

6/30/2022

Housing Authority Board of Commissioners  
Clackamas County

Approval of a Personal Services Contract with Do Good Multnomah for Veterans Village Services. Total value is \$1,685,300.21. Funding through June 30, 2027. County General Funds are not involved.

<b>Purpose/Outcome</b>	Contractor will provide staffing and services for the Veterans Village
<b>Dollar Amount and Fiscal Impact</b>	Total value for the contract over the contract term is \$1,685,300.21
<b>Funding Source</b>	Supportive Housing Services Program funding -No county general funds are involved.
<b>Duration</b>	Upon signature through June 30, 2027
<b>Previous Board Action/Review</b>	N/A
<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 6, 2022 - Andrew Naylor
<b>Procurement Review</b>	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 10713

**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 Personal Services contract with Do Good Multnomah to provide intensive case management, peer support, and housing navigation for veterans receiving services at Clackamas County Veterans Village. The Clackamas County Veterans Village serves as a critical resource in furthering the County's goal of ending veteran homelessness. It provides safety off the streets, opportunities for intensive service engagement, a supportive community environment, and a proven record of accomplishment for securing permanent housing for the majority of program participants.

Over the history of the project the Clackamas County Veterans Village and its program operator, Do Good Multnomah, has served 85 veterans that have called the Village home and 56 have transitioned to permanent housing/higher level of care facilities, or long-term substance treatment programs. Currently the Village is operating with 24 sleeping pods. The average length of stay at the Village prior to transitioning into permanent housing is 8.5 months.

Total contract value is for \$1,685,300.21 for 5 years. The yearly not to exceed value for reimbursement for Do Good Multnomah providing the services is set forth in the table below.

For the first fiscal year, FY 22-23, the annual total contract value will not exceed \$317,434.00. The annual total contract value will increase 3% each fiscal year thereafter.

	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	Total
Yearly	\$ 317,434.00	\$326,957.02	\$336,765.73	\$346,868.70	\$357,274.76	\$1,685,300.21

This contract was procured by HACC with the intention of being managed by HACC staff. Subsequent to 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 during the term of the contract. As a result, the proposed contract contains an assignment addendum to be executed by HACC and Clackamas County enabling the assignment to occur once the new division is created.

**RECOMMENDATION:** Staff respectfully recommends that the Board of the Housing Authority of Clackamas County approve the contract between Do Good Multnomah and HACC to provide supportive housing case management and housing navigation and placement services for Clackamas County Veterans Village. Staff also recommends the Board authorize Commissioner Tootie Smith, Chair, to sign the contract on behalf of the HACC.

Respectfully submitted,

*Rodney A. Cook*

Rodney Cook, Director  
Health, Housing & Human Services

**DO GOOD MULTNOMAH  
PERSONAL SERVICES CONTRACT  
Contract # 10713**

This Personal Service Contract (this “Contract”) is entered into between the Housing Authority of Clackamas County (“HACC”) and Do Good Multnomah, 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, 2027.
2. **Scope of Work.** Contractor shall provide the following personal services: provide houseless veterans a programmatic opportunity with a safe place to sleep and engage in stabilizing and supportive services provided by HACC and community providers (“Work”), further described in Exhibit A.
3. **Consideration.** HACC agrees to pay Contractor, from available and authorized funds, a sum not to exceed One Million Six Hundred Eighty-Five Thousand Three Hundred dollars Twenty one cents (\$1,685,300.21) for the entire five-year term of this Contract. The annual not to exceed value for performing the Work is set forth in the table in Exhibit C. For the first fiscal year, FY 22-23, the annual total contract value will not exceed \$317,434.00. The annual total contract value will increase 3% each fiscal year thereafter for accomplishing the Work required by this Contract. Consideration rates are on reimbursement basis in accordance with 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 C. 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](mailto: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: Do Good Multnomah Administrator: Chris Aiosa Phone: (503) 490-7298 Email: <a href="mailto:caiosa@dogoodmultnomah.org">caiosa@dogoodmultnomah.org</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.
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, 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 HACC or any department of HACC, nor purport to act as legal representative of HACC or any of its departments, without first receiving from the Clackamas County Counsel’s Office authority to act as legal counsel for HACC, nor shall Contractor settle any claim on behalf of HACC 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 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 shall further comply with any and all terms, conditions, and other obligations as may be required by the applicable regional, State, or Federal agencies providing funding for performance under this Contract, whether or not specifically referenced herein. 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. 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 County to comply with applicable local, State, or Federal funding requirements.

