance** (24 CFR 576.106): Payment shall not exceed 24 months total during a 3-year period in tenant-based or project-based housing.
- Payment for short-term rental assistance shall not exceed 3 months.
- Payment for medium-term rental assistance shall be for more than 3 months, but shall not exceed 24 months.
- Payment for rent arrears shall not exceed 6 months and shall be a one-time payment, including any late fees.
- Except for a one-time payment of rental arrears on the participant's portion, payment shall not be provided to a participant who is receiving tenant-based rental assistance or living in a unit receiving project-based assistance or to a

- participant who has been provided with replacement housing payments under the URA, during the period of time covered by the URA payments.
- Payment shall not exceed the Fair Market Rent established by HUD per 24 CFR 888 and shall comply with HUD's standard of rent reasonableness detailed in 24 CFR 982.507.
- Calculation of the rental payment amount shall only include monthly rent for the unit, any occupancy fees under the lease (except for pet and late fees) and if the participant pays separately for utilities, the monthly utility allowance established by the public housing authority for the area in which the housing is located.
- Payment for shall only be made when there is a rental assistance agreement between the agency and the owner, which sets forth the terms under which rental assistance will be provided, including the prior requirements; a requirement that the owner provide the subrecipient with a copy of any notice to vacate given to the participant or any complaint used to commence an eviction action; and the same payment due date, grace period and late payment penalty requirement as the participant's lease.
- Payment of any late payment penalties incurred by the agency shall not be claimed for reimbursement by ESG.
- Payment shall only be made when there is a legally binding, written lease for the rental unit between the participant and the owner, except for payment of rental arrears.
- The rental unit must meet minimum habitability standards per 24 CFR 576.403. See Attachment C.

#### **Tenant-Based Rental Assistance**

The rental assistance agreement with the unit owner shall be terminated without further payment if:

- The participant moves out of the unit
- The lease terminates and is not renewed
- The participant becomes ineligible to receive ESG rental assistance

#### **Project-Based Rental Assistance**

Payment shall only be made under the following conditions:

- The lease has an initial term of one year
- The rental assistance agreement covers one or more permanent housing units in the same building
- Each unit covered by the agreement is only occupied by participants

• Payment of no more than 100% of the first month's rent will be made for that month, if the participant signs a lease and moves into the unit before the end of that first month of occupancy.

Any additional requirements regarding the type, amount, and duration of housing stabilization and/or relocation services that will be provided to a program participant, including any limitations shall be determined by the individual service provider's policies and clearly communicated to program participants.

#### **RE-EVALUATIONS:**

Minimum standards for completing eligibility re-evaluations of individuals and families: **Timing:** 

- Homelessness Prevention participants shall be re-evaluated not less than once every three months
- Rapid Rehousing participants shall be re-evaluated not less than once annually

#### Eligibility:

- To remain eligible, the participant shall have an annual income that is 30 percent of median family income for the area or less, as determined by HUD; and
- the participant shall lack sufficient resources and support networks necessary to retain housing without ESG assistance.

End of ESG Standards



S	Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:  (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;  (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or  (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
CRITERIA FOR DEFINING HOMELESS	Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that:  (i) Residence will be lost within 14 days of the date of application for homeless assistance;  (ii) No subsequent residence has been identified; and  (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
CRITE	Category 3	Homeless under other Federal statutes	<ul> <li>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: <ul> <li>(i) Are defined as homeless under the other listed federal statutes;</li> <li>(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and</li> <li>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul> </li> </ul>
	Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who:  (i) Is fleeing, or is attempting to flee, domestic violence;  (ii) Has no other residence; and  (iii) Lacks the resources or support networks to obtain other permanent housing



	Category 1	Literally Homeless	<ul> <li>Written observation by the outreach worker; or</li> <li>Written referral by another housing or service provider; or</li> <li>Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;</li> <li>For individuals exiting an institution—one of the forms of evidence above and:         <ul> <li>discharge paperwork or written/oral referral, or</li> <li>written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution</li> </ul> </li> </ul>
RECORDKEEPING REQUIREMENTS	Category 2	Imminent Risk of Homelessness	<ul> <li>A court order resulting from an eviction action notifying the individual or family that they must leave; or</li> <li>For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; or</li> <li>A documented and verified oral statement; and</li> <li>Certification that no subsequent residence has been identified; and</li> <li>Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing</li> </ul>
NDKEEPING F	Category 3	Homeless under other Federal statutes	<ul> <li>Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; and</li> <li>Certification of no PH in last 60 days; and</li> <li>Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; and</li> <li>Documentation of special needs or 2 or more barriers</li> </ul>
RECOF	Category 4	Fleeing/ Attempting to Flee DV	<ul> <li>For victim service providers:         <ul> <li>An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.</li> </ul> </li> <li>For non-victim service providers:         <ul> <li>Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and</li> <li>Certification by the individual or head of household that no subsequent residence has been identified; and</li> <li>Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.</li> </ul> </li> </ul>



