

August 18, 2022

Housing Authority Board of Commissioners  
Clackamas County

Approval to execute a Contract between the Housing Authority of Clackamas County and The Father's Heart Street Ministry to provide supportive services to households in hotel/motel-based emergency shelters and to assign the contract to Clackamas County. Maximum Contract Value is \$500,170.00. Funding through Supportive Housing Services.

No County General Funds are involved.

<b>Purpose/Outcome</b>	Provide supportive services to households staying in hotel/motel-based emergency shelters.
<b>Dollar Amount and Fiscal Impact</b>	Total value for the contract over the contract term is \$500,170.00
<b>Funding Source</b>	Supportive Housing Services Program funding. No county general funds are involved.
<b>Duration</b>	Upon signature through June 30, 2023
<b>Previous Board Action/Review</b>	8/17/22 – Contract presented at Issues
<b>Strategic Plan Alignment</b>	1. This funding aligns with H3S's strategic priority to increase self-sufficiency for our clients. 2. This funding aligns with the County's strategic priority to ensure safe, healthy and secure communities.
<b>Counsel Review</b>	June 27, 2022, Andrew Naylor
<b>Procurement Review</b>	1. Was the item processed through Procurement? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> 2. If no, provide brief explanation: This procurement process was conducted by HACC staff in partnership and approval from County Finance and the County Procurement office. The RFP was conducted with compliance of County and Local Contract Review Board rules and leadership oversight from Procurement.
<b>Contact Person</b>	Vahid Brown, Human Services Manager (971) 334-9870
<b>Contract No.</b>	H3S 10702

**BACKGROUND:**

The Housing Authority of Clackamas County (HACC), a division of the Health, Housing and Human Services Department (H3S) of Clackamas County, requests approval to execute a contract with The Father's Heart Street Ministry to provide supportive services to households staying in hotel/motel-based emergency shelters. The Supportive Housing Services (SHS) Program is focused on providing permanent supportive housing and other supportive services to vulnerable individuals in Clackamas County currently experiencing or at risk of experiencing homelessness, many of whom have a disability.

The Father's Heart Street Ministry is a non-profit organization based in Oregon City which has provided supportive services to the County's hotel/motel emergency shelter program since December 2020. Their work on this program has provided supportive services to participants staying at the hotels and motels which included assisting participants with finding permanent affordable housing, helping them access resources such as rental assistance, and connecting them to other housing resources through the County. Through this contract, the Father's Heart Street Ministry will continue to provide these supportive services to households staying in 51 hotel/motel-based emergency shelter units. Participants housed through this program will receive ongoing supportive housing case management services through a collaboration with other Supportive Housing Services Providers and rental assistance through the County's Regional Long-term Rent Assistance Program.

This contract was procured by HACC with the intention of being managed by HACC staff. Following the procurement, Clackamas County elected to create a new housing division within its Department of Health, Housing, and Human Services, which will involve a reorganization of how housing services are delivered. Upon creation of the new housing division, HACC intends to assign the approved contract to Clackamas County for management. As a result, the proposed contract contains an Assignment Addendum to be executed by both the Housing Authority Board and the Clackamas County Board of County Commissioners (BCC) that enables the assignment to occur once the new division is created.

**RECOMMENDATION:**

Staff respectfully recommends the Housing Authority Board of Clackamas County approve the execution of the contract between The Father's Heart Street Ministry and HACC to provide supportive services to households in hotel/motel-based emergency shelters and to assign the contract to Clackamas County. Staff also recommends the Board authorize Commissioner Tootie Smith, Chair, to sign the contract on behalf of the Housing Authority Board.

Respectfully submitted,

*Denise Swanson*

Rodney A. Cook, Director  
Health, Housing & Human Services

**THE FATHER’S HEART STREET MINISTRY  
PERSONAL SERVICES CONTRACT  
Contract # 10702**

This Personal Service Contract (this “Contract”) is entered into between the Housing Authority of Clackamas County (“HACC”) and The Father’s Heart Street Ministry, an Oregon nonprofit corporation (“Contractor”), collectively referred to as the “Parties” and each a “Party.” HACC is a Public Corporation, established under the Federal Housing Act of 1937 and the provisions of Chapter 456 of the Oregon Revised Statutes.

**ARTICLE I.**

- 1. Effective Date and Duration.** This Contract shall become effective upon signature of both parties. Unless earlier terminated or extended, this Contract shall expire on June 30, 2023, with option to renew yearly for up to five years.
- 2. Scope of Work.** Contractor shall provide supportive services to households staying in 51 non-congregate hotel/motel-based emergency shelter units (“Work”), further described in Exhibit A.
- 3. Consideration.** HACC agrees to pay Contractor, from available and authorized funds, a sum not to exceed Five Hundred Thousand One Hundred Seventy Dollars (**\$500,170.00**). The annual not to exceed value for performing the Work is set forth in the table in Exhibit C. Consideration rates are on a reimbursement basis based on the budget set forth in Exhibit C. If any interim payments to Contractor are made, such payments shall be made only in accordance with the schedule and requirements in Exhibit A.
- 4. Invoices and Payments.** Unless otherwise specified, Contractor shall submit monthly invoices for Work performed. Invoices shall describe all Work performed with particularity, by whom it was performed, and shall itemize and explain all expenses for which reimbursement is claimed. The invoices shall include the total amount billed to date by Contractor prior to the current invoice. If Contractor fails to present invoices in proper form within sixty (60) calendar days after the end of the month in which the services were rendered, Contractor waives any rights to present such invoice thereafter and to receive payment therefor. Payments shall be made in accordance with ORS 293.462 to Contractor following HACC’s review and approval of invoices submitted by Contractor. Contractor shall not submit invoices for, and HACC will not be obligated to pay, any amount in excess of the maximum compensation amount set forth above. If this maximum compensation amount is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment. Invoice template shown in Exhibit D. The Contractor may begin accruing expenditures against this contract as of July 1, 2022. Reimbursement shall not occur until the County has a fully executed contract.

Invoices shall reference the above Contract Number and be submitted to:  
Housingservices@clackamas.us

- 5. Travel and Other Expense.** Authorized:  Yes  No  
If travel expense reimbursement is authorized in this Contract, such expense shall only be reimbursed at the rates in HACC Contractor Travel Reimbursement Policy, hereby incorporated by reference and found at: <https://www.clackamas.us/finance/terms.html>. Travel expense reimbursement is not in excess of the not to exceed consideration.
- 6. Contract Documents.** This Contract consists of the following documents, which are listed in descending order of precedence and are attached and incorporated by reference, this Contract, Exhibit

A, Exhibit B, Exhibit C, Exhibit D, Exhibit E, Exhibit F, Exhibit G and the Assignment Addendum to be executed contemporaneously herewith.

**7. Contractor and HACC Contacts.**

Contractor: The Father’s Heart Street Ministry Administrator: Marty Gant Phone: 503-209-5356 Email: <a href="mailto:mgant@rconnects.com">mgant@rconnects.com</a>	Housing Services and Development Division Administrator: Vahid Brown Phone: (971) 334-9810 Email: <a href="mailto:vbrown@clackamas.us">vbrown@clackamas.us</a>
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Payment information will be reported to the Internal Revenue Service (“IRS”) under the name and taxpayer ID number submitted. (See I.R.S. 1099 for additional instructions regarding taxpayer ID numbers.) Information not matching IRS records will subject Contractor payments to backup withholding.

**ARTICLE II.**

- 1. ACCESS TO RECORDS.** Contractor shall maintain books, records, documents, and other evidence, in accordance with generally accepted accounting procedures and practices, sufficient to reflect properly all costs of whatever nature claimed to have been incurred and anticipated to be incurred in the performance of this Contract. HACC and their duly authorized representatives shall have access to the books, documents, papers, and records of Contractor, which are directly pertinent to this Contract for the purpose of making audit, examination, excerpts, and transcripts. Contractor shall maintain such books and records for a minimum of six (6) years, or such longer period as may be required by applicable law, following final payment and termination of this Contract, or until the conclusion of any audit, controversy or litigation arising out of or related to this Contract, whichever date is later.
- 2. AVAILABILITY OF FUTURE FUNDS.** Any continuation or extension of this Contract after the end of the fiscal period in which it is written is contingent on a new appropriation for each succeeding fiscal period sufficient to continue to make payments under this Contract, as determined by HACC in its sole administrative discretion.
- 3. CAPTIONS.** The captions or headings in this Contract are for convenience only and in no way define, limit, or describe the scope or intent of any provisions of this Contract.
- 4. COMPLIANCE WITH APPLICABLE LAW.** Contractor shall comply with all applicable federal, state and local laws, regulations, executive orders, and ordinances, as such may be amended from time to time. Contractor shall further comply with any and all terms, conditions, and other obligations as may be required by the applicable local, State, or Federal agencies providing funding for performance under this Contract, whether or not specifically referenced herein.
- 5. COUNTERPARTS.** This Contract may be executed in several counterparts (electronic or otherwise), each of which shall be an original, all of which shall constitute the same instrument.
- 6. GOVERNING LAW.** This Contract, and all rights, obligations, and disputes arising out of it, shall be governed and construed in accordance with the laws of the State of Oregon and the ordinances of HACC without regard to principles of conflicts of law. Any claim, action, or suit between HACC and Contractor that arises out of or relates to the performance of this Contract shall be brought and conducted solely and exclusively within the Circuit Court for Clackamas County, for the State of Oregon. Provided, however, that if any such claim, action, or suit may be brought in a federal forum, it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this section be construed as a waiver by HACC of any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the Eleventh Amendment to the Constitution of the United States or otherwise, from any claim or

from the jurisdiction of any court. Contractor, by execution of this Contract, hereby consents to the personal jurisdiction of the courts referenced in this section.

**7. RESPONSIBILITY FOR DAMAGES; INDEMNITY.**

- a. **Responsibility for Damages.** Contractor shall be responsible for all damage to property, injury to persons, and loss, expense, inconvenience, and delay which may be caused by, or result from, the conduct of Work, or from any act, omission, or neglect of Contractor, its subcontractors, agents, or employees.
- b. **Indemnification and Defense of HACC.** The Contractor agrees to indemnify, defend, save and hold harmless HACC, Clackamas County, and their officers, elected officials, agents and employees from and against all claims, actions, losses, liabilities, including reasonable attorney and accounting fees, and all expenses incidental to the investigation and defense thereof, arising out of or based upon Contractor's acts or omissions in performing under this Agreement. However, neither Contractor nor any attorney engaged by Contractor shall defend the claim in the name of HACC or Clackamas County, nor purport to act as legal representative of HACC or Clackamas County, without first receiving from the Clackamas County Counsel's Office authority to act as legal counsel for HACC or Clackamas County, nor shall Contractor settle any claim on behalf of HACC or Clackamas County without the approval of the Clackamas County Counsel's Office. HACC may, at its election and expense, assume its own defense and settlement.
- c. **Indemnification and Defense of Metro.** The Contractor agrees to indemnify, defend, save and hold harmless Metro Regional Government ("Metro"), and its officers, elected officials, agents and employees from and against all claims, actions, losses, liabilities, including reasonable attorney and accounting fees, and all expenses incidental to the investigation and defense thereof, arising out of or based upon Contractor's acts or omissions in performing under this Agreement. However, neither Contractor nor any attorney engaged by Contractor shall defend the claim in the name of Metro, nor purport to act as legal representative of Metro, without first receiving from the Metro attorney's office authority to act as legal counsel for Metro, nor shall Contractor settle any claim on behalf of Metro without the approval of the Metro attorney's office. Metro may, at its election and expense, assume its own defense and settlement.