**33. 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.

**DO GOOD MULTNOMAH**


**HOUSING AUTHORITY OF CLACKAMAS COUNTY**

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

DocuSigned by:  
*Chris Aiosa* 6/21/2022  
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Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Chris Aiosa Executive Director Tootie Smith, Chair Date  
Name / Title (Printed) \_\_\_\_\_

Oregon Business Registry # 47-3934102  
501(c)3 oregon  
Nonprofit  
Entity Type / State of Formation \_\_\_\_\_

Approved as to Form:  
 06/22/2022  
County Counsel Date

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

Do Good Multnomah (“Contractor”) is a non-profit organization that provides intensive case management, peer support, housing navigation, and a supportive community environment for Veterans receiving services at Clackamas County Veterans Village. Contractor fosters relationship building, one-to-one engagement, supportive services, and direct community participation to support houseless Veterans in Clackamas County and the Portland, Oregon metropolitan area.

In addition to compliance with all guiding principles and expectations listed below, Contractor will provide the following services:

1. Contractor will provide houseless veterans an opportunity with a safe place to sleep and engage in stabilizing and supportive services provided by H3S and community providers.
2. Contractor will always maintain a 91% to 100% occupancy at Clackamas County Veterans Village, allowing participants consecutive 24 months occupancy. Contractor will engage in case conferencing with Housing Services Team (HST) staff whenever a participant reaches 18 months of occupancy to identify barriers and support timely transition to permanent housing, higher level of care facilities, or long-term residential treatment programs.
3. Clackamas County Veterans Village consists of 24 tiny homes and serves as a critical resource in furthering the County’s goal of ending Veteran homelessness. Contractor will implement a plan to increase the successful transition of Veterans into permanent housing, higher levels of care facilities, or long-term substance treatment programs by 15% over the first three years of contract term (the current percentage is 62%), with a goal to have 77% of participants experiencing successful transitions by July 2025.
4. Contractor will provide for the staffing and supervision of four full-time staff members to perform the services. These staff members shall include a program manager, case manager, peer support specialist, and a navigation specialist. The duties and responsibilities of the staff positions shall be defined as follows:
  - a. Program Manager: The Program Manager oversees day to day operations at the village. They work closely with the county by attending meetings and acting as a liaison. They identify repair and maintenance needs and submit work orders as necessary. They are also responsible for ensuring the village landscaping and image is maintained and presentable. Community is important in the village and the Program Manager works closely with staff, community partners, and villagers to coordinate weekly village meetings, events, and activities. The Program Manager also oversees staff as they accomplish their duties and provide the best services possible.
  - b. Case Manager: All residents of Veterans Village will have access to individualized care plans, skill development and referrals to a wide variety of programs with additional services if needed. The case manager utilizes an Individual Service Plan (ISP) format/methodology that assists residents in identifying goals across the eight dimensions of wellness: physical, emotional, social, intellectual, environmental, spiritual, vocational, and financial. The case manager works closely with our local VA and other community partners, including culturally specific organizations to make the best and most appropriate referral for services outside of our program.
  - c. Peer Support: Do Good Multnomah strongly values the unique benefit of peer support. All residents at Veterans Village have access to the peer support and peer delivered services, regardless of their engagement in case management services. Residents have the option of developing a WRAP (Wellness and Recovery Action Plan) with the peer support specialist to support them in their recovery. The peer support specialist also provides support to residents off-site if needed, for example attending appointments and navigating transportation services, as well

as provides life skill training for things such as, computer/phone navigation, cooking, and budgeting.