and the same of th		
		Individuals defined as Homeless under the following categories are eligible for assistance in SO:
	Street Outreach	<ul> <li>Category 1 – Literally Homeless</li> <li>Category 4 – Fleeing/Attempting to Flee DV (where the individual or family also meets the criteria for Category 1)</li> <li>SO projects have the following additional limitations on eligibility within Category 1:</li> <li>Individuals and families must be living on the streets (or other places not meant for human habitation) and be unwilling or unable to access services in emergency shelter</li> </ul>
am)	j.	Individuals and Families defined as Homeless under the following categories are
NE OBE	Emergency Shelter	eligible for assistance in ES projects:
<b>5</b> =	5	Category 1 – Literally Homeless
<b>P</b> us	gen	<ul> <li>Category 2 – Imminent Risk of Homeless</li> <li>Category 3 – Homeless Under Other Federal Statutes</li> </ul>
<b>6</b> %	ae l	Category 4 – Fleeing/Attempting to Flee DV
) Sc	ū	
Individuals defined as Homeless under the		Individuals defined as Homeless under the following categories are eligible for assistance in RRH projects:
> 0	Rapid Re- housing	
<b> </b>	pide Sous	<ul> <li>Category 1 – Literally Homeless</li> <li>Category 4 – Fleeing/Attempting to Flee DV (where the individual or family</li> </ul>
il <b>Bii</b>	% F	also meets the criteria for Category 1)
		Individuals and Families defined as Homeless under the following categories are eligible for assistance in HP projects:
	5	Category 2 –Imminent Risk of Homeless
	ıntic	Category 3 – Homeless Under Other Federal Statutes
	leve	Category 4 – Fleeing/Attempting to Flee DV
Individuals and Families who are defined as At Risk of assistance in HP projects.		Individuals and Families who are defined as At Risk of Homelessness are eligible for assistance in HP projects.
	Homelessness Prevention	HP projects have the following additional limitations on eligibility with homeless and at risk of homeless:
	-	Must only serve individuals and families that have an annual income below 30% of AMI
L		



	T	
		Individuals and Families defined as Homeless under the following categories are
	Supportive Services Only	eligible for assistance in SSO projects:
		Category 1 – Literally Homeless
		Category 2 – Imminent Risk of Homeless
		Category 3* – Homeless Under Other Federal Statutes
	N N	,
		Category 4 – Fleeing/Attempting to Flee DV
(2		
Ĕ		Individuals defined as Homeless under the following categories are eligible for
5	1	assistance in SH projects:
9		
۲	1	Category 1 – Literally Homeless
$\overline{c}$	ý	
. ₹	<b>5</b>	SH projects have the following additional NOFA limitations on eligibility within
<del>5</del> 7	}	
<b>_</b> 2	I	Category 1:
<b>2</b> 6	Safe Havens	
ᄪ	l vi	Must serve individuals only
<b>Z S</b>		Individual must have a severe mental illness
0 '		<ul> <li>Individual must be living on the streets and unwilling or unable to</li> </ul>
<u>a</u> =		participate in supportive services
<b>⋝</b> ĕ		
<b>⊼</b> ₹		Individuals and Families defined as Homeless under the following categories are
2 8		eligible for assistance in TH projects:
Z E	70	engine for assistance in 111 projects.
<b>2</b> 8	Transitional Housing	A Cohanna I Liboually Hamalana
<b>L</b> 0	is is	Category 1 – Literally Homeless
<b>≻</b> ŏ	돌호	Category 2 – Imminent Risk of Homeless
	E T	Category 3* – Homeless Under Other Federal Statutes
<b>≓</b> ₹		Category 4 – Fleeing/Attempting to Flee DV
<b>ELIGIBILITY BY COMPONENT</b> (Projects Funded in FY 2011 CoC Competition – SHP and S+C Programs)		
<b>15</b> ≻		Individuals and families defined as Homeless under the following categories are
≃ ∸		eligible for assistance in PSH projects:
ᆲᇷ		
<b>–</b> p	540	Category 1 – Literally Homeless
ğ	nt Supportive Housing	Category 4 – Fleeing/Attempting to Flee DV
<b>5</b>	ğ	- Catagory - Heering/Accempang to Free DV
Œ J	Ĭ	DCM
5	Š	PSH projects have the following additional NOFA limitations on eligibility within
ົລ	Ē	Category 1:
Ö	ğ	
Ę.	3	<ul> <li>Individuals and Families coming from TH must have originally come from</li> </ul>
ت	t S	the streets or emergency shelter
	5	<ul> <li>Individuals and Families must also have an individual family member</li> </ul>
	Permaner	with a disability
	E	
	P P	Projects that are dedicated chronically homeless projects, including those that
		were originally funded as Samaritan Bonus Initiative Projects must continue to
N.		serve chronically homeless persons exclusively
		serve automodify notificiess hersons excrasively
		within a CoC that has received HUD approval to serve this category. For more information abo

<sup>\*</sup> Projects must be located within a CoC that has received HUD approval to serve this category. For more information about receiving HUD approval, please read: Notice on Limitation on Use of Funds to Serve Persons Defined as Homeless Under Other Federal Laws

# **Emergency Solutions Grants (ESG) Program Components Quick Reference**



ESG funds can be used to provide a wide range of services and supports under the five program components: Street Outreach, Emergency Shelter, Rapid Re-Housing, Homelessness Prevention, and HMIS. Each component is described in the tables below, accompanied by a list of corresponding ESG activities. Activities, as opposed to components, include the component plus the activity type. While administration is a not a component, it is considered an activity type\*. Always refer to the program regulations at 24 CFR part 576 for complete information about all eligible costs and program requirements.