**8. INDEPENDENT CONTRACTOR STATUS.** The service(s) to be rendered under this Contract are those of an independent contractor. Although HACC reserves the right to determine (and modify) the delivery schedule for the Work to be performed and to evaluate the quality of the completed performance, HACC cannot and will not control the means or manner of Contractor's performance. Contractor is responsible for determining the appropriate means and manner of performing the Work. Contractor is not to be considered an agent or employee of HACC for any purpose, including, but not limited to: (A) The Contractor will be solely responsible for payment of any Federal or State taxes required as a result of this Contract; and (B) This Contract is not intended to entitle the Contractor to any benefits generally granted to HACC employees, including, but not limited to, vacation, holiday and sick leave, other leaves with pay, tenure, medical and dental coverage, life and disability insurance, overtime, Social Security, Workers' Compensation, unemployment compensation, or retirement benefits.

**9. INSURANCE.** Contractor shall secure at its own expense and keep in effect during the term of the performance under this Contract the insurance required and minimum coverage indicated below. The insurance requirement outlined below do not in any way limit the amount of scope of liability of Contractor under this Contract. Contractor shall provide proof of said insurance and name HACC as an additional insured on all required liability policies. Proof of insurance and notice of any material change should be submitted to the following email address: [HousingServices@clackamas.us](mailto:HousingServices@clackamas.us).

Required - Workers Compensation: Contractor shall comply with the statutory workers' compensation requirements in ORS 656.017, unless exempt under ORS 656.027 or 656.126.
<input checked="" type="checkbox"/> Required – Commercial General Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000 for Bodily Injury and Property Damage.
<input checked="" type="checkbox"/> Required – Professional Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per claim, with an annual aggregate limit of \$2,000,000 for damages caused by error, omission or negligent acts.
<input checked="" type="checkbox"/> Required – Automobile Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per accident for Bodily Injury and Property Damage.
<input checked="" type="checkbox"/> Required – Sexual Abuse and Molestation: combined single limit, or the equivalent, of not less than \$1,000,000 per accident for Bodily Injury and Property Damage.

The policy(s) shall be primary insurance as respects to HACC. Any insurance or self-insurance maintained by HACC shall be excess and shall not contribute to it. Any obligation that HACC agree to a waiver of subrogation is hereby stricken.

**10. LIMITATION OF LIABILITIES.** This Contract is expressly subject to the debt limitation of Oregon counties set forth in Article XI, Section 10, of the Oregon Constitution, and is contingent upon funds being appropriated therefore. Any provisions herein which would conflict with law are deemed inoperative to that extent. Except for liability arising under or related to Article II, Section 13 or Section 20 neither party shall be liable for (i) any indirect, incidental, consequential or special damages under this Contract or (ii) any damages of any sort arising solely from the termination of this Contract in accordance with its terms.

**11. NOTICES.** Except as otherwise provided in this Contract, any required notices between the parties shall be given in writing by personal delivery, email, or mailing the same, to the Contract Administrators identified in Article 1, Section 6. If notice is sent to HACC, a copy shall also be sent to: Health, Housing and Human Services, Housing Services and Development Division, 2051 Kaen Road, Suite 239, Oregon City, OR 97045, or [HousingServices@clackamas.us](mailto:HousingServices@clackamas.us). Any communication or notice so addressed and mailed shall be deemed to be given five (5) days after mailing, and immediately upon personal delivery, or within 2 hours after the email is sent during HACC’s normal business hours (Monday – Thursday, 7:00 a.m. to 6:00 p.m.) (as recorded on the device from which the sender sent the email), unless the sender receives an automated message or other indication that the email has not been delivered.

**12. OWNERSHIP OF WORK PRODUCT.** All work product of Contractor that results from this Contract (the “Work Product”) is the exclusive property of HACC. HACC and Contractor intend that such Work Product be deemed “work made for hire” of which HACC shall be deemed the author. If for any reason the Work Product is not deemed “work made for hire,” Contractor hereby irrevocably assigns to HACC all of its right, title, and interest in and to any and all of the Work Product, whether arising from copyright, patent, trademark or trade secret, or any other state or federal intellectual property law or doctrine. Contractor shall execute such further documents and instruments as HACC may reasonably request in order to fully vest such rights in HACC. Contractor forever waives any and all rights relating to the Work Product, including without limitation, any and all rights arising under 17 USC § 106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications. Notwithstanding the above, HACC shall have no rights in any pre-existing Contractor intellectual property provided to HACC by Contractor in the performance of this Contract except to copy, use and re-use any such Contractor intellectual property for HACC use only.

**13. REPRESENTATIONS AND WARRANTIES.** Contractor represents and warrants to HACC that (A) Contractor has the power and authority to enter into and perform this Contract; (B) this Contract,



when executed and delivered, shall be a valid and binding obligation of Contractor enforceable in accordance with its terms; (C) Contractor shall at all times during the term of this Contract, be qualified, professionally competent, and duly licensed to perform the Work; (D) Contractor is an independent contractor as defined in ORS 670.600; and (E) the Work under this Contract shall be performed in a good and workmanlike manner and in accordance with the highest professional standards. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.

- 14. SURVIVAL.** All rights and obligations shall cease upon termination or expiration of this Contract, except for the rights and obligations set forth in Article II, Sections 1, 6, 7, 10, 12, 13, 14, 15, 17, 20, 21, 25, 27, 29, and 32 and all other rights and obligations which by their context are intended to survive. However, such expiration shall not extinguish or prejudice HACC's right to enforce this Contract with respect to: (a) any breach of a Contractor warranty; or (b) any default or defect in Contractor performance that has not been cured.
- 15. SEVERABILITY.** If any term or provision of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.
- 16. SUBCONTRACTS AND ASSIGNMENTS.** Contractor shall not enter into any subcontracts for any of the Work required by this Contract, or assign or transfer any of its interest in this Contract by operation of law or otherwise, without obtaining prior written approval from HACC, which shall be granted or denied in HACC's sole discretion. In addition to any provisions HACC may require, Contractor shall include in any permitted subcontract under this Contract a requirement that the subcontractor be bound by this Article II, Sections 1, 7, 8, 13, 16 and 27 as if the subcontractor were the Contractor. HACC's consent to any subcontract shall not relieve Contractor of any of its duties or obligations under this Contract.
- As set forth in the Assignment Addendum, attached hereto and executed contemporaneously herewith, HACC may, in its sole administrative discretion, assign its interests in this Contract to Clackamas County. Upon notification of such assignment, all rights, title, interest, responsibilities, and other obligations of HACC under this Contract will be assigned to Clackamas County.
- 17. SUCCESSORS IN INTEREST.** The provisions of this Contract shall be binding upon and shall inure to the benefit of the parties hereto, and their respective authorized successors and assigns.
- 18. TAX COMPLIANCE CERTIFICATION.** The Contractor shall comply with all federal, state and local laws, regulation, executive orders and ordinances applicable to this Contract. Contractor represents and warrants that it has complied, and will continue to comply throughout the duration of this Contract and any extensions, with all tax laws of this state or any political subdivision of this state, including but not limited to ORS 305.620 and ORS chapters 316, 317, and 318. Any violation of this section shall constitute a material breach of this Contract and shall entitle HACC to terminate this Contract, to pursue and recover any and all damages that arise from the breach and the termination of this Contract, and to pursue any or all of the remedies available under this Contract or applicable law.
- 19. TERMINATIONS.** This Contract may be terminated for the following reasons: (A) by mutual agreement of the parties or by HACC (i) for convenience upon thirty (30) days written notice to Contractor, or (ii) at any time HACC fails to receive funding, appropriations, or other expenditure authority as solely determined by HACC; or (B) if Contractor breaches any Contract provision or is declared insolvent, HACC may terminate after thirty (30) days written notice with an opportunity to cure.

Upon receipt of written notice of termination from HACC, Contractor shall immediately stop performance of the Work. Upon termination of this Contract, Contractor shall deliver to HACC all documents, Work Product, information, works-in-progress and other property that are or would be deliverables had the Contract Work been completed. Upon HACC's request, Contractor shall surrender to anyone HACC designates, all documents, research, objects or other tangible things needed to complete the Work.

- 20. REMEDIES.** If terminated by HACC due to a breach by the Contractor, then HACC shall have any remedy available to it in law or equity. If this Contract is terminated for any other reason, Contractor's sole remedy is payment for the goods and services delivered and accepted by HACC as of the date of notice of termination, less any setoff to which HACC is entitled.
- 21. NO THIRD PARTY BENEFICIARIES.** HACC and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Contract.
- 22. TIME IS OF THE ESSENCE.** Contractor agrees that time is of the essence in the performance this Contract.
- 23. FOREIGN CONTRACTOR.** If the Contractor is not domiciled in or registered to do business in the State of Oregon, Contractor shall promptly provide to the Oregon Department of Revenue and the Secretary of State, Corporate Division, all information required by those agencies relative to this Contract. The Contractor shall demonstrate its legal capacity to perform these services in the State of Oregon prior to entering into this Contract.
- 24. FORCE MAJEURE.** Neither HACC nor Contractor shall be held responsible for delay or default caused by events outside HACC or Contractor's reasonable control including, but not limited to, fire, terrorism, riot, acts of God, or war. However, Contractor shall make all reasonable efforts to remove or eliminate such a cause of delay or default and shall upon the cessation of the cause, diligently pursue performance of its obligations under this Contract.
- 25. WAIVER.** The failure of HACC to enforce any provision of this Contract shall not constitute a waiver by HACC of that or any other provision.
- 26. PUBLIC CONTRACTING REQUIREMENTS.** Pursuant to the public contracting requirements contained in Oregon Revised Statutes ("ORS") Chapter 279B.220 through 279B.235, Contractor shall:
  - a. Make payments promptly, as due, to all persons supplying to Contractor labor or materials for the prosecution of the work provided for in the Contract.
  - b. Pay all contributions or amounts due the Industrial Accident Fund from such Contractor or subcontractor incurred in the performance of the Contract.
  - c. Not permit any lien or claim to be filed or prosecuted against HACC on account of any labor or material furnished.
  - d. Pay the Department of Revenue all sums withheld from employees pursuant to ORS 316.167.
  - e. As applicable, the Contractor shall pay employees for work in accordance with ORS 279B.235, which is incorporated herein by this reference. The Contractor shall comply with the prohibitions set forth in ORS 652.220, compliance of which is a material element of this Contract, and failure to comply is a breach entitling HACC to terminate this Contract for cause.



- f. If the Work involves lawn and landscape maintenance, Contractor shall salvage, recycle, compost, or mulch yard waste material at an approved site, if feasible and cost effective.

- 27. **NO ATTORNEY FEES.** In the event any arbitration, action or proceeding, including any bankruptcy proceeding, is instituted to enforce any term of this Contract, each party shall be responsible for its own attorneys' fees and expenses.
- 28. **FURTHER ASSURANCES.** Contractor agrees to take all necessary steps, and execute and deliver any and all necessary written instruments, to perform under this Contract including, but not limited to, executing all additional documentation necessary for HACC to comply with applicable regional, State, or Federal funding requirements.
- 29. **CONFIDENTIALITY.** Contractor acknowledges that it and its employees and agents may, in the course of performing their obligations under this Contract, be exposed to or acquire information that HACC desires or is required to maintain as confidential. Any and all information of any form obtained by Contractor or its employees or agents in the performance of this Contract, including but not limited to Personal Information (as "Personal Information" is defined in ORS 646A.602(11)), shall be deemed to be confidential information of HACC ("Confidential Information"). Any reports or other documents or items (including software) which result from the use of the Confidential Information by Contractor shall be treated with respect to confidentiality in the same manner as the Confidential Information.