- d. Navigation Specialist: The Navigation Specialist works with Case Managers, to assist with participants' housing search and placement while leveraging supportive services to assist the participant in maintaining permanent housing. Navigation Specialist will walk alongside the Veterans during the housing search process. This includes coordinating housing/apartment walkthrough and showing, lease explanation, and writing reasonable accommodation and appeals. They assist the Program Manager with program coordination, including document assessment and management for the Rapid Rehousing program. They also maintain accurate and efficient physical and electronic records, including utilizing the Homeless Management Information System (HMIS) to enter and exit participants from database, assigning incoming participants to case managers, and regular reporting functions.
5. Contractor shall perform all work described in the Village Manual Exhibit G, which must include ongoing contractor support for a Village Council comprised of program participants.
6. Contractor shall provide Veteran Village management services which will include:
  - a. Taking referrals of eligible participants from Coordinated Housing Access (CHA), and conducting rigorous outreach to referred households and facilitating their voluntary placement in the program.
  - b. Assigning staff to the Homeless Veterans Coordination Team (HVCT), attending HVCT meetings, and supporting the By-Name List case conferencing work of the HVCT
  - c. Maintaining access to and scheduling of the sleeping pods.
  - d. HMIS intake, annual, and exit paperwork and data entry requirements (see further below under Reporting Requirements).
  - e. Providing milieu management, including supporting community-building activities among participants and identifying and promoting opportunities for participant involvement and leadership in community activities at the Veterans Village
  - f. Providing on-site staff with adequate skills and, where appropriate, certification enabling them to address behavioral health needs of participants
  - g. Refer participants to and provide support to connect with community and H3S resources.
  - h. Coordinate and calendaring services and activities on-site.
  - i. Coordinating and calendaring volunteer activities and events on-site.
7. Contractor shall provide case management and housing navigation services to Veterans Village participants which will include:
  - a. Developing Individualized Service Plans with each participant and supporting participants in reaching their goals, as defined in 4.b
  - b. Assessing participants' housing barriers, needs, and preferences
  - c. Assisting participants in accessing benefits, employment, mental and physical health services, removing housing barriers, and generally supporting the needs of participants as they relate to long-term housing stability upon exiting the program
  - d. Assisting participants in accessing permanent housing supports, including vouchers and rent assistance, and providing housing search assistance, including researching available units, contacting landlords, accompanying participants on apartment tours, etc.
  - e. Providing assistance with housing application preparation, housing application appeals and reasonable accommodation requests necessary obtain housing
  - f. Facilitating warm hand-offs with other service providers engaged with participants at the time of exits to permanent housing, including with providers of supportive services case management
8. Work with community partners to promote the development of village social infrastructure including supporting weekly participant general assemblies.

9. Develop of a Village evacuation plan in the event of an emergency or natural disaster (e.g., wildfire, earthquake, chemical spill) within 6 months of contract execution, with final review and approval from the County.
10. 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
11. Provide support in developing resources for additional sleeping pods.
12. Liaise with County staff in support of the County’s maintenance and property management roles, including:
  - a. Identifying needed maintenance, repairs, grounds keeping, and any other property-related issues necessary to the maintenance of a safe, clean, and welcoming environment for program participants, and notifying County staff as these needs are identified
  - b. Liaising with County staff or contractors on site and facilitating their access to the property as needed for the conduct of maintenance or other property-related work

**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 COMP site
Optimal Occupancy	At least 91% occupancy, based on stated capacity of program	HMIS COMP site
Effective Services	Average length of program participation below 365 days, with a goal to reduce to 274 days.	HMIS COMP site
Ending Homelessness	Increase the successful transition of Veterans into permanent housing, higher levels of care facilities, or long-term substance treatment programs from 62% to 77% by July 2025.	HMIS COMP site

*Benchmarks and timeline*

1. Hire and have 100% of contracted staff on board within 30 days of contract execution
2. Complete and submit for approval most recent draft of village manual within 30 days of contract execution
3. At least one staff member completes training (or ensures competence) in HMIS and CHA within 60 days of contract execution
4. Housing navigator assists first household to exit to permanent housing within 90 days of contract execution
5. Complete Housing First Aid/Diversion training within 120 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. 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
  - 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

### **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 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 quarterly “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
  - 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**

The yearly not to exceed value for reimbursement for Do Good Multnomah providing the Services is set forth in the table below. For the first fiscal year, FY 22-23, the annual total contract value will not exceed \$317,434.00. The annual total contract value will increase by no more than 3% each fiscal year thereafter with yearly review and approval from HACC.