Street Outreach Component. These activities are designed to meet the immediate needs of unsheltered homeless people by connecting them with emergency shelter, housing, and/or critical health services. § 576.101

#### Activity types:

- Engagement
- Case Management
- Emergency Health Services
- Emergency Mental Health Services
- Transportation
- Services for Special Populations

Emergency Shelter Component. These activities are designed to increase the quantity and quality of temporary shelters provided to homeless people, through the renovation of existing shelters or conversion of buildings to shelters, paying for the operating costs of shelters, and providing essential sortices. 8 576 102

Essential Services	Renovation (also includes Major Rehab and Conversion)	Shelter Operations	Assistance Required Under the Uniform Relocation and Real Property Acquisition Act of 1970 (URA)
Activity types:	Eligible costs:	Eligible costs:	Eligible costs:
<ul> <li>Case management</li> <li>Child Care</li> <li>Education Services</li> <li>Employment Assistance and Job Training</li> <li>Outpatient Health Services</li> <li>Legal Services</li> <li>Life Skills Training</li> <li>Mental Health Services</li> <li>Substance Abuse Treatment Services</li> <li>Transportation</li> <li>Services for Special</li> </ul>	Labor     Materials     Tools     Other costs for renovation (including rehab or conversion)	O Maintenance O Rent O Security O Fuel O Equipment O Insurance O Utilities O Food O Furnishings O Supplies necessary for shelter operation O Hotel/Motel Vouchers	Relocation     payments     Other assistance     to displaced     persons

Rapid Re-Housing Component. These activities are designed to move homeless people quickly to permanent housing through housing relocation and stabilization services and short- and/or medium-term rental assistance. § 576.104

Rental Assistance**	Housing Relocatio	Housing Relocation and Stabilization Services		
Activity types:	Financial Assistance	Services Costs		
Short-term rental assistance	Activity types:	Activity types:		
<ul> <li>Medium-term rental assistance</li> </ul>	Rental Application Fees     Security Deposits	<ul><li>Housing Search and Placement</li><li>Housing Stability Case</li></ul>		
Rental arrears	Last Month's Rent     Utility Deposits	Management  • Mediation		
**Rental assistance can be project-based or tenant- based.	Utility Payments     Moving Costs	Legal Services     Credit Repair		

Homelessness Prevention Component. These activities are designed to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human through housing relocation and stabilization services and short- and/or medium-term rental assistance. § 576.103

Rental Assistance**	Housing Relocation and Stabilization Services		
Activity types:	Financial Assistance	Services Costs	
Short-term rental assistance	Activity types:	Activity types:	
<ul> <li>Medium-term rental</li> </ul>	Rental Application Fees	<ul> <li>Housing Search and Placement</li> </ul>	
assistance	Security Deposits	Housing Stability Case	
<ul> <li>Rental arrears</li> </ul>	Last Month's Rent	Management	
	Utility Deposits	Mediation	
**Rental assistance can be	Utility Payments	Legal Services	
project-based or tenant- based.	Moving Costs	Credit Repair	

HMIS Component. These activities are designed to fund ESG recipients' and subrecipients' participation in the Continuum of Care HMIS collection and analyses of data on individuals and families who are homeless and at-risk of homelessness. § 576.107

#### Eligible costs:

- o Contributing data to the HMIS designated by the CoC for the area;
- o HMIS Lead (as designated by the CoC) costs for managing the HMIS system;
- o Victim services or legal services provider costs to establish and operate a comparable database.
- \*ADMINISTRATIVE ACTIVITIES. § 576.108 Eligible administrative costs are broadly categorized as follows:
- General management, oversight, and coordination
- . Training on ESG requirements
- Consolidated Plan
- Environmental review

# ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing: Checklists

#### About this Tool

The Emergency Solutions Grants (ESG) Program Interim Rule establishes different habitability standards for emergency shelters and for permanent housing (the Rapid Re-housing and Homelessness Prevention components).

- Emergency Shelter Standards.
  - Emergency shelters that receive ESG funds for renovation or shelter operations must meet the minimum standards for safety, sanitation, and privacy provided in §576.403(b).
  - In addition, emergency shelters that receive ESG funds for renovation (conversion, major rehabilitation, or other renovation) also must meet state or local government safety and sanitation standards, as applicable.
- Permanent Housing Standards. The recipient or subrecipient cannot use ESG funds to help a
  program participant remain in or move into housing that does not meet the minimum
  habitability standards under §576.403(c). This restriction applies to all activities under the
  Homelessness Prevention and Rapid Re-housing components.

Recipients and subrecipients must document compliance with the applicable standards. Note that these checklists do not cover the requirements to comply with the Lead-Based Paint requirements at §576.403(a). For more discussion about how and when the standards apply, see *ESG Minimum* Standards for Emergency Shelters and Permanent Housing, located at <a href="http://oneCPD.info/esg">http://oneCPD.info/esg</a>.

The checklists below offer an optional format for documenting compliance with the appropriate standards. These are intended to:

- 1. Provide a clear summary of the requirements and an adaptable tool so recipients and subrecipients can formally assess their compliance with HUD requirements, identify and carry out corrective actions, and better prepare for monitoring visits by HUD staff.
- 2. Provide a tool for a recipient to monitor that its subrecipient is in compliance with HUD requirements. Where non-compliance is identified, the ESG recipient can use this information to require or assist the subrecipient to make necessary changes.

Prior to beginning the review, the subrecipient should organize relevant files and documents to help facilitate their review. For instance, this may include local or state inspection reports (fire-safety, food preparation, building/occupancy, etc.), or policy and procedure documents related to emergency shelter facility maintenance or renovations.

Carefully read each statement and indicate the shelter's or unit's status for each requirement (Approved or Deficient). Add any comments and corrective actions needed in the appropriate box. The reviewer should complete the information about the project, and sign and date the form. This template includes space for an "approving official," if the recipient or subrecipient has designated another authority to approve the review. When the assessment is complete, review it with program staff and develop an action plan for addressing any areas requiring corrective action.

# **Minimum Standards for Emergency Shelters**

**Instructions**: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. A copy of this checklist should be placed in the shelter's files.