Contractor agrees to hold Confidential Information in strict confidence, using at least the same degree of care that Contractor uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give or disclose Confidential Information to third parties or use Confidential Information for any purposes whatsoever (other than in the performance of this Contract), and to advise each of its employees and agents of their obligations to keep Confidential Information confidential.

Contractor agrees that, except as directed by HACC, Contractor will not at any time during or after the term of this Contract, disclose, directly or indirectly, any Confidential Information to any person, and that upon termination or expiration of this Contract or HACC's request, Contractor will turn over to HACC all documents, papers, records and other materials in Contractor's possession which embody Confidential Information. Contractor acknowledges that breach of this Contract, including disclosure of any Confidential Information, or disclosure of other information that, at law or in good conscience or equity, ought to remain confidential, will give rise to irreparable injury to HACC that cannot adequately be compensated in damages. Accordingly, HACC may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. Contractor acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interests of HACC and are reasonable in scope and content.

Contractor agrees to comply with all reasonable requests by HACC to ensure the confidentiality and nondisclosure of the Confidential Information, including if requested and without limitation: (a) obtaining nondisclosure agreements, in a form approved by HACC, from each of Contractor's employees and agents who are performing services, and providing copies of such agreements to HACC; and (b) performing criminal background checks on each of Contractor's employees and agents who are performing services, and providing a copy of the results to HACC.

Contractor shall report, either orally or in writing, to HACC any use or disclosure of Confidential Information not authorized by this Contract or in writing by HACC, including any reasonable belief that an unauthorized individual has accessed Confidential Information. Contractor shall make the report to HACC immediately upon discovery of the unauthorized disclosure, but in no event more

than two (2) business days after Contractor reasonably believes there has been such unauthorized use or disclosure. Contractor's report shall identify: (i) the nature of the unauthorized use or disclosure, (ii) the Confidential Information used or disclosed, (iii) who made the unauthorized use or received the unauthorized disclosure, (iv) what Contractor has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure, and (v) what corrective action Contractor has taken or shall take to prevent future similar unauthorized use or disclosure. Contractor shall provide such other information, including a written report, as reasonably requested by HACC.

Notwithstanding any other provision in this Contract, Contractor will be responsible for all damages, fines and corrective action (including credit monitoring services) arising from disclosure of such Confidential Information caused by a breach of its data security or the confidentiality provisions hereunder.

The provisions in this Section shall operate in addition to, and not as limitation of, the confidentiality and similar requirements set forth in the rest of the Contract, as it may otherwise be amended. Contractor's obligations under this Contract shall survive the expiration or termination of the Contract, as amended, and shall be perpetual.

**30. COOPERATIVE CONTRACTING.** Pursuant to ORS 279A.200 to 279A.225, other public agencies may use this Contract resulting from a competitive procurement process unless the Contractor expressly noted in their proposal/quote that the prices and services are available to HACC only. The condition of such use by other agencies is that any such agency must make and pursue contact, purchase order, delivery arrangements, and all contractual remedies directly with Contractor; HACC accepts no responsibility for performance by either the Contractor or such other agency using this Contract. With such condition, HACC consents to such use by any other public agency.

**31. REPORTING REQUIREMENTS.** In performance of the Work, Contract shall:

- a) Execute the Homeless Management Information System ("HMIS") Participation Agreement;
- b) Participate in the HMIS or, for domestic violence service providers, an HMIS comparable database. As used herein, "participation" means:
  - i) Completing all necessary initial HMIS data entry training within one month of Contract execution;
  - ii) Collecting participant demographics and enter data electronically into HMIS into appropriate HMIS providers, which will be determined by HACC
  - iii) Complying with current HMIS Policy and Procedures and adhere to all HMIS reporting requirements;
  - iv) Ensuring that data entry into HMIS occurs in an accurate and timely manner within three (3) business days of program entry date;
  - v) Correcting data quality, missing information, and null data errors as specified by HACC's SHS Data team within 14 days after the end of each fiscal quarter or as requested;
  - vi) Collecting and entering universal data elements, which include demographic information on all clients at entry, and all required SHS elements required by HUD, Metro, or other applicable federal, state, or local funding sources;
  - vii) Complying with all confidentiality policies and procedures regarding HMIS and the use of participant data;
  - viii) Ensuring only authorized Contractor staff, trained by HACC, access the HMIS software.
- c) Work with HACC to improve on performance targets
- d) Conduct a post-program exit follow-up assessments at 6 and 12 months post-exit and enter the results of that assessment into HMIS.
- e) Work cooperatively with HACC to prepare an annual participant feedback report
- f) Submit to monitoring for contract compliance.

32. **MERGER.** THIS CONTRACT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES WITH RESPECT TO THE SUBJECT MATTER REFERENCED THEREIN. THERE ARE NO UNDERSTANDINGS, AGREEMENTS, OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS CONTRACT. NO AMENDMENT, CONSENT, OR WAIVER OF TERMS OF THIS CONTRACT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY ALL PARTIES. ANY SUCH AMENDMENT, CONSENT, OR WAIVER SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. CONTRACTOR, BY THE SIGNATURE HERETO OF ITS AUTHORIZED REPRESENTATIVE, IS AN INDEPENDENT CONTRACTOR, ACKNOWLEDGES HAVING READ AND UNDERSTOOD THIS CONTRACT, AND CONTRACTOR AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

By their signatures below, the parties to this Contract agree to the terms, conditions, and content expressed herein.

**The Father's Heart Street Ministry**

**HOUSING AUTHORITY OF CLACKAMAS COUNTY**

Chair, Tootie Smith  
Commissioner, Sonya Fischer  
Commissioner, Paul Savas  
Commissioner, Martha Schrader  
Commissioner, Mark Shull  
Commissioner, Ann Leenstra

Martin D Hart 6/30/22  
Authorized Signature Date

\_\_\_\_\_  
Tootie Smith, Chair Date

Martin D Hart President  
Name / Title (Printed)

215651-97  
Oregon Business Registry #

Approved as to Form:  
\_\_\_\_\_  
07/12/2022

Domestic Non Profit Oregon  
Entity Type / State of Formation

[Signature]  
County Counsel Date

**EXHIBIT A**  
**PERSONAL SERVICES CONTRACT**  
**SCOPE OF WORK**

The Father's Heart Street Ministry (Contractor) is a non-profit organization based in Oregon City which has run Clackamas County's hotel/motel emergency shelter program since December 2020 (the "Program"). Contractor's work on this Program has provided supportive services to participants staying at the hotels and motels, assisted them with finding affordable housing, helped participants' access resources such as rental assistance, and connected them to other resources through Clackamas County.

Contractor will continue the Program and provide supportive services to households staying in 51 hotel/motel based emergency shelter units. The Program is a non-congregate shelter model, utilizing 51 hotels/motel rooms paid for by Clackamas County.

Referrals for this program will come from Coordinated Housing Access (CHA), street outreach programs, and in some circumstances the Clackamas County's Housing Services Team (HST). Housing First Aid/diversion must be attempted with each household requesting shelter, before enrolling in the shelter program. Shelter beds must be prioritized for the people with the highest safety and health vulnerabilities (and their household members). Contractor will work with the HST to establish and/or approve prioritization policies.

The Program will be time-limited, working toward a goal of moving participants to safe, stable permanent housing resources within an average of 45 days from move-in. While 45 days is the goal, it is not a time limit.

Families will be provided with the option to sleep together; families will not be separated unless they choose to sleep separately. Children residing in shelter will receive assistance attending former or neighborhood school. Emergency shelter programs must provide a place to stay 24 hours/day, 365 days a year.

All shelter programs will be connected with housing navigation and placement services, long-term supportive housing case management, and rental assistance to connect participants with and help maintain permanent housing. The HST will facilitate connections, as needed.

Contractor will provide shelter support services including the provision of staffing support to individuals and households residing in one or more hotel-based non congregate shelters. Clackamas County contracts directly with hotels located in or near Clackamas County to provide emergency shelter for eligible individuals. Clackamas County will be responsible for directly paying for hotel rooms via county contracts. Contracted hotel locations are currently in Gladstone and Oak Grove, but may change during the term of the contract to other locations within Clackamas County. Contractor will also provide outreach to houseless individuals and families to help connect them with shelter, housing navigation and supportive housing case management services, rental assistance resources, and complete both Supportive Housing Services and Coordinated Housing Access screening.

On-site amenities must include, but are not limited to:

- Access to telephone, computer and internet
- Toilets, showers and hygiene supplies

- Laundry facilities
- Storage for belongings

Contactor will provide all services reasonably necessary to run the Program. These services include, but are not limited to:

- Case management, including securing food, transportation and other basic services for households in 51 shelter units who have been placed in non-congregate hotel based shelter.
- Intake assessment.
- If not already completed, complete CHA assessment with each participant within 3 days of move-in.
- Housing first aid/shelter diversion.
- Work with each participant to obtain appropriate documents to access housing, employment, and other needed services, considering the needs of immigrant populations.
- Individualized resource referral and connection, including mental and physical health, as needed.
- Provide at least weekly check-ins with households residing in the hotel and motel-based shelter.
- Interface with hotel owners during occupancy to resolve any misunderstandings or disagreements between owners and occupants.
- Conduct outreach, including to pre-identified highly vulnerable literally homeless persons, with the goal of connecting people to motel shelter and/or longer term housing resources.
- Conduct and assist with housing navigation and placement, including but not limited to:
  - Assessment of housing barriers, needs and preferences.
  - Support and flexible funds to address immediate housing barriers.
  - Assistance responding to program requirements to secure long term rent assistance, when appropriate
  - Housing search assistance, including researching available units, contacting landlords, accompanying participants on apartment tours, etc.
  - Landlord engagement, establishing relationships with landlords to facilitate participant placement.
  - Housing advocacy on behalf of participants to increase successful move-in rates
  - Assistance with housing application preparation, housing application appeals and reasonable accommodation requests necessary to obtain housing.

In addition to the above, Contractor agrees to accomplish the above work under the following terms:

- A minimum of one case manager will be assigned per hotel site.
- Shelters may not categorically exclude persons fleeing domestic violence.
- Shelters may not require shelter guests to be clean and sober or pass urinalysis or breath testing. However, shelters may have rules disallowing alcohol or drug possession or use on shelter premises. Additionally, shelters must incorporate harm reduction into their service delivery.
- Contractor will document and certify eligibility of each adult household member as either Population A or Population B, in accordance with Exhibit F.
- Shelters may have rules to ensure a safe environment but these rules must be in plain language and as streamlined as possible. Shelter rules must align with Fair Housing law pertaining to emergency shelters.
- Open shelter beds must be accessible on weekends and holidays.
- Shelters must comply with all relevant health, fire and life safety codes from the local fire marshal and the jurisdiction with permitting authority.
- All uses of flexible funds for client services must adhere to the Clackamas County Supportive Housing Services Flexible Funding Use Guidelines, attached hereto as Exhibit G and incorporated by this reference herein.