	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>FY 24-25</b>	<b>FY 25-26</b>	<b>FY 26-27</b>	<b>Total</b>
	\$ 317,434.00	\$326,957.02	\$336,765.73	\$346,868.70	\$357,274.76	\$1,685,300.21

<b>Budget FY 22-23</b>		
<b>Line Item Category</b>	<b>Narrative/Description Please provide a detailed description of each line item</b>	<b>Funds Requested</b>
<b>Personnel</b>		
Staffing	4 FTE to support village operation	\$214,016
Benefits	Benefit calculation for staff	\$21,600
On-call	On-call in case of medical or personal emergency	\$8,026
Taxes	Calculated state and federal deductions	\$26,752
<b>Personnel Subtotal:</b>		\$270,394
<b>Program Operations</b>		
Client Transportation	Lyft rides to critical appointments when TriMet is not an option.	\$1000
Office and cleaning supplies	Ink, paper, general office & housekeeping supplies	\$1,200
Phone	Dedicated Village number	\$840
Internet	Internet for entire site	\$3,000
<b>Program Operations Subtotal:</b>		\$6,040
<b>Client Services</b>		
Flex Funds	\$1250 per number of POD (24)	\$30,000
<b>Client Services Subtotal:</b>		\$30,000
<b>Capacity Building</b>		
<b>Capacity Building Subtotal:</b>		
<b>Administration</b>		
Indirect Administration	bookkeeping, HR, Legal, insurance	\$11,000
<b>Administration Subtotal:</b>		\$11,000
<b>Total Funds Requested</b>		<b>\$317,434</b>

**EXHIBIT D**



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 #: _____	Current Program Population A HH: _____
Email: _____	Current Program Population B HH: _____

Date(s) of Goods/Services	Description - Please provide a detailed description of each line item including client name or HMIS ID# <small>*supplemental attachments are required for personnel, mileage, and client services reimbursements*</small>	Contracted Budget Line Item Category	Population A Cost Allocation	Population B Cost Allocation	Total Funds Requested
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**Transitional Housing/Shelter Operations**

					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Transitional Housing/Shelter Operations Subtotal:</b>			\$ -	\$ -	\$ -

**Capacity Building**

<b>Capacity Building Subtotal:</b>			\$ -		

**Indirect Administration**

<b>Administration Subtotal:</b>			\$ -		

**Total Requested Funds \$ -**

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



Rod Cook, Director  
Health, Housing, and Human Services

## 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/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:** \_\_\_\_\_

Clackamas County Housing and Community Development

2051 Kaen Road, Suite 239, Oregon City, OR 97045 | Direct Line: (971) 413-6923 | HousingServices@Clackamas.us





Rod Cook, Director  
Health, Housing, and Human Services

## 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/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:** \_\_\_\_\_



**EXHIBIT E  
HMIS DATA FORM**

**ENTRY**

**PROGRAM:**

**COVID-19**   
(Yes/No)

**START DATE:**

**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 #:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>NAME(s):</b>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
<b>Social Security:</b>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**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\*:**

**Date of Birth:**

**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>					

<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>					

<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>					

<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>					

<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>					

<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)
-----	-----	-----	-----	-----

**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: 

_/_/___	_/_/___	_/_/___	_/_/___	_/_/___
---------	---------	---------	---------	---------

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)
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**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

<b>Reason for Leaving:</b>				
Completed Program				
Criminal activity / violence				
Death				
Disagreement with rules/persons				
Left for housing opp. Before completing program				
Needs could not be met				
Non-compliance with program				
Non-payment of rent				
Other				
Reached maximum time allowed				
If Other, Specify:				

**Destination: (All Clients)**

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

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

### HMIS DATA FORM

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

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

	<b>NO CHANGES IN HEALTH INSURANCE FOR ENTIRE FAMILY</b>				
Yes					
No					
Client doesn't know					
Client refused					

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

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

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

### HMIS DATA FORM

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

**Does the Client have a Disabling Condition? (Required for all household members)**

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

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

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

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

Yes				
No				
Client doesn't know				
Client refused				

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

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

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

# HMIS DATA FORM

EXIT

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

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

Yes				
No				
Client doesn't know				
Client refused				

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

	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	Yes	No	DNC	
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)																
WIC (HUD)																
TANF Child Care Services (HUD)																
TANF Transportation Services																
Other TANF-Funded Services (HUD)																
Other Source (HUD)																