Approved	Deficient	Standard (24 CFR part 576.403(b))		
		1. Structure and materials:		
		a. The shelter building is structurally sound to protect the residents from the		
		elements and not pose any threat to the health and safety of the residents.		
		b. Any renovation (including major rehabilitation and conversion) carried out		
		with ESG assistance uses Energy Star and WaterSense products and		
		appliances.		
		2. Access. Where applicable, the shelter is accessible in accordance with:		
		<ul> <li>a. Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8;</li> </ul>		
		b. The Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations a		
		24 CFR part 100; and		
		<ul> <li>c. Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35.</li> </ul>		
		3. Space and security: Except where the shelter is intended for day use only, the		
		shelter provides each program participant in the shelter with an acceptable plac		
		to sleep and adequate space and security for themselves and their belongings.		
		4. Interior air quality: Each room or space within the shelter has a natural or		
		mechanical means of ventilation. The interior air is free of pollutants at a level		
		that might threaten or harm the health of residents.		
		5. Water Supply: The shelter's water supply is free of contamination.		
		6. Sanitary Facilities: Each program participant in the shelter has access to sanitary		
		facilities that are in proper operating condition, are private, and are adequate fo		
		personal cleanliness and the disposal of human waste.		
		7. Thermal environment: The shelter has any necessary heating/cooling facilities in		
		proper operating condition.		
		8. Illumination and electricity:		
		a. The shelter has adequate natural or artificial illumination to permit normal		
		indoor activities and support health and safety.		
1		b. There are sufficient electrical sources to permit the safe use of electrical		
		appliances in the shelter.		
		9. Food preparation: Food preparation areas, if any, contain suitable space and		
		equipment to store, prepare, and serve food in a safe and sanitary manner.		
		10. Sanitary conditions: The shelter is maintained in a sanitary condition.		
		11. Fire safety:		
		a. There is at least one working smoke detector in each occupied unit of the		
		shelter. Where possible, smoke detectors are located near sleeping areas.		
		b. All public areas of the shelter have at least one working smoke detector.		
		c. The fire alarm system is designed for hearing-impaired residents.		
		d. There is a second means of exiting the building in the event of fire or other		
		emergency.		
		12. If ESG funds were used for renovation or conversion, the shelter meets state or		
		local government safety and sanitation standards, as applicable.		
		13. Meets additional recipient/subrecipient standards (if any).		

# **CERTIFICATION STATEMENT**

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:			
Property meets <u>all</u> of the above standards.			
Property does not meet all of the above standards.			
COMMENTS:			
ESG Recipient Name:	:.		
ESO RECIPIENT Name.			
ESG Subrecipient Name (if applicable):			
Emergency Shelter Name:			
Street Address:			
City: State:	Zip:		
Evaluator Signature:	Date of review:		
Evaluator Name:			
Approving Official Signature (if applicable):	Date:		
Approving Official Name (if applicable):			

# **Minimum Standards for Permanent Housing**

**Instructions:** Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved	Deficient	Standard		
Арргочец	Dentient	(24 CFR part 576.403(c))		
		<ol> <li>Structure and materials: The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.</li> </ol>		
		<ol> <li>Space and security: Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.</li> </ol>		
		<ol> <li>Interior air quality: Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.</li> </ol>		
		4. Water Supply: The water supply is free from contamination.		
		<ol> <li>Sanitary Facilities: Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.</li> </ol>		
		<ol> <li>Thermal environment: The housing has any necessary heating/cooling facilities in proper operating condition.</li> </ol>		
		<ol> <li>Illumination and electricity: The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.</li> </ol>		
		8. Food preparation: All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.		
		9. Sanitary condition: The housing is maintained in sanitary condition.		
		<ul> <li>10. Fire safety: <ul> <li>a. There is a second means of exiting the building in the event of fire or other emergency.</li> <li>b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom.</li> <li>c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.</li> <li>d. The public areas are equipped with a sufficient number, but not less</li> </ul> </li> </ul>		
		than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.		

# **CERTIFICATION STATEMENT**

I certify that I have evaluated the property located at the addressind the following:	ess below to the best of my ability and
Property meets <u>all</u> of the above standards.	
Property does not meet all of the above standards.	
COMMENTS:	
ESG Recipient Name:	
ESG Subrecipient Name:	
Program Participant Name:	
Street Address:	
Apartment:	
City: State: Zip:	
Evaluator Signature:	Date of review:
Evaluator Name:	<del>-</del> 1
Approving Official Signature (if applicable):	Date:
Approving Official Name (if applicable):	



## U.S. Department of Housing and Urban Development Office of Community Planning and Development

Special Attention of:	Notice:	CPD-14-012
All Secretary's Representatives	Issued:	July 28, 2014

All Regional Directors for CPD All CPD Division Directors

Continuums of Care (CoC)

Recipients of the Continuum of Care (CoC)

Program

**Expires:** This Notice is effective until it is

amended, superseded, or rescinded

Cross Reference: 24 CFR Parts 578 and

42 U.S.C. 11381, et seq.

Subject: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status

#### **Table of Contents**

I.	Pu	rpose	2
	A.	Background	2
	B.	Goal of this Notice	2
	C.	Applicability	3
	D.	Key Terms	3
II.		edication and Prioritization of Permanent Supportive Housing Strategies to Increase	
		mber of PSH Beds Available for Chronically Homeless Persons	5
		Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.	5
	B.	Prioritize non-dedicated PSH beds for use by persons experiencing chronic	
		homelessness.	
III.		der of Priority in CoC Program-funded Permanent Supportive Housing	5
	A.	Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness	5
		Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness	
IV.		ing a Coordinated Assessment and a Standardized Assessment Tool or Process to	
		termine Eligibility and Establish a Prioritized Waiting List 10	
		Coordinated Assessment Requirement	
		Written Standards for Creation of a Single Prioritized Waiting List for PSH 10	
	C.	Standardized Assessment Tool Requirement	1
		Nondiscrimination Requirements	
V.	Re	cordkeeping Requirements 11	l
	A.	CoC Records	Ĺ
	B.	Recipient Recordkeeping Requirements	2
	C.	Recordkeeping Recommendations for CoCs that have Adopted the Order of Priority in this Notice.	
VI.	Qu	testions Regarding this Notice	5

#### I. Purpose

This Notice provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in all CoC Program-funded PSH. This Notice also establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that includes beds that are required to serve persons experiencing chronic homelessness as defined in 24 CFR 578.3, in accordance with 24 CFR 578.103.