**Goals and Benchmarks**

Outcome	Goal	Data Source
Housing First Aid/Diversion	At least 10% of those referred to or seeking shelter are provided with Housing First Aid to find other safe, temporary shelter or long-term options, diverting them from entering the shelter.	HMIS
Optimal Occupancy	At least 95% occupancy, based on capacity of hotels and/or motels paid for by the County and used for emergency shelter.	HMIS
Effective Services	Average length of program participation below 90 days, with a goal to reduce to 45 days.	HMIS
Ending Homelessness	At least 75% of households exit shelter to a permanent or transitional (more than 90 day stay) housing option.	HMIS

***Benchmarks and timeline***

1. Hire and have 100% of contracted staff on board within 30 days of contract execution
2. Complete HMIS and CHA training for at least one staff member within 60 days of contract execution
3. Assist first household to exit to permanent housing within 90 days of contract execution
4. Complete Housing First Aid/Diversion training within 120 days of contract execution



5. Complete and submit for approval first draft of agency program manual within 180 days of contract execution

The program will be expected to follow the timeline above, meeting each benchmark, as indicated. Unmet benchmarks will result in the following progressive action:

- First time missing a benchmark
  - Monitoring meeting with HST to identify barriers and possible solutions
- Second time missing a benchmark
  - Another monitoring meeting which will result in a mutually agreed upon Performance Improvement Plan (PIP)
- Third time missing a benchmark
  - Another monitoring meeting, including an evaluation of PIP, with all remedies, up to and including Contract termination, available.

HST will use HMIS and training enrollment data to verify benchmark achievement. Contractor is expected to notify HST through email within 14 days once staff are hired and if there are challenges in meeting any of the benchmarks above.

**In addition to the obligations set forth above, Contractor shall perform the following:**

1. Incorporate and adhere to the guiding principles and expectations set forth above
2. Conduct the contracted program and related activities as outlined in the Program Design section above
3. Provide and retain appropriate documentation of program participation and material for payment requests
  - a. Client file must include but is not limited to the following.
    - i. Paper copies of HMIS forms-Entry, Annual and Exit
    - ii. Emergency contact information
    - iii. Picture ID for adults only
    - iv. Signed Release of Information
    - v. Pop A vs B Form signed
    - vi. Flex funds spent- amount, data, purpose, receipts
    - vii. Case notes
4. Develop a policy, in coordination with HST, for follow up with households exiting shelter programs to permanent housing

**HST team responsibilities**

1. Incorporate and adhere to the guiding principles and expectations set forth above
2. Adhere to all applicable Fair Housing laws
3. Support Contractor in creating policy manual, including sharing examples among Contracted providers
4. Provide semi-annual “data progress reports” pulled and analyzed from HMIS, including equity data
5. Develop a policy, in coordination with Contractor, for follow up with households exiting shelter programs to permanent housing
6. Provide HMIS access, training, and support
7. Provide connections to CHA and Housing First Aid/diversion training
8. Coordinate, support, and/or facilitate provider meetings, including case conferencing meetings, as

- needed
9. Provide information, access, and/or support for staff to attend Equity, Inclusion and continuing education trainings
  10. Connect all contracted programs with the overall system of services for people experiencing homelessness
  11. Support both formal and informal partnerships between provider organizations, including those newly formed
  12. Facilitate connections to broader systems of care, including but not limited to:
    - a. Housing
    - b. Workforce
    - c. Education
    - d. Foster care
    - e. Department of Human Services
    - f. Domestic Violence
    - g. Community corrections
    - h. Healthcare, both physical and mental
    - i. Substance use Disorder treatment
  13. Identify unmet needs, gaps in services and system barriers and address these with the system of providers
  14. Provide case staffing, either in a group of service provider peers or one-on-one, as needed
  15. Assist with program access prioritization, as needed
  16. Incorporate participant voice in SHS programming decisions
  17. Maintain effective working relationships with contracted providers
  18. Attend training and community/systems meetings
  19. Provide or assist with creation of necessary participant/program forms
  20. Support Contractor in identifying and re-matching households in that either need a lower or higher level of service than originally anticipated. Re-matching may happen within contracted provider programs or across contracted providers.
  21. Coordinate with Contractor to participate in by-name-list case conferencing meetings
  22. Apply the process as outlined in the Benchmark section described above

## **Reporting Requirements**

Contractor will:

1. Adhere to all data reporting requirements stated in Article II, Section 31 of the contract.
2. Complete narrative sections of semi-annual “progress reports” within 30 days of receipt
3. Semi-annual “progress reports” will include, at a minimum, but not limited to the following data categories:
  - a. HMIS data quality: % missing
  - b. Participant demographic data, including race and ethnicity
    - i. All data points listed below will include a breakdown of demographic characteristics related to race and ethnicity
  - c. Average cost per household served (successfully and total)
  - d. Program-specific elements
    - i. Percent of households provided Housing First Aid and diverted from shelter services
    - ii. Bed/Unit Utilization average percentage
    - iii. Average length of program participation
    - iv. Rate of exit from shelter to permanent housing
    - v. Rate of permanent housing maintenance, using 6-month follow-up reports
  - e. Narrative responses to questions
    - i. What are some unexpected challenges you faced or strengths you have discovered as an agency? (consider including participant success stories)

- ii. How is your agency working towards ensuring low-barrier programming? Have you seen a need to adjust services to make them more accessible?
  - iii. Please explain how you have been leading with race while reducing homelessness overall in the community
  - iv. Has your agency has made progress toward “building connections and coordinating with multiple systems of care to build a community of resources, easily accessible to all”? If yes, please describe how the need for the new connection was identified and the process of building the connection.
4. Work with HST to continually improve on performance targets
  5. Conduct post-program-exit follow-up assessments at 6 and 12 months post-exit
    - a. Enter the results into HMIS
  6. Prepare an annual participant feedback report
  7. Submit to monitoring for contract compliance

HST will:

1. Work with Contractor to continuously monitor demographics and outcomes, and to create any necessary quality improvement plans
2. Assist with achieving desired program outcomes and improving those outcomes
3. Communicate with Contractor in a timely manner when additional data metrics are determined
4. Use HMIS data to create and provide semi-annual “progress report” to Contractor
5. Work with Contracted providers to continually improve on performance targets
6. Work with Contractor to identify strengths and weaknesses apparent in programming through data
7. Review and identify strengths and weaknesses from participant feedback report with Contractor
8. Monitor for contract compliance

## **EXHIBIT B**

### **Guiding Principles and Expectations**

#### **Equity:**

The Clackamas County Housing Services Team (HST) promotes racial and ethnic justice and seeks to end disparities in housing access. Clackamas County and the HST recognizes that culturally responsive and culturally specific services can eliminate structural barriers and provide a sense of safety and belonging, which will lead to better outcomes. Clackamas County and the HST recognizes that advancing equity also includes having cultural competencies to provide services to other historically marginalized communities such as LGBTQ2SIA+, youth, people with disabilities, and immigrants and refugees. To further equity goals, Contractor must develop/implement the following:

- A plan to ensure culturally responsive service delivery that is respectful of all participants.
- A plan assuring access to services for people who do not speak the primary language of the service provider.
- A process to work with the HST to continuously monitor the demographics of those accessing services using the HMIS (or an HMIS comparable database for domestic violence service providers).
- A quality improvement plan, informed by quantitative and qualitative data analysis, to address evidence of differential access, based on race, ethnicity, disability, gender identity, sexual orientation or other protected class status.
- Ensure that staff and volunteers have knowledge and experience to participate in the effort to increase equity and decrease housing disparities.
- Ensure that staff and volunteers have access to equity and inclusion training on an on-going basis.

#### **Outcomes:**

The SHS program is intended to end chronic homelessness in Clackamas County. In addition, HST aims to make homelessness rare, brief, and not reoccurring for all who live in Clackamas County. Programs must work in coordination to ensure housing options are safe, stable, and provide housing choice to meet the needs of each individual. The work of ending racial disparities in housing and ending homelessness is one and the same.

In addition to ending homelessness, Metro-wide outcome goals of the SHS program include:

- Advance housing equity by providing access to services and housing to Black, Indigenous and people of color at higher rates than their representation among those experiencing homelessness.
- House individuals and families, and support housing retention, at greater rates than those newly experiencing homelessness, to reduce the overall population of people experiencing homelessness.
- Reduce the average length of time anyone in Clackamas County experiences homelessness until people are offered housing options immediately upon becoming homeless.
- Strengthen housing retention so that, once stably housed, returns to the experience of homelessness are extremely rare.
- Housing programs promote long-term stability, measured by successful program “graduation” to permanent housing and/or housing retention.
- Increase culturally specific organization capacity with increased investments and expanded organizational reach for culturally specific organizations and programs.
- SHS-funded organizations increase equity by hiring a staff that is diverse by race, ethnicity, languages spoken, sexual orientation, gender identity, disability status, age, and lived experience.

- Increase safety, stability and healing for everyone who has experienced homelessness using person-centered, trauma-informed service approaches and connections with mental and physical healthcare.
- Other measures, as determined by Metro, Tri-County data team, and/or Clackamas County Housing Services Team, will be added.

### **Coordination:**

Partnership and coordination are key components to ending homelessness. A coordinated system makes finding resources easy for potential program participants and allows the entire system to work more smoothly. When done well, a holistic, coordinated approach improves outcomes system-wide.

The following are effective coordination principles and practices that must be followed. When followed, they ensure system-wide coordination:

- Coordinated Housing Access (CHA) must be utilized to effectively coordinate all housing services. It must be easily accessible and allow participants to complete a single assessment to access all services in the housing continuum.
- Demonstrated partnerships, at all levels of programming, between programs and organizations. Partnerships can be demonstrated through formal contracts, MOUs, system-wide planning participation, and providing infrastructure programming in a coordinated way (including outreach, immediate housing, housing navigation, CHA, and Housing First Aid/diversion).
- Build connections and coordinate with multiple systems of care (i.e. housing, workforce, education, foster care, DHS, domestic violence, community justice, health, mental health and addictions) to build a community of resources, easily accessible to all.
- Strengthen system capacity by supporting CHA, Housing First Aid/diversion, outreach and navigation.
- Participate in coordinated system development and implementation, including identifying, addressing, and following-up on unmet needs, gaps in services, and system barriers.

### **Services:**

All services focus on building relationships and service engagement through person-centered, culturally-responsive, trauma-informed, strengths-based practices. Services should align with the Housing First model (see Addendum – Definitions). The purpose of these relationships is to support each household to achieve housing stability through individualized planning and connections with community resources.

To further these services goals, Contractor must follow the following proven practices:

- All services are low-barrier, not requiring pre-requisites to become eligible for services or housing.
- Housing First Aid/Diversion is attempted at every program “door,” including Street outreach, all immediate housing programs, and permanent housing programs, when appropriate.
- Households experiencing or at risk of homelessness must be able to move directly into supportive housing and/or permanent housing without first accessing immediate housing programs. Households must also be presented with available immediate housing options.
- Families will be provided with the option to sleep/stay together; Families will not be separated unless they choose to sleep/stay separately.
- Vulnerable populations are prioritized.
- Vulnerable populations include those with long homeless histories, incomes below 30% AMI, and one or more disabilities.
- Due to a long history of systemic racism, oppression, and everyday micro and macro-aggressions, Black, Indigenous, and People of Color are also more vulnerable to the experience of homelessness.