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

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

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

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

**HMIS DATA FORM**

**EXIT**

**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					
CASE/CARE MANAGEMENT					
CHILD CARE PROVIDERS					
<b>COVID-19</b>					
EDUCATION					
EMPLOYMENT					
FOOD					
HEALTH CARE					
HOUSING COUNSELING (landlord/tenant counseling)					
HOUSING/SHELTER					
LANDLORD/TENANT ASSISTANCE					
LEGAL SERVICES					
LIFE SKILLS EDUCATION					
MATERIAL GOODS					
MENTAL HEALTH & SUBSTANCE ABUSE					
MOVING EXPENSE ASSISTANCE					
OUTREACH PROGRAMS					
RENT PAYMENT ASSISTANCE					
RENTAL DEPOSIT ASSISTANCE					
SUBSTANCE ABUSE					
TRANSPORTATION					
UTILITY ASSISTANCE					
UTILITY DEPOSIT ASSISTANCE/UTILITY ASSISTANCE					



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



**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

Page 2 of 2

### 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:**  
**Clackamas County Veteran Village**  
**POLICIES & PROTOCOLS MANUAL**

CONTENT:

- Agreements (p.1)
- Types of Membership (p.1)
- Village Governance (p.3)
- Village Security Plan (p.4)
- Village Safety Plan (p.7)
- Food Storage (p.9)
- Pets (p.10)
- Abandonment (p.10)
- Alcohol, Drug &Paraphernalia (p.11)
- Couples Policy (p.11)
- Probationary Status (p. 12)
- Medical & Family Leave (p.12)
- Bathroom Cleaning (p.12)
- Vehicle

AGREEMENTS: There are two sets of agreements that the Village must follow at all times:

Community Agreement: The internal agreements that list acceptable behavior for residents within the Village (included in the back of this document).

Operational Agreement: The formal agreement between Do Good Multnomah (DGM) and the Clackamas County Veteran Village (CCVV) that regulates what the Village can and cannot do.

ROLES:

Probationary Villager: A new program participant undergoing a 4-week trial period, to make sure that they can follow the Community Agreement and the Villager Program and Participation Agreement before being fully accepted as a villager.

Villager: A Veteran program participant who currently resides at the Village.

Village Council Member: 3 to 5 program participants elected to have additional responsibility in the Village as described below

Village Volunteer: A non-resident or prior resident who is trained to assist in the operation and maintenance of the Village.

DGVV Support Committee: A committee of DGM, Clackamas County, and other key individuals responsible for providing oversight and support to CCVV.

Do Good Multnomah: (DGM or Do Good) will be supporting the CCVV through supportive services. DGM is a non-profit organization that that specifically serves Veterans experiencing homelessness.

Non-Discrimination Policy: CCVV does not, and shall not discriminate on the basis of age, race, color, national origin, primary language, sex or sexual orientation, religion, disability, genetic information, domestic

violence victim status, political affiliation or belief, or any other characteristic protected under applicable federal or state law, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, selection of village residents, and provision of services. We are committed to providing an inclusive and welcoming environment for all village residents and members of our staff, clients, volunteers, subcontractors, and vendors.

### Villager Participation

- a. As attached as Exhibit E to the Operations Agreement, also known as the Agency Services Agreement between Clackamas County acting through as Health, Housing and Human Services Department (H3S) and Do Good Multnomah, H3S will be providing the listed services to villagers in CCVV.
- b. Upon every participant's arrival at (CCVV), they will have an in-depth intake to assess their needs and case management. Depending on the outcome of the intake, the participant will continue to have weekly/bi-weekly or monthly case management with CCVV staff. CCVV will manage and refer participant to services as needed at time of intake. Every participant will have different case management needs. Participants will work with CCVV staff to create their individualized and personalized case plan.
- c. Participants will be required to make their weekly/bi-weekly or monthly goals as outlined in their initial case management plan. Participants will be required to meet with a VA social worker (or other outreach social worker if not VA eligible) and follow through on tasks that they are given. CCVV's primary purpose is to help participants become self-sufficient and transition into permanent housing. It is the participant's responsibility to follow their case plan and to communicate when goals are met and/or when plans need to be adjusted. Case plans will be updated quarterly or more frequently if necessary.
- d. Participants are required to make all appointments outlined on their case plan, unless there is a valid reason why they cannot follow through. If an appointment without a valid excuse or prior notification an intervention/action plan may be implemented as outlined below in Section D(2). Please see policy and procedures manual for further information.
- e. Participants will be made aware that this is a transitional housing program, and they need to ensure they are actively working with staff in conjunction with their case plan. Each case plan will be updated every 90 days or less if needed.
- f. A case plan will be created with each individual Veteran in order to assist and mitigate any and all barriers regarding their permanent housing, employment, education, benefits, etc. Disciplinary action will be taken for Veterans who do not engage with a case manager and are out of compliance with their case plan. Veterans who have been given warning and still refuse to engage will be exited from the program (As outlined in section D: Intervention Action Plan).