#### A. Background

In June 2010, the Obama Administration released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (Opening Doors)*, in which HUD and its federal partners set goals to end Veteran and chronic homelessness by 2015, and end family and youth homelessness by 2020. Ending chronic homelessness is the first goal of *Opening Doors* and is a top priority for HUD. Although progress has been made there is still a long way to go. In 2013, there were still 109,132 people identified as chronically homeless in the United States. In order to meet the first goal of *Opening Doors*—ending chronic homelessness—it is critical that CoCs ensure that limited resources awarded through the CoC Program Competition are being used in the most effective manner and that households that are most in need of assistance are being prioritized.

Since 2005, HUD has encouraged CoCs to create new PSH dedicated for use by persons experiencing chronic homelessness (herein referred to as dedicated PSH). As a result, the number of dedicated PSH beds for persons experiencing chronic homelessness has increased from 24,760 in 2007 to 51,142 in 2013. This increase has contributed to a 25 percent decrease in the number of chronically homeless persons reported in the Point-in-Time Count between 2007 and 2013. Despite the overall increase in the number of dedicated PSH beds, this only represents 30 percent of all CoC Program-funded PSH beds.

To ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own—persons experiencing chronic homelessness. HUD's experience has shown that many communities and recipients of CoC Program-funded PSH continue to serve persons on a "first-come, first-serve" basis and/or based on tenant selection processes that screen-in those who are most likely to succeed. These approaches to tenant selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.

#### B. Goal of this Notice

The overarching goal of this Notice is to ensure that the homeless individuals and families with the most severe service needs within a community are prioritized in PSH, which will also increase progress towards the Obama Administration's goal of ending chronic homelessness. In order to guide CoCs in ensuring that all CoC Program-funded PSH beds are used most effectively, this Notice establishes an order of priority which CoCs are strongly encouraged to adopt and incorporate into the CoC's written standards and

coordinated assessment system. With adoption by CoCs and incorporation into the CoC's written standards, all recipients of CoC Program-funded PSH must then follow this order of priority, consistent with their current grant agreement, which will result in this intervention being targeted to the persons who need it the most. Such adoption and incorporation will ensure that persons are housed appropriately and in the order provided in this Notice.

HUD seeks to achieve three goals through this Notice:

- 1. Establish an order of priority for dedicated and prioritized PSH beds which CoCs are encouraged to adopt in order to ensure that those persons with the most severe service needs are given first priority.
- 2. Inform the selection process for PSH assistance not dedicated or prioritized for chronic homelessness to prioritize persons who do not yet meet the definition of chronic homelessness but are most at risk of becoming chronically homeless.
- 3. Provide uniform recordkeeping requirements for all recipients of CoC Program-funded PSH for documenting chronically homeless status of program participants when required to do so as well as provide guidance on recommended documentation standards that CoCs may require of its recipients of CoC Program-funded PSH if the priorities included in the Notice are adopted by the CoC.

#### C. Applicability

The guidance in this Notice is provided to all CoCs and all recipients and subrecipients—the latter two groups referred to collectively as recipients of CoC Program-funded PSH. CoCs are encouraged to incorporate the order of priority described in this Notice into their written standards, in accordance with the CoC Program interim rule at 24 CFR 578.7(a)(9) and 24 CFR 578.93, for CoC Program-funded PSH. Upon incorporation of the order of priority into written standards CoCs may then require recipients of CoC Program-funded PSH to follow the order of priority in accordance with the CoC's revised written standards and this Notice and in a manner consistent with their current grant agreement.

#### D. Key Terms

1. Housing First. Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable. Any recipient that indicated that they would follow a Housing First approach in the FY 2013 CoC Project Application must do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013–FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient's FY 2013 and FY 2014 grant agreement.

HUD recognizes that this approach may not be applicable for all program designs, particularly for those projects formerly awarded under the SHP or SPC programs which were permitted to target persons with specific disabilities (e.g., "sober housing").

- 2. Chronically Homeless. The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:
  - (a) An individual who:
    - i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
    - ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
    - iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
  - (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or
  - (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.
- 3. Severity of Service Needs. This Notice refers to persons who have been identified as having the most severe service needs.
  - (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:
    - i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
    - ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined in paragraphs i. and ii. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index (VI), the Service Prioritization Decision Assistance Tool (SPDAT), or the Frequent Users Service Enhancement (FUSE). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

(b) In states where there is an alternate criteria used by state Medicaid departments to identify high-need, high cost beneficiaries, CoCs and recipients of CoC Program-funded PSH may use similar criteria to determine if a household has severe service needs instead of the criteria defined paragraphs i. and ii. above. However, such determination must not be based on a specific diagnosis or disability type.

### II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

There are two significant ways in which CoCs can increase progress towards ending chronic homelessness in their communities using only their existing CoC Program-funded PSH:

# A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If this occurs, the recipient may then follow the order of priority in this Notice if it is adopted by the CoC. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area. These PSH beds are reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). A CoC may increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness when it's recipients of non-dedicated CoC Program-funded PSH request a grant amendment to dedicate one or more of its beds for this purpose. A recipient of CoC Program-funded PSH is prohibited from changing the designation of the bed from dedicated to non-dedicated without a grant agreement amendment. Similarly, if a recipient of non-dedicated PSH intends to dedicate one or more of its beds to the chronically homeless it may do so through a grant agreement amendment.