- Services are voluntary, non-intrusive, and provide minimal disruption to meet the expressed needs and desires of the participant.
- Services are highly flexible and tailored to meet the needs of each household.

### **Participant Voice:**

Each individual is the expert in their own life. To build the best system, people with lived experience of homelessness must help to shape the services designed to end homelessness.

Contractor must incorporate the following guidelines into all programs:

- Participants lead development of their own individual service plans.
- Ensure that all services are voluntary and that no participant is required to participate in a particular activity in order to receive services.
- Integrate participant (or those who choose not to participate) in decision-making at every level, including program/service development, delivery, and evaluation.
- People with lived experience, who participate in decision-making and program development, are paid for their time.
- Have written procedures and policies, as well as an accessible and transparent grievance process, that ensure staff and volunteers provide respectful and effective services.
- Board of directors must include at least one person with lived experience of homelessness.

### **System-wide Service Delivery Expectations (in addition to any items above):**

Contractor shall perform the following:

- Participate in the HMIS or, for domestic violence service providers, an HMIS comparable database.
- Provide services free of charge to participants or utilizing a pre-approved sliding scale fee.
- Include sustainable, environmentally friendly practices in business operations and the delivery of services (for example, providing onsite recycling, and encouraging reduction of waste through electronic records whenever possible).
- Confidential information must be protected in compliance with applicable federal, state, and local privacy rules.
- Maintain an effective working relationship. HST will have formal relationships with service providers through contracts, and will also expect contractors to maintain ongoing communication with the HST about programs and performance, and to engage in community planning and training opportunities.
- All services must be delivered in a wholly secular manner, and programs may not require participation in religious activities for program eligibility purposes.
- Have a written termination and/or exclusion policy that appropriately protects the interests of participants by: (1) applying a trauma and equity lens to evaluating rule violations; (2) avoiding termination whenever reasonably possible; (3) informing the participant in clear terms of the reason for their termination and/or exclusion from the program; and (4) outlines the process for grieving the decision. Except in the most extreme situations, termination and exclusion policies should allow for re-entry into the program under appropriate conditions.
- Ensure that staff and volunteers have access to continuing education opportunities.
- Attend training and community/system networking meetings as reasonably required by HST

### **Health, Housing & Human Services HST responsibilities**

1. Incorporate and adhere to the guiding principles and expectations set forth above
2. Adhere to all applicable Fair Housing laws
3. Support Contractor in creating policy manual, including sharing examples among Contracted providers
4. Provide quarterly “data progress reports” pulled and analyzed from HMIS, including equity data



5. Provide HMIS access, training, and support
6. Provide connections to CHA and Housing First Aid/diversion training
7. Coordinate, support, and/or facilitate provider meetings, including case conferencing meetings, as needed
8. Provide information, access, and/or support for staff to attend Equity, Inclusion and continuing education trainings
9. Connect all contracted programs with the overall system of services for people experiencing homelessness
10. Support both formal and informal partnerships between provider organizations, including those newly formed
11. Facilitate connections to broader systems of care, including but not limited to:
  - a. Housing
  - b. Workforce
  - c. Education
  - d. Foster care
  - e. Department of Human Services
  - f. Domestic Violence
  - g. Community corrections
  - h. Healthcare, both physical and mental
  - i. Substance use Disorder treatment
12. Identify unmet needs, gaps in services and system barriers and address these with the system of providers
13. Provide case staffing, either in a group of service provider peers or one-on-one, as needed
14. Assist with program access prioritization, as needed
15. Incorporate participant voice in SHS programming decisions
16. Maintain effective working relationships with contracted providers
17. Attend training and community/systems meetings
18. Provide or assist with creation of necessary participant/program forms
19. Support Contractor in identifying and re-matching households in that either need a lower or higher level of service than originally anticipated. Re-matching may happen within contracted provider programs or across contracted providers.
20. Coordinate with Contractor to participate in by-name-list case conferencing meetings
21. Apply the process as outlined in the Benchmark section described above

### **Reporting Requirements**

Contractor will:

1. Adhere to all data reporting requirements stated in Article II, Section 31 of the contract.
2. Complete narrative sections of quarterly “progress reports” within 30 days of receipt
3. Quarterly “progress reports” will include, at a minimum, but not limited to the following data categories:
  - a. HMIS data quality: % missing
  - b. Participant demographic data, including race and ethnicity
    - i. All data points listed below will include a breakdown of demographic characteristics related to race and ethnicity
  - c. Average cost per household served (successfully and total)
  - d. Program-specific elements
  - e. Narrative responses to questions
    - i. What are some unexpected challenges you faced or strengths you have discovered as an agency? (consider including participant success stories)
    - ii. How is your agency working towards ensuring low-barrier programming? Have you seen a need to adjust services to make them more accessible?
    - iii. Please explain how you have been leading with race while reducing homelessness

overall in the community

- iv. Has your agency has made progress toward “building connections and coordinating with multiple systems of care to build a community of resources, easily accessible to all”? If yes, please describe how the need for the new connection was identified and the process of building the connection.
4. Work with HST to continually improve on performance targets
5. Conduct post-program-exit follow-up assessments at 6 and 12 months post-exit
  - a. Enter the results into HMIS
6. Prepare an annual participant feedback report
7. Submit to monitoring for contract compliance

**The HST will:**

1. Work with Contractor to continuously monitor demographics and outcomes, and to create any necessary quality improvement plans
2. Assist with achieving desired program outcomes and improving those outcomes
3. Communicate with Contractor in a timely manner when additional data metrics are determined
4. Use HMIS data to create and provide quarterly “progress report” to Contractor
5. Work with Contracted providers to continually improve on performance targets
6. Work with Contractor to identify strengths and weaknesses apparent in programming through data
7. Review and identify strengths and weaknesses from participant feedback report with Contractor
8. Monitor for contract compliance

**EXHIBIT C  
Budget**

<b>Budget</b>		
<b>Line Item Category</b>	<b>Narrative/Description</b>	<b>Funds Requested</b>
<b>Emergency Shelter Operations</b>		
<b>Personnel - Emergency Shelter</b>		
1	Executive Director	\$31,500
1	FTE Lead Case Manager	\$54,000
4	3 FTE & 1 PTE Case Managers	\$126,000
5	Health Insurance	\$26,250
	Employer costs 10% Total	\$23,400
Emergency Shelter Personnel Subtotal:		\$261,150.00
<b>Program Operations - Emergency Shelter</b>		
5	Mileage	\$6,000
6	Devises	\$4,500
Emergency Shelter Program Operations Subtotal:		\$10,500.00
<b>Client Services - Emergency Shelter</b>		
1	Flex Funds - Utilities, Application fees, Storage, Food, ID, Background Checks, Bus Tickets, Client education ETC	\$70,000
Emergency Shelter Client Services Subtotal:		\$70,000.00
<b>Emergency Shelter Operations Subtotal:</b>		<b>\$341,650.00</b>
<b>Housing Navigation/Placement</b>		
<b>Personnel - Housing Navigation/Placement</b>		
1	Executive Director 25%	\$10,500
1	FTE Lead Case Manager 25%	\$18,000
4	3 FTE & 1 PTE Case Managers 25%	\$42,000
5	Health Insurance 25%	\$8,750
	Employer costs 10% Total 25%	\$7,800
Housing Navigation/Placement Personnel Subtotal:		\$87,050.00
<b>Client Services - Housing Navigation/Placement</b>		
	Property Debt, Utility Debt, Application Fees, Community Warehouse, Storage, Food, ID, Background Checks, Bus Tickets, Moving Assistance, Client education ETC	\$28,500.00
Housing Navigation/Placement Client Services Subtotal:		\$28,500.00
<b>Housing Navigation/Placement Subtotal:</b>		<b>\$115,550.00</b>
<b>Capacity Building</b>		
5	FTE Continuing Education	\$2,500
<b>Capacity Building Subtotal:</b>		<b>\$2,500.00</b>
<b>Administration</b>		
Indirect Administration	de minimus 10%	\$40,470
<b>Administration Subtotal:</b>		<b>\$40,470.00</b>
<b>Total Funds Requested:</b>		<b>\$500,170.00</b>

# EXHIBIT D INVOICE TEMPLATE



Rod Cook, Director  
Health, Housing, and Human Services

## INVOICE

FY22-23 (07/01/2022–06/30/2023)

Fill in actual costs & submit electronically to [HousingServices@Clackamas.us](mailto:HousingServices@Clackamas.us)

Contractor: _____	Billing Period (Month/Year): _____
Project: _____	Contractor Invoice #: _____
Address: _____	Contract #: _____
_____	Contract \$ Maximum: _____
Contact: _____	Contract Term: _____
Phone #: _____	nt Program Population A HH: _____
Email: _____	nt Program Population B HH: _____

Date(s) of Goods/Services	Description - Please provide a <i>detailed</i> description of each line item including client name or HMIS ID# <small>*supplemental attachments are required for personnel and mileage</small>	Contracted Budget Line Item Category	Population A Cost Allocation	Population B Cost Allocation	Total Funds Requested
<b>Emergency Shelter Operations</b>					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Emergency Shelter Operations Subtotal:</b>			\$ -	\$ -	\$ -
<b>Capacity Building</b>					
					\$ -
					\$ -
					\$ -
					\$ -
<b>Capacity Building Subtotal:</b>			\$ -	\$ -	\$ -
<b>Indirect Administration</b>					
					\$ -
<b>Administration Subtotal:</b>			\$ -	\$ -	\$ -
<b>Total Requested Funds</b>					\$ -

*This form derives from the approved budget in your Agreement/Contact. Expenditures must have adequate supporting documentation. Clackamas County retains the right to inspect all financial records and other books, documents, papers, plans, records of shipments and payments and writings of Recipient pertinent to this Agreement/Contract.*

PAYMENT TERMS: Submit itemized invoices by the 15th day of the month following the month services were performed.

CERTIFICATION: I certify that this report is true and correct to the best of my knowledge and that all expenditures reported have been made in accordance with the budget and other provisions contained in the Agreement/Contract.

Prepared by: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

## Mileage Reimbursement Supplemental Form

FY22-23 (07/01/2022–06/30/2023)

Fill in actual costs & attach to the associated invoice

Contractor _____	Billing Period (Month/Year) _____
Project _____	Contractor Invoice # _____
Address _____	Contract # _____
_____	
Contact _____	
Phone # _____	
Email _____	

Date of Travel	Name of Personnel and Client Served	# of miles traveled	Funds Requested
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Mileage Subtotal</b>			<b>\$ -</b>

*This form derives from the approved budget in your Agreement/Contact. Expenditures must have adequate supporting documentation. Clackamas County retains the right to inspect all financial records and other books, documents, papers, plans, records of shipments and payments and writings of Recipient pertinent to this Agreement/Contract.*

**PAYMENT TERMS:** Submit itemized invoices by the 15th day of the month following the month services were performed.

**CERTIFICATION:** I certify that this report is true and correct to the best of my knowledge and that all expenditures reported have been made in accordance with the budget and other provisions contained in the Agreement/Contract.

**Prepared by:** \_\_\_\_\_  
**Authorized Signer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Personnel Reimbursement Supplemental Form

FY22-23 (07/01/2022–06/30/2023)

Fill in actual costs & attach to the associated invoice

Contractor _____	Billing Period (Month/Year) _____
Project _____	Contractor Invoice # _____
Address _____	Contract # _____
Contact _____	
Phone # _____	
Email _____	

Days Worked	Name of Personnel	# of Hours Worked	Hourly Rate	Funds Requested
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Personnel Subtotal</b>				<b>\$ -</b>

*This form derives from the approved budget in your Agreement/Contract. Expenditures must have adequate supporting documentation. Clackamas County retains the right to inspect all financial records and other books, documents, papers, plans, records of shipments and payments and writings of Recipient pertinent to this Agreement/Contract.*

**PAYMENT TERMS:** Submit itemized invoices by the 15th day of the month following the month services were performed.

**CERTIFICATION:** I certify that this report is true and correct to the best of my knowledge and that all expenditures reported have been made in accordance with the budget and other provisions contained in the Agreement/Contract.

**Prepared by:** \_\_\_\_\_

**Authorized Signer:** \_\_\_\_\_

**Date:** \_\_\_\_\_





Rod Cook, Director  
Health, Housing, and Human Services

## Client Assistance Supplemental Form

FY22-23 (07/01/2022–06/30/2023)

Fill in actual costs & attach to the associated invoice

Contractor \_\_\_\_\_  
 Project \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email \_\_\_\_\_

Billing Period (Month/Year) \_\_\_\_\_  
 Contractor Invoice # \_\_\_\_\_  
 Contract # \_\_\_\_\_

Date	HMIS Client #	SHCM/ Navigation-Placement	Pop A/B	Item Description	How it Supported Permanent Housing Stability	Funds Requested
This form derives from the approved budget in your Agreement/Contact. Expenditures must have adequate supporting documentation. Clackamas County retains the right to inspect all financial records and other books, documents, papers, plans, records of shipments and payments and writings of Recipient pertinent to this Agreement/Contract.					<b>Population A Subtotal</b>	\$ -
					<b>Population B Subtotal</b>	\$ -
					<b>Client Services Total</b>	\$ -

PAYMENT TERMS: Submit itemized invoices by the 15th day of the month following the month services were performed.

CERTIFICATION: I certify that this report is true and correct to the best of my knowledge and that all expenditures reported have been made in accordance with the budget and other provisions contained in the Agreement/Contract.

Prepared by: \_\_\_\_\_  
 Authorized Signer: \_\_\_\_\_

Date: \_\_\_\_\_

# EXHIBIT E HMIS FORMS

ENTRY

PROGRAM:

COVID-19

START DATE:

(Yes/No)

FORMS ARE DUE TO HMIS PROGRAM AIDE WITHIN 2 DAYS OF PROJECT START DATE

**CLIENT SEARCH**

	(1) Head of HH	(2) Other HH Member	(3) Other HH Member	(4) Other HH Member	(5) Other HH Member
HMIS Client ID #:					
<b>NAME(s):</b>					
<b>Social Security:</b>	____-____-____	____-____-____	____-____-____	____-____-____	____-____-____

**U.S. Military Veteran? (Adults only):**

No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Doesn't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Relationship to Head of HH\*:**

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**Date of Birth:**

	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
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**Gender:**

Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trans Female (MTF or Male to Female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trans Male (FTM or Female to Male)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender Non-Conforming (i.e. not exclusively male or female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Race: (CHECK ALL THAT APPLY)**

American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native HAW or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Ethnicity: (Hispanic/Latino)**

Hispanic/Latino (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Hispanic/Non-Latino (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Relationship to Head of Household:**

Self (head of household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head of household's child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head of household's spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head of household's other relation member (other relation to head of household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: non-relation member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# HMIS DATA FORM

ENTRY

	(1)	(2)	(3)	(4)	(5)
<b>HMIS ROI</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Start Date:</b>	_____	_____	_____	_____	_____
<b>End Date:</b>	_____	_____	_____	_____	_____
<b>Witness:</b>	_____	_____	_____	_____	_____
<b>OHCS Release Granted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Start Date:</b>	_____	_____	_____	_____	_____
<b>End Date:</b>	_____	_____	_____	_____	_____
<b>Documentation:</b>					
Signed Statement from Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verification from Other Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Covered by Health Insurance? (ALL CLIENTS)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If 'Yes', Source of Health Insurance**

Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Children's Health Insurance Program (CHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Employer-Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Health Insurance for Adults (OHP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Indian Health Service Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other (Describe)	_____	_____	_____	_____	_____

**Does the client have a disabling condition? (Required for all household members)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Disability Type: (Required for all household members)**

<b>Alcohol Abuse (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>	_____				

<b>Drug Abuse (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>	_____				

# HMIS DATA FORM

ENTRY

	(1)	(2)	(3)	(4)	(5)
<b>Both Alcohol and Drug Abuse (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

	(1)	(2)	(3)	(4)	(5)
<b>Developmental (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

	(1)	(2)	(3)	(4)	(5)
<b>HIV/AIDS (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

	(1)	(2)	(3)	(4)	(5)
<b>Mental Health Problem (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

	(1)	(2)	(3)	(4)	(5)
<b>Physical (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

	(1)	(2)	(3)	(4)	(5)
<b>Chronic Health Condition (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

# HMIS DATA FORM

ENTRY

(1)	(2)	(3)	(4)	(5)
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**Prior living situation to Project Start Date: *(HoH & Adults only)***

Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place not meant for habitation (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care home or foster care group home (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital or other residential non-psychiatric medical facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jail, prison or juvenile detention facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care facility or nursing home (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment facility or detox center (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel or motel paid for without emergency shelter voucher (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned by client, with ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent housing (other than RRH) for formerly homeless persons (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with VASH subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with GPD TIP subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with other housing subsidy (including RRH) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential project or halfway house with no homeless criteria (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living in a family member's room, apartment or house (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living in a friend's room, apartment or house (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional housing for homeless persons (including homeless youth) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe)	_____	_____	_____	_____	_____
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# HMIS DATA FORM

ENTRY

(1)	(2)	(3)	(4)	(5)
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**Length of Stay in Previous Place: (HoH & Adults only)**

One night or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two nights to six nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 week or more, but less than 1 month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 month or more, but less than 90 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 days or more, but less than 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One year or longer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LENGTH OF TIME ON STREET OR IN AN EMERGENCY SHELTER (ES)**

If client entering from ES or place not meant for habitation or stayed fewer than 7 days in previous residence, approximate date homelessness started

Date: 

_	_	_
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 / 

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 / 

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 / 

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---	---	---

 / 

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If client entering from ES or place not meant for habitation or stayed fewer than 7 days in previous residence - regardless of where they stayed last night - number of times the client has been in ES or place not meant for habitation in the past three years: (HoH & Adults only)

Never in 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four or more times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If client entering from ES or place not meant for habitation or stayed fewer than 7 days in previous residence, total number of months homeless in ES or place not meant for habitation in the past three years (HoH & Adults only)

1 month (this time is the first month)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-12 months (please specify #)	_	_	_	_	_
More than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Education Level - Last Grade Completed (All Adults and Heads of Household) :**

Less than Grade 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 5 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 7 - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 9 - 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 12/High School Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# HMIS DATA FORM

ENTRY

(1)	(2)	(3)	(4)	(5)
-----	-----	-----	-----	-----

**Domestic Violence Victim/Survivor**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If yes, domestic violence victim/survivor, when experience occurred:**

Within the past 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to 6 months ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 months to 1 year ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One year ago or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If yes for domestic violence, are you currently fleeing?**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Income from any source?: (HoH & Adults only)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Source of Income: (HoH & Adults only)**

Alimony or Other Spousal Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Child Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Earned Income (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
General Assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Other (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Pension or retirement income from another job (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Private Disability Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Self-Employment Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Retirement Income from Social Security (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
SSDI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
SSI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

# HMIS DATA FORM

ENTRY

	(1)	(2)	(3)	(4)	(5)
TANF Temporary Assistance for Needy Families (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Unemployment Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
VA Non-Service Connected Disability Pension (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
VA Service Connected Disability Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Worker's Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Non-cash benefit from any source?: (HoH & Adults only)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Source of Non-Cash Benefit: (HoH & Adults only)**

Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIC (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF Child Care Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF Transportation Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other TANF-Funded Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Source (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
**Interviewer**

\_\_\_\_\_  
**Interview Date**

\_\_\_\_\_  
**Case Manager**

\_\_\_\_\_  
**Date Data Entry Completed**



# HMIS DATA FORM

## INTERIM REVIEW

PROGRAM:

INTERIM REVIEW DATE:

FORMS ARE DUE TO HMIS PROGRAM AIDE WITHIN 2 DAYS OF INTERIM REVIEW DATE

	(1) Head of HH	(2) Other HH Member	(3) Other HH Member	(4) Other HH Member	(5) Other HH Member
<b>CLIENT SEARCH</b>					
HMIS Client ID #:					
NAME(s):					
<b>INTERIM REVIEW TYPE:</b>	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update

**ROI (Release of Information) TAB**

<b>Release Granted?</b>	<input type="checkbox"/> <b>HMIS ROI STILL VALID</b>				
OHCS Release Granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date:	_____	_____	_____	_____	_____
End Date:	_____	_____	_____	_____	_____
<b>Documentation:</b>					
Signed Statement from Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verification from Other Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Covered by Health Insurance?</b>	<input type="checkbox"/> <b>NO CHANGES IN HEALTH INSURANCE FOR ENTIRE FAMILY</b>				
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Children's Health Ins. (CHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Employer-Provided Insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Health Insurance through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Health Ins. for Adults (OHP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Indian Health Service Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other (Describe)					

<b>Disability Type:</b>	<input type="checkbox"/> <b>NO CHANGES IN DISABILITY FOR ENTIRE FAMILY</b>				
Alcohol Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Both Alcohol and Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Problem (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# HMIS DATA FORM

INTERIM REVIEW

	(1)	(2)	(3)	(4)	(5)
<b>Source of Income:</b>	<input type="checkbox"/> <b>NO CHANGES WITH INCOME STATUS AND AMOUNTS</b>				
Alimony or Other Spousal Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Child Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Earned Income (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
General Assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Other (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Pension or retirement income from another job (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Private Disability Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Retirement Income from Social Security (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Self Employment Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
SSDI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
SSI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
TANF Temporary Assistance for Needy Families (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Unemployment Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
VA Non-Service Connected Disability Pension (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
VA Service Connected Disability Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Worker's Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

	(1)	(2)	(3)	(4)	(5)
<b>Non-cash benefit</b>	<input type="checkbox"/> <b>NO CHANGES WITH NON-CASH BENEFITS</b>				
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
WIC (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
TANF Child Care Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
TANF Transportation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other TANF-Funded Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other Source (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC

	(1)	(2)	(3)	(4)	(5)
<b>DV Victim/Survivor</b>	<input type="checkbox"/> <b>NO CHANGES WITH DV STATUS</b>				
Within the past 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to 6 months ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Case Manager \_\_\_\_\_

Interview Date \_\_\_\_\_

Date Data Entry Completed \_\_\_\_\_ Initials \_\_\_\_\_

# HMIS DATA FORM

EXIT

PROGRAM

PROJECT EXIT DATE:

FORMS ARE DUE TO HMIS PROGRAM AIDE WITHIN 2 DAYS OF PROJECT EXIT DATE

	(1) Head of HH	(2) Other HH Member	(3) Other HH Member	(4) Other HH Member	(5) Other HH Member
HMIS Client ID #:					
NAME(s):					