# B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. In the FY 2013-FY 2014 CoC Program Competition, CoCs were scored on the extent to which they were willing to commit to prioritizing chronically homeless persons in a percentage of their non-dedicated PSH beds with the highest points going to CoCs that committed to prioritize the chronically homeless

in 85 percent or more of their non-dedicated CoC Program-funded PSH. Further, project applicants for CoC Program-funded PSH had to indicate the number of non-dedicated beds that would be prioritized for use by persons experiencing chronic homelessness. These projects are now required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for FY 2013 and FY 2014, as the project application is incorporated into the grant agreement. PSH beds that were included in the calculation for the CoCs commitment in the CoC Application cannot revise their FY 2014 application to reduce the number of prioritized beds; however, recipients of PSH that are currently not dedicated to the chronically homeless may choose to prioritize additional beds in the FY 2014 CoC Project Application. All recipients of CoC Program-funded PSH are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable. CoCs will be expected to meet or exceed the goals established in the FY 2013/FY 2014 CoC Application and should continue to prioritize persons experiencing chronic homelessness in their CoC Program-funded PSH until there are no persons within the CoC's geographic area who meet that criteria. Further, to the extent that CoCs incorporate this order of priority into the CoCs written standards, recipients of CoC Program-funded PSH will also be required to follow this criterion included in those standards.

#### III. Order of Priority in CoC Program-funded Permanent Supportive Housing

- A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness
  - 1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following order of priority for CoC Program-funded PSH that is either dedicated or prioritized for use by the chronically homeless. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC's revised written standards in accordance with this Notice and in a manner consistent with their current grant agreement. For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority is strongly encouraged:
    - (a) First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
      - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and

- ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).
- (b) Second Priority-Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:
  - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
  - ii. The CoC or CoC program recipient has <u>not</u> identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.
- (c) Third Priority-Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
  - i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
  - ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.
- (d) Fourth Priority-All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
  - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years,

- where the cumulative total length the four occasions is **less than** 12 months; and
- ii. The CoC or CoC program recipient has <u>not</u> identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.
- 2. Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in Section III.B. of this Notice, as adopted by the CoC, may be followed.
- 3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria.
- 4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice. HUD recognizes that some persons-particularly those living on the streets or in places not meant for human habitation-might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units remain vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the CoC and CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable and for those projects that indicated in the FY 2013 CoC Project Application that they would follow a Housing First approach will be required to do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013 - FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient's FY 2013 and FY 2014 grant agreement. For eligibility in dedicated or prioritized PSH serving chronically homeless households, the individual or head of household must meet all of the applicable criteria to be considered chronically homeless per 24 CFR 578.3.

# **B.** Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following priorities for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC's revised written standards included in this Notice and in a

manner consistent with their current grant agreement. CoCs that adopt this order of priority are encouraged to include in the written standards a policy that would allow for recipients of non-dedicated and non-prioritized PSH to offer housing to chronically homeless individuals and families first, but minimally would be required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless. For eligibility in non-dedicated and non-prioritized PSH serving non-chronically homeless households, any household member with a disability may qualify the family for PSH.

## (a) First Priority-Homeless Individuals and Families with a Disability with the Most Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution **and** has been identified as having the most severe service needs.

- (b) Second Priority—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness. An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.
- (c) Third Priority—Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters. An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.
- (d) Fourth Priority-Homeless Individuals and Families with a Disability Coming from Transitional Housing. An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or

safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

- 2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, in CoC Program-funded PSH where the beds are not dedicated or prioritized and which is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which persons with serious mental illness meet the criteria.
- 3. Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice, and as adopted by the CoC. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person's housing as possible.

# IV. Using a Coordinated Assessment and a Standardized Assessment Tool or Process to Determine Eligibility and Establish a Prioritized Waiting List

#### A. Coordinated Assessment Requirement

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. CoCs that adopt the order of priority in Section III of this Notice into the CoC's written standards are strongly encouraged to use their coordinated assessment system in order to ensure that there is a single prioritized waiting list for all CoC Program-funded PSH within the CoC. Under no circumstances shall the order of priority be based upon diagnosis or disability type, but instead on the severity of needs of an individual or family.

#### B. Written Standards for Creation of a Single Prioritized Waiting List for PSH

CoCs are also encouraged to include in their policies and procedures governing their coordinated assessment system, a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized waiting list that is created through the CoCs coordinated assessment process. Adopting this into the CoC's policies and procedures for coordinated assessment would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice. This would also allow for

recipients of CoC Program funds for PSH to maintain their own waiting lists, but all households would be referred olds to each of those project-level waiting lists based on where they fall on the prioritized list and not on the date in which they first applied for housing assistance.

### C. Standardized Assessment Tool Requirement

CoCs must utilize a standardized assessment tool, in accordance with 24 CFR 578.3, or process. Appendix A of this Notice—Coordinated Assessment Tool and Implementation: Key Considerations—provides recommended criteria for a quality coordinated assessment process and standardized assessment tool.

## D. Nondiscrimination Requirements

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable.

## V. Recordkeeping Requirements

This Notice establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that are required to document a program participant's status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103. Further, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards, the CoC as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities.

#### A. CoC Records

In addition to the records required in 24 CFR 578.103, it is recommended that the CoC should supplement such records with the following:

- 1. Evidence of written standards that incorporate the priorities in Section III. of this Notice, as adopted by the CoC. A CoC adopting the priorities in Section III of this Notice, may be evidenced by written CoC, or subcommittee, meeting minutes where written standards were adopted that incorporate the prioritization standards in this Notice, or an updated, approved, governance charter where the written standards have been updated to incorporate the prioritization standards set forth in this Notice.
- 2. Evidence of a standardized assessment tool. Use of a standardized assessment tool may be evidenced by written policies and procedures referencing a single standardized assessment tool that is used by all CoC Program-funded PSH recipients within the CoC's geographic area.
- 3. Evidence that the written standards were incorporated into the coordinated assessment policies and procedures. Incorporating standards into the coordinated assessment policies and procedures may be evidenced by updated policies and

procedures—that incorporate the updated written standards for CoC Program-funded PSH developed and approved by the CoC.