INCLUDE ALL HOUSEHOLD MEMBERS IN EXIT

Reason for Leaving:	(1)	(2)	(3)	(4)	(5)
Completed Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal activity / violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disagreement with rules/persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left for housing opp. Before completing program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs could not be met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-compliance with program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-payment of rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reached maximum time allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Other, Specify:					

**Destination: (All Clients)**

Deceased (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care home or foster care group home (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital (non-psychiatric) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel or motel paid for without emergency shelter voucher (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jail, prison or juvenile dention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care facility/nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned by client, with ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent housing (other than RRH) for formerly homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place not meant for habitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with VASH subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, GPD TIP subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:  
 CDK=Client Doesn't Know  
 CR=Client Refused  
 DNC=Data Not Collected

# HMIS DATA FORM

EXIT

	(1)	(2)	(3)	(4)	(5)
Rental by client, with other housing subsidy (including RRH) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with RRH or equivalent subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential project or halfway house with no homeless criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living with family, permanent tenure (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living with family, temporary tenure, e.g., room, aptment or house) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living with friends, permanent tenure (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living with friends, temporary tenure, e.g., room, apartment or house) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment facility or detox center (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No exit interview completed (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Doesn't Know (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Other, Specify:					

<b>Covered by Health Insurance?</b> <b>(ALL CLIENTS)</b>	<input type="checkbox"/> <b>NO CHANGES IN HEALTH INSURANCE FOR ENTIRE FAMILY</b>				
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If 'Yes', Source of Health Insurance**

Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Children's Health Ins. (CHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Employer-Provided Health Insuran.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Health Insurance through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Health Ins. for Adults (OHP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Indian Health Service Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other (Describe)					

Notes:  
 CDK=Client Doesn't Know  
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 DNC=Data Not Collected

# HMIS DATA FORM

	(1)	(2)	(3)	(4)	(5)
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**Does the Client have a Disabling Condition? (Required for all household members)**

<input type="checkbox"/> NO CHANGES IN DISABLING FOR ENTIRE FAMILY					
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Disability Type: (Required for all household members)**

Alcohol Abuse (HUD)	Yes No	Yes No	Yes No	Yes No	Yes No
Drug Abuse (HUD)	Yes No	Yes No	Yes No	Yes No	Yes No
Both Alcohol and Drug Abuse	Yes No	Yes No	Yes No	Yes No	Yes No
Developmental (HUD)	Yes No	Yes No	Yes No	Yes No	Yes No
HIV/AIDS (HUD)	Yes No	Yes No	Yes No	Yes No	Yes No
Mental Health Problem (HUD)	Yes No	Yes No	Yes No	Yes No	Yes No
Physical (HUD)	Yes No	Yes No	Yes No	Yes No	Yes No
Chronic Health Condition (HUD)	Yes No	Yes No	Yes No	Yes No	Yes No

**Income from any source?: (HoH & Adults only)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Source of Income: (HoH & Adults only)**

Alimony or Other Spousal Support (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
Child Support (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
Earned Income (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
General Assistance (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
Other (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
Pension or retirement income from another job (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
Private Disability Insurance (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
Retirement Income from Social Security (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
Self Employment Wages	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
SSDI (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
SSI (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
TANF Temporary Assistance for Needy Families (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
Unemployment Insurance (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
VA Non-Service Connected Disability Pension (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
VA Service Connected Disability Compensation (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
Worker's Compensation (HUD)	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____	Yes No DNC \$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Notes:  
 CDK=Client Doesn't Know  
 CR=Client Refused  
 DNC=Data Not Collected

# HMIS DATA FORM

EXIT

	(1)	(2)	(3)	(4)	(5)
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**Non-cash benefit from any source?: (HoH & Adults only)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Source of Non-Cash Benefit: (HoH & Adults only)**

Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
WIC (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
TANF Child Care Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
TANF Transportation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other TANF-Funded Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other Source (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC

Case Manager \_\_\_\_\_

Interview Date \_\_\_\_\_

Date Data Entry Completed \_\_\_\_\_ Initials \_\_\_\_\_

Notes:  
 CDK=Client Doesn't Know  
 CR=Client Refused  
 DNC=Data Not Collected

**SERVICE TRANSACTIONS TAB**

	<b>ALL HH MEMBERS</b>	<b>EHA</b>	<b>LIRHF \$ Amt Required</b>	<b>HUD</b>	<b>OTHER:</b>
<b>Service List (Check all that Apply)</b>					
AIDS/HIV CONTROL	<input type="checkbox"/>				
CASE/CARE MANAGEMENT	<input type="checkbox"/>				
CHILD CARE PROVIDERS	<input type="checkbox"/>				
<b>COVID-19</b>	<input type="checkbox"/>				
EDUCATION	<input type="checkbox"/>				
EMPLOYMENT	<input type="checkbox"/>				
FOOD	<input type="checkbox"/>				
HEALTH CARE	<input type="checkbox"/>				
HOUSING COUNSELING (landlord/tenant counseling)	<input type="checkbox"/>				
HOUSING/SHELTER	<input type="checkbox"/>				
LANDLORD/TENANT ASSISTANCE	<input type="checkbox"/>				
LEGAL SERVICES	<input type="checkbox"/>				
LIFE SKILLS EDUCATION	<input type="checkbox"/>				
MATERIAL GOODS	<input type="checkbox"/>				
MENTAL HEALTH & SUBSTANCE ABUSE	<input type="checkbox"/>				
MOVING EXPENSE ASSISTANCE	<input type="checkbox"/>				
OUTREACH PROGRAMS	<input type="checkbox"/>				
RENT PAYMENT ASSISTANCE	<input type="checkbox"/>				
RENTAL DEPOSIT ASSISTANCE	<input type="checkbox"/>				
SUBSTANCE ABUSE	<input type="checkbox"/>				
TRANSPORTATION	<input type="checkbox"/>				
UTILITY ASSISTANCE	<input type="checkbox"/>				
UTILITY DEPOSIT ASSISTANCE/UTILITY ASSISTANCE	<input type="checkbox"/>				

**EXHIBIT F  
EXPERIENCING OR AT IMMINENT RISK OF  
LONG-TERM HOMESLESNESS**



**Housing Authority of  
Clackamas County**

*Please note, this will be entered into HMIS*

**Experiencing or at Imminent Risk of Long-Term Homelessness**

Name of Head of Household: \_\_\_\_\_ Date of screening: \_\_\_\_\_

1.  Household is earning between 0-30% Area Median Income (AMI); **AND**

2021 Income Limit	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30% AMI	\$20,300	\$23,200	\$26,100	\$29,000	\$31,350	\$35,580	\$40,120	\$44,660

2.  Head of household has a disabling condition. This can include a physical, psychological or cognitive disability, a chronic illness, or an addiction;

*This can be self-certified. The disability does not need to be diagnosed or documented by a third party;* **AND**

3. Head of household is currently (client only needs to meet one of the following criteria):

- a.  Literally homeless (staying in a tent, car, emergency shelter, transitional housing or hotel); **OR**
- b.  In an institution or publicly funded system of care (e.g. hospital, jail, prison, or foster care); **OR**
- c.  In housing and will become literally homeless within 14 days of the date of application for homeless assistance and/or has received an eviction (this includes households that are involuntarily doubled-up); **OR**
- d.  Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence and lacks the resources or support networks to obtain other safe, permanent housing.

*Question 3 and 4 can be self-certified or certified by a supportive services provider. No additional documentation is required;* **AND**

4. Head of household meets one or more of the following criteria:

- a.  Has been literally homeless, institutionalized in a publicly funded system of care, and/or involuntarily doubled-up for a combined total of 12 or more months over the past 3 years; **OR**
- b.  Was housed through another Homeless Assistance Housing Program in the last 3 years and is not currently being served in that program; **OR**
- c.  Is being served in an intensive case management program (e.g. Assertive Community Treatment)



**Clackamas County**  
**Experiencing or at Imminent Risk of Long-Term Homelessness**

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Priority Population A

The head of household meets all four of the above criteria. The head of household is experiencing or at imminent risk of long-term homelessness.

Priority Population B

The head of household did not meet all four of the above criteria. The head of household is applying for homeless services and at substantial risk of homelessness and/or is experiencing any form of homelessness.

*Completing this screening does not necessarily mean eligibility for a specific program or service.*

**Certification Box**

I certify (*name of head of household*) \_\_\_\_\_ is in  
priority Population A or B (Check one).

Staff Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Agency: \_\_\_\_\_

Email: \_\_\_\_\_

**Note on Area Median Income (AMI):** The Department of Housing and Urban Development (HUD) sets AMI limits every year. **This form needs to be updated on an annual basis to reflect these changes** (usually the new income limits come out in April). HUD develops AMI based on Median Family Income estimates and Fair Market Rent Area Definitions for each metropolitan area. Clackamas County is part of the **Portland-Vancouver-Hillsboro, OR-WA MSA** metropolitan area. This includes Clackamas, Clark, Columbia, Multnomah, Skamania, Washington & Yamhill Counties.

## **EXHIBIT G: FLEX FUND POLICY**

Flexible Funding in the SHS program may be used to pay for supportive services or items that address special needs of program participants. SHS flexible funding must only be used to assist program participants to obtain and maintain permanent housing. All SHS providers will follow procurement law and use reasonable discretion to make economical purchasing choices. This list below includes items that are generally pre-approved, and can be purchased without explicit prior approval.

**Any expenditure not explicitly or implicitly included in the list below requires approved with a written request to [HousingServices@clackamas.us](mailto:HousingServices@clackamas.us). Any dollar amount over what is listed below also requires approval in the same way.** This includes mental/physical health, substance abuse treatment services, and legal services costs. (with the exception of SSI/SSDI benefits recovery attorney services, which are included in the list below). For particularly time-sensitive requests for approval sent outside of normal county business hours, a text can be sent to Vahid Brown at 971.334.9870 to alert that a request has been sent to Housing Services email for review.