## B. Recipient Recordkeeping Requirements

In addition to the records required in 24 CFR 578.103, recipients of CoC Program-funded PSH that is required by grant agreement to document chronically homeless status of program participants in some or all of its PSH beds must maintain the following records:

- 1. Written Intake Procedures. Recipients must maintain and follow written intake procedures to ensure compliance with the definition of chronically homeless per 24 CFR 578.3. These procedures must establish the order of priority for obtaining evidence as: (1) third-party documentation, (2) intake worker observations, and (3) certification from the person seeking assistance. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made.
- 2. Evidence of Chronically Homeless Status. Recipients of CoC Program-funded PSH whose current grant agreement includes beds that are dedicated or prioritized to the chronically homeless must maintain records evidencing that the individuals or families receiving the assistance in those beds meets the definition for chronically homeless at 24 CFR 578.3. Such records must include evidence of the homeless status of the individual or family (paragraphs (1)(i) and (1)(ii) of the definition), the duration of homelessness (paragraph (1)(ii) of the definition), and the disabling condition (paragraph (1)(iii) of the definition). When applicable, recipients must also keep records demonstrating compliance with paragraphs (2) and (3) of the definition.
  - (a) Evidence of homeless status. Evidence of an individual or head of household's current living situation may be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven. For paragraph (2) of the definition for chronically homeless at 24 CFR 578.3, for individuals currently residing in an institution, acceptable evidence includes:
    - i. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or
    - ii. Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph i. above and a certification by the individual seeking

- assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and
- iii. Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility.
- **(b) Evidence of the duration of the homelessness.** Recipients documenting chronically homeless status must also maintain the evidence described in paragraph i. or in paragraph ii. below, and the evidence described in paragraph iii. below:
  - i. Evidence that the homeless occasion was continuous, for at least one year.

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, recipients must provide evidence that the homeless occasion was continuous, for a year period, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. For the purposes of this Notice, a break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

At least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2), a written referral, or (3) a written observation by an outreach worker. In only rare and the most extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

**Note:** A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).

# ii. Evidence that the household experienced at least four separate homeless occasions over 3 years.

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, the recipient must provide evidence that the head of household experienced at least four, separate, occasions of homelessness in the past 3 years.

Generally, at least three occasions must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Any other occasion may be documented by a self-certification with no other supporting documentation.

In only rare and the most extreme cases, HUD will permit a certification from the individual or head of household seeking assistance in place of third-party documentation for the three occasions that must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and must document efforts made to obtain third-party evidence, and document of the severity of the situation in which the individual has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than one occasion of homelessness and has not had any contact with anyone during that period.

- iii. Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. Evidence of this criterion must include one of the following:
  - (1) Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
  - (2) Written verification from the Social Security Administration;
  - (3) Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);
  - (4) Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or

(5) Other documentation approved by HUD.

## C. Recordkeeping Recommendations for CoCs that have Adopted the Order of Priority in this Notice.

Where CoCs have incorporated the order of priority in this Notice into their written standards, recipients of CoC Program-funded PSH may demonstrate that they are following the CoC-established requirement by maintaining the following evidence:

- 1. Evidence of Cumulative Length of Occasions. For recipients providing assistance to households using the selection priority in Sections III.A.1.(a) and (b) of this Notice, the recipient must maintain the evidence of each occasion of homelessness as required in Section V.B.2.(b)(2) of this Notice, which establishes how evidence of each occasion of homelessness, when determining whether an individual or family is chronically homeless, may be documented. However, to properly document the length of time homeless, it is important to document the start and end date of each occasion of homelessness and these occasions must cumulatively total a period of 12-months. In order to properly document the cumulative period of time homeless, at least 9 months of the 12-month period must be documented through third-party documentation unless it is one of the rare and extreme cases described in Section V.B.2.b.ii. of this Notice. For purposes of this selection priority, a single encounter with a homeless service provider on a single day within one month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).
- 2. Evidence of Severe Service Needs. Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment conducted by a qualified professional.
- 3. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance. Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

## VI. Questions Regarding this Notice

Questions regarding this notice should be submitted to HUD's Ask A Question at: www.onecpd.info/get-assistance/my-question.

## Appendix A

## Coordinated Assessment Process and Standardized Assessment Tool: Key Considerations

A coordinated assessment process is intended to increase and streamline access to housing and services for households experiencing homelessness, matches appropriate levels of housing and services based on their needs, and prioritizes persons with severe service needs for the most intensive interventions. HUD will be issuing guidance regarding the minimum requirements for establishing and operating a coordinated assessment system, as required by 24 CFR 578.7(a)(8), separately. Meanwhile, this Appendix is intended to help inform CoC efforts to implement an effective coordinated assessment *process* and qualities of an effective standardized assessment tool. As stated in Section III of this Notice, the use of both a coordinated assessment process and assessment tool(s) are critical to effectively implement the order of priority described in Section III.A. and III.B., if adopted by the CoC and incorporated into the CoCs written standards.

## Recommendations for Effective Implementation of a Coordinated Assessment Process

The coordinated assessment process must incorporate and defer to any funding requirements established under the CoC Program interim rule, ESG Program interim rule, or a Notice of Funding Availability under which a project is awarded. In addition, the following are recommended as the minimum criteria for the effective implementation of a coordinated assessment process.