*\*Note: As monthly rent and rental deposits are covered by the RLRA program, they are not included in the list below. However, any rental deposit request for more than 2.5 times monthly rent, must be approved by the SHS team prior to submission to the RLRA team.*

### **Rental Screening Barrier Busting**

- Identification/documentation replacement-*up to \$200/person*
- Rent Arrears (up to \$5,000/household)- if needed to remove screening barrier and access rental housing
  - Be sure to consult COVID-related rental arrears legal guidance to determine if rental arrears accumulated during CY2020 and CY2021 may be used in landlord screening
- Utility arrears (*up to \$1000/household*)- if needed to remove screening barrier and access rental housing or to set up utilities in rental housing
  - Before making a payment, consult with Clackamas Energy Assistance Program: contacts at <https://www.clackamas.us/socialservices/energy.html>
  - Consult with SHS team if payment is needed sooner
- Traffic fines and fees up to *\$1000*
  - must be tied to removing screening barrier to rental housing or to prevent loss of housing

### **Housing Related Costs**

- Rental Application fees-*up to \$150/screened individual*
- Holding deposits-*up to \$400/household*
- Utility deposits-*up to \$500/household*
- Rental/Security deposits – work with RLRA team to problem solve cases where landlord will not accept a promissory note. If landlord will not accept alternative payment methods offered by RLRA, contact SHS team for approval of payment out of flex funds.
- Pet deposits- for up to 2 pets-*up to \$800*
- Utility payments—*up to \$500 annually*
  - There is a utility allowance built into in the Housing Authority of Clackamas County rent calculation document *for heat, water, sewer, garbage and power to the rental unit*. Ensure the participant has an on-going plan to cover utility costs
  - Any utilities paid outside of heat, power, water, sewer, garbage and internet

must be approved by SHS team

- Unpaid tenant portion of rent: *up to \$500*
  - Must be a one-time or short-term prevention strategy while developing budgeting plan of action with household
- Moving costs-up to *\$500 in total/household*
  - May include: truck rental, moving company, and/or moving supplies
  - If hiring a moving company, agency must receive 3 quotes before contracting with lowest price
- Community Warehouse participation costs, including delivery fee-up to *\$200/household*
  - *All other furniture costs must be approved by SHS team*
- Mattress (when unavailable at Community Warehouse) - up to *\$400*
  - Approval for mattresses at a higher cost will require a medical need, and must be made directly to the SHS team
- Mediation between landlords and program participants-up to *\$300*
- Temporary short-term housing provision- up to *\$150 per night*
  - Diversion should be used in all cases to find the most cost efficient, trauma-informed, and suitable option for each participant
  - If Emergency Shelter is the best intervention, attempts must be made first utilize existing Emergency Shelter units or vouchers
  - Hotel/motel costs may be paid out of flex funding if all other options have been exhausted, including diversion, and this is the best option for the individual
    - Costs \$150 per night or less
    - Must seek re-authorization at least monthly with SHS team to continue to pay for this cost

### **Other General Uses**

- Basic Hygiene/medical needs-up to *\$100/person/year*
  - Ex. Menstruation products, toilet paper, first aid kit and/or supplies, toiletries etc.
- Survival assistance-up to *\$500/household-*
  - Includes costs to support program participants' ability to survive the elements while identifying temporary and/or permanent housing options.
  - Ex. Tent, sleeping bag, hand/foot warmers, socks, shoes, warm weather gear, food/water, sun screen, backpack etc.
- Assistance applying for benefits-up to *\$500/applicant*
  - Ex. Fees to attorneys or others to assist with completing an SSI/SSDI application
- Cell phone bill-up to *\$200/household*
  - Before paying with SHS funds, households must apply for reduced cost phone programs. Example: Oregon Lifeline, <https://www.oregon.gov/puc/pages/oregon-lifeline.aspx>; Oregon Health Plan members can also receive a free phone via their care coordinator (with CareOregon or HealthShare). Info at: <https://www.healthplansinoregon.com/free-cell-phones-for-members-of-oregon-health-plan/>
- Educational/Life Skills services-up to *\$300*
  - Ex. Consumer/financial ed, health education, prevention programs, literacy, ESL/ELL, GED, tutoring, household management, conflict management, use of public transit, nutrition, meal prep, parental ed
  - Ex. buying required books, supplies, and/or instructional material associated with education
- Transportation
  - Bus passes (*monthly*)-*\$100/person*

- If qualified, agency must assist individuals in applying for honored citizen or other reduced cost bus passes; apply via <https://trimet.org/fares/honoredcitizen.htm>
  - Check with local partners about TriMet partnerships to offset the cost of bus passes (example, Clackamas Service Center and The Father's Heart)
- Gas cards (*up to \$100 monthly*)
  - When transportation is at least 70% associated with participants work, healthcare needs, grocery shopping, accessing services, and other essential functions
  - SHS funding can only pay for gas cards on an as-needed bases. This policy should **not** be read to mean that every participant with a vehicle automatically receives \$100 a month
- Car repair or maintenance, not to exceed 10% of Blue Book value of the vehicle-
- Food (*up to \$150/mo/household*)
  - Food paid for by SHS should be supplemental to SNAP benefits and accessing food banks and other free or reduced cost food programs
  - SHS funding can only pay for food on an as-needed bases. This policy should **not** be read to mean that every participant/household automatically receives \$150 a month in food assistance
- Employment assistance and job training- in-person or online- up to *\$100/working-age person*
  - Ex. Training in particular software or computer skills, on-the-job instruction, employment assistance programs, reasonable stipends for job training
- Costs or fees associated with participating in necessary healthcare services- up to *\$100*
  - *Contact Clackamas County Behavioral Health for appointments*
  - Ex. mental or physical health costs, program fees, etc.
- Credit Counseling- up to *\$75*
  - Assistance with resolving personal credit issues
- Engagement services- costs to support engagement with program participants-up to *\$150/household*
- Child Care- *Request approval*
  - Cost of establishing childcare or providing childcare vouchers
  - Costs for food, as required by a childcare provider
- Storage unit costs- -up to *\$200/household*
  - *Storage unit costs should only be covered for a short time* until a participant can be reunited with their possessions

## ADDENDUM: DEFINITIONS

### Culturally Responsive and Culturally Specific Services

HACC is using definitions of Culturally Responsive and Culturally Specific services developed through a collaborative Metro-wide work group.

### Culturally Responsive

Culturally responsive services are general services that have been adapted to honor and align with the beliefs, practices, culture and linguistic needs of diverse consumer / client populations and communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. Culturally responsive services also refer to services provided in a way that is culturally responsive to the varied and intersecting “biological, social and cultural categories such as gender identity, class, ability, sexual orientation, religion, caste, and other axes of identity.” Culturally responsive organizations typically refer to organizations that possess the knowledge and capacity to respond to the issues of diverse, multicultural communities at multiple intervention points. Culturally responsive organizations affirmatively adopt and integrate the cultural and social norms and practices of the communities they serve. These agencies seek to comprehensively address internal power and privilege dynamics throughout their service delivery, personnel practices and leadership structure.

A culturally responsive organization is one that reflects the following characteristics:

- Prioritizes responsiveness to the interests of communities experiencing inequities/racism and provides culturally grounded interventions [that] have been designed and developed starting from the values, behaviors, norms, and worldviews of the populations they are intended to serve, and therefore most closely connected to the lived experiences and core cultural constructs of the targeted populations and communities;
  - Affirmatively adopts and integrates the cultural and social norms and practices of the communities they serve;
  - Addresses power relationships comprehensively throughout its own organization, through both the types of services provided and its human resources practices. A key way of doing this is engaging in critical analysis of the organization’s cultural norms, relationships, and structures, and promoting those that support democratic engagement, healing relationships and environments;
  - Values and prioritizes relationships with people and communities experiencing inequities universally, paying particular attention to communities experiencing racism and discrimination;
  - Commits to continuous quality improvement by tracking and regularly reporting progress, and being deeply responsive to community needs; and
  - Strives to eliminate barriers and enhance what is working.
- Culturally responsive organizations seek to build change through these major domains:

- Organizational commitment, leadership, and governance;
- Racial equity policies and implementation practice;

- Organizational climate, culture, and communications;
- Service-based equity and relevance;
- Workforce composition and quality;
- Community collaboration;
- Resource allocation and contracting practices; and
- Data metrics and continuous quality improvement.

### Culturally Specific

Culturally specific services are services provided for specific populations based on their particular needs, where the majority of members/clients are reflective of that community, and use language, structures and settings familiar to the culture of the target population to create an environment of belonging and safety in which services are delivered. Culturally specific organizations typically refer to organizations with a majority of members/clients from a particular community. Culturally specific organizations also have a culturally focused organizational identity and environment, a positive track record of successful community engagement, and recognition from the community served as advancing the best interests of that community. Organizations providing Culturally Specific Services reflect the following characteristics:

- Programs are designed and continually shaped by community input to exist without structural, cultural, and linguistic barriers encountered by the community in dominant culture services or organizations AND designed to include structural, cultural and linguistic elements specific to the community's culture which create an environment of accessibility, belonging and safety in which individuals can thrive.
- Organizational leaders, decision-makers and staff have the knowledge, skills, and abilities to work with the community, including but not limited to expertise in language, core cultural constructs and institutions; impact of structural racism, individual racism and intergenerational trauma on the community and individuals; formal and informal relationships with community leaders; expertise in the culture's explicit and implicit social mores. Organizational leaders and decision-makers are engaged in improving overall community well-being, and addressing root causes.
- Intimate knowledge of lived experience of the community, including but not limited to the impact of structural or individual racism or discrimination on the community; knowledge of specific disparities documented in the community and how that influences the structure of their program or service; ability to describe the community's cultural practices, health and safety beliefs/practices, positive cultural identity/pride/resilience, immigration dynamics, religious beliefs, etc., and how their services have been adapted to those cultural norms.
- Provide multiple formal and informal channels for meaningful community engagement, participation and feedback at all levels of the organization (from service complaints to community participation at the leadership and board level). Those channels are constructed within the cultural norms, practices, and beliefs of the community, and affirm the positive cultural identity/pride/resilience of the community. Community participation can and does result in desired change.

- Commitment to a highly skilled and experienced workforce by employing robust recruitment, hiring and leadership development practices including but not limited to valuing and caring for community and/or lived experience; requirements for professional and personal references within the community; training standards professional development opportunities and performance monitoring.
- Commitment to safety and belonging through advocacy; design of services from the norms and worldviews of the community; reflect cultural constructs of the culturally specific community; understand and incorporate shared history; create rich support networks; engage all aspects of community; and address power relationships.

**Housing First Principles:**

- Few to no programmatic prerequisites to permanent housing entry
- Low barrier admission policies
- Rapid and streamlined entry into housing
- Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability
- Tenants have full rights, responsibilities, and legal protections
- Practices and policies to prevent lease violations and evictions
- Evictions from housing do not result in termination from the program

For more information on housing first, visit: <https://endhomelessness.org/resource/housing-first/> and <https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/>

**ASSIGNMENT ADDENDUM TO  
TO THE CONTRACT DOCUMENTS WITH  
THE FATHER'S HEART STREET MINISTRY**

This Assignment Addendum is entered into between **The Father's Heart Street Ministry** ("Contractor"), the Housing Authority of Clackamas County ("HACC") and Clackamas County ("County"). This Assignment Addendum is attached to, and incorporated into, the contract between Contractor and HACC executed contemporaneously herewith ("Contract"). As used below, "Contract" means this Assignment Addendum and the Contract.

The County is creating a new Housing Division within the County's Department of Health, Housing, and Human Services. On or after July 1, 2022, contracts for the provision of supportive housing services, including this Contract, will be assigned by HACC, to the County.

On or after July 1, 2022, or at such other time as either HACC or County may determine (the "Effective Date"), all of HACC's rights, title, interest, responsibilities, and other obligations will be assigned from HACC to County. By execution of this Assignment Addendum, County hereby accepts such assignment and assumes and agrees to be bound by the terms of the Contract as of the date of the Effective Date.

**Housing Authority of Clackamas County**

**Clackamas County**

\_\_\_\_\_  
Authorized Signature                      Date

\_\_\_\_\_  
Authorized Signature                      Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

**The Father's Heart Street Ministry**

*Charly Gant*      *6/30/22*  
\_\_\_\_\_  
Authorized Signature                      Date

*Marty Gant*  
\_\_\_\_\_  
Printed Name



COVER SHEET

- New Agreement/Contract
- Amendment/Change/Extension to \_\_\_\_\_
- Other \_\_\_\_\_

Originating County Department: \_\_\_\_\_

Other party to contract/agreement: \_\_\_\_\_

Description:

After recording please return to: \_\_\_\_\_

- County Admin
- Procurement

If applicable, complete the following: \_\_\_\_\_

Board Agenda Date/Item Number: \_\_\_\_\_