- 1. **Standardized**—The assessment process should rely upon a standardized method and criteria to determine the appropriate type of intervention for individuals or families. This standardized process could encompass the CoC-wide use of a standardized assessment tool, as well as data driven methods.
- Improves data management—Individual tracking, resource allocation and planning, system
  monitoring, and reporting to the community and to funders is improved by use of a common,
  coordinated assessment tool.
- 3. **Non-directive**—The recommendations of the tool can be overridden by the judgment of qualified professionals, especially in where there are extenuating circumstances that are not assessed by the tool are relevant to choosing appropriate interventions. Discretion must be exercised in a nondiscriminatory manner consistent with fair housing and civil rights laws and should be subject to appropriate review and documentation (see Section V. of this Notice for the recordkeeping requirements), to ensure it is applied judiciously.
- 4. **Mainstream resources**—Effective coordinated assessment facilitates meaningful coordination between the homeless response system and the intake processes for mainstream systems. Connections should be made to public housing authorities, multifamily housing, health and mental health care, the workforce development system, and with other mainstream income and benefits as appropriate and applicable.
- 5. **Align Interventions**—The various types of interventions that are available are aligned and used strategically.

- 6. Leverage local attributes and capacity—The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, should inform local coordinated assessment implementation.
- 7. **Assess program capacity**—Assess the variety and capacity of programs in the community to identify and fill critical gaps in housing and service resources and to ensure that a there is a range of options needed for a coordinated assessment system to work well.
- 8. **Outreach**—The coordinated assessment system should ensure that connections and ongoing engagement occurs with those not accessing services and housing on their own. Often, these are the highest need and most at-risk people in communities.
- 9. **Privacy protections**—Protections should be in place to ensure proper use of the information with consent from the client. Assessment should also be conducted in a private location.
- 10. Fair Housing and Civil Rights—Protections should be in place to ensure compliance with all civil rights requirements, including, but not limited to, the Fair Housing Act, Title VI of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973. The assessment tool should not seek disability-related information that is unnecessary for determining the need for housing-related services. The coordinated assessment process should ensure that program participants are informed of rights and remedies available under applicable federal, state, and local fair housing and civil rights laws, in accordance with the requirement at 24 CFR 578.93(c)(3).
- 11. **Training**—Initial and ongoing training on the use of the assessment tool should be provided to those parties that will be administering the assessment.
- 12. Accessible and well-advertised—The assessment must be well advertised and easily accessed by people seeking services or housing. This can happen in a variety of ways: access to services can be centralized, a one-stop shop approach. Access can be coordinated, leveraging outreach capacity and linking or integrating with mainstream systems. The assessment must be conducted in a manner that is accessible for individuals with disabilities, ensures meaningful program access for persons with Limited English Proficiency, and is affirmatively marketed in order to reach eligible persons who are least likely to seek assistance in the absence of special outreach, in accordance with 24 CFR 578.93(c)(1).
- 13. **Prioritization**—When resources are scarce, the coordinated assessment process should prioritize who will receive assistance based on their needs. Coordinated assessment should never result in long waiting lists for assistance. Instead, when there are many more people who are assessed to receive an intervention than there are available openings, the process should refer only individuals with the greatest needs.
- 14. **Inform system change efforts**—Information gathered during the coordinated assessment process should identify what types of programs are most needed in the community and be used by the CoC and other community leaders to allocate resources.

#### Recommended Qualities of a Good Standardized Assessment Tool

While HUD requires that CoCs use a standardized assessment tool, it does not endorse any specific tool or approach, there are universal qualities that any tool used by a CoC for their coordinated assessment process should include.

- 1. Valid—Tools should be evidence-informed, criteria-driven, tested to ensure that they are appropriately matching people to the right interventions and levels of assistance, responsive to the needs presented by the individual or family being assessed, and should make meaningful recommendations for housing and services.
- 2. **Reliable**—The tool should produce consistent results, even when different staff members conduct the assessment or the assessment is done in different locations.
- 3. **Inclusive**—The tool should encompass the full range of housing and services interventions needed to end homelessness, and where possible, facilitate referrals to the existing inventory of housing and services.
- 4. Person-centered—Common assessment tools put people—not programs—at the center of offering the interventions that work best. Assessments should provide options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. High value and weight should be given to clients' goals and preferences.
- 5. **User-friendly**—The tool should be brief, easily administered by non-clinical staff including outreach workers and volunteers, worded in a way that is easily understood by those being assessed, and minimize the time required to utilize.
- 6. **Strengths-based**—The tool should assess both barriers **and** strengths to permanent housing attainment, incorporating a risk and protective factors perspective into understanding the diverse needs of people.
- 7. **Housing First orientation**—The tool should use a Housing First frame. The tool should not be used to determine "housing readiness" or screen people out for housing assistance, and therefore should not encompass an in-depth clinical assessment. A more in-depth clinical assessment can be administered once the individual or family has obtained housing to determine and offer an appropriate service package.
- 8. Sensitive to lived experiences—Providers should recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool's questions should be worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool should minimize risk and harm, and allow individuals or families to refuse to answer questions. Agencies administering the assessment should have and follow protocols to address any psychological impacts caused by the assessment and should administer the assessment in a private space, preferably a room with a door, or, if outside, away from others' earshot. Those administering the tool should be trained to recognize signs of trauma or anxiety.

Additionally, the tool should link people to services that are culturally sensitive and appropriate and are accessible to them in view of their disabilities, *e.g.*, deaf or hard of hearing, blind or low vision, mobility impairments

9. Transparent—The relationship between particular assessment questions and the recommended options should be easy to discern. The tool should not be a "black box" such that it is unclear why a question is asked and how it relates to the recommendations or options provided.