### VILLAGE GOVERNANCE

Self-governance is a core value of the CCVV. This means that the success of the Village rests on the participation of those who live here. There are three governing groups for making decisions related to the management of the Village. They are:

#### 1. Weekly Village Meeting (All Residents)

Attendance at the weekly Village Meeting is mandatory for all residents. Issues related to the organization of the Village will be discussed and voted on at this time. Specific roles will be identified and filled in order to maintain a safe and sanitary environment. The following applies to

Village meetings:

- a. Advanced notice with documentation must be provided to and approved by the Village Council for excused absences (i.e. work, school, medical).
- b. Excused absences may vote on policy issues prior to the meeting through absentee ballot.
- c. A quorum is established when over 50% of residents are present.
- d. Any decisions made at the Village Meeting must comply with the existing Community Agreement, Village Manual, and Operational Agreement.
- e. Amendments to the Village Manual may be proposed at the meeting in writing. Proposals will be voted on at the next meeting and require 2/3 majority vote to pass.
- f. Amendments to the governance and policy sections of the Village Manual must be reviewed and approved by the Support Committee before taking effect.
- g. Expulsion from the Village may be appealed at the weekly meeting (see appeal process for more details).

2. Village Council

- a. Elections. Elections are held during Village Meetings to maintain a Village Council of 3 residents. To become a Council member, a resident must be nominated by another resident. A majority vote of Villagers present then decides which nominees are elected.
- b. The elected term is three months (6). Council members may serve consecutive terms. Elections are to be staggered so that the entire Council does not change at once, and members stepping down from Council should provide at least two weeks' notice. A Council member may be removed from their position by a majority vote at a Village Meeting for failure to perform the duties of a Council member.
- c. The role of the Village Council is to uphold orderly management of the Village. A primary responsibility of the Council is to act between meetings when urgent situations arise. There is to be a designated "Councilor of the Day" as a point of contact for day-to-day operations.
- d. The Council is not meant to have greater power than any other Villager. Those elected to the council are simply given the task of responding to incidents when a Community Agreement is broken and enacting the appropriate level of intervention as specified in this manual. When an incident occurs that is not described in this manual, it is up to the Village Council to determine the appropriate level of intervention.
- e. All Council decisions are potentially subject to review by the entire village at a Village Meeting following the Appeal Process. In this way, service on the Council is much like any other form of contribution to the operation and maintenance of the village. For incidents resulting in suspension or expulsion, the offender must be given a chance to appeal before taking their leave—unless the Village Council considers the behavior to be a threat to the village.
- f. The Village Council is to hold at least one regular meeting per week. Impromptu Village Council meetings may also be necessary to address urgent situations. Quorum to hold a Village Council meeting is to have at least 50% of members present, but an attempt must be made to notify all Council Members.

### 3. Support Committee

- g. The Support Committee will at all times have at least one representative from Clackamas County Health, Housing & Human Services; Do Good; and the Village Council. Membership may expand as warranted to include, for example, a core volunteer or a Clackamas County Sheriff's Office village liaison deputy.
- h. The Village Council representative will be chosen by majority vote of the Village Council at time of Village Council elections. The elected Support Committee liaison Councilor will serve a three-month term, and the liaison may serve consecutive terms if he or she is also elected to consecutive terms as a member of the Village Council.
- i. The role of the Support Committee is to provide oversight of the Veterans Village as a whole, of the implementation of this Manual, and of adherence to the Community Agreements.
- j. Final decisions on program displacement of a village participant will be made by the Support Committee. No program participant may be permanently expelled from the Veterans Village without prior review by the Support Committee.
- k. The Support Committee is to hold one regular meeting per month. Additional meetings may be called as needed and will be called in the event an intervention action involving potential displacement of a Veterans Village program participant occurs. The Support Committee may change any provision in this manual without prior notice.

### VILLAGE SECURITY PLAN

1. The gate will be locked between 8pm-8am. During after hours, Villagers have the ability to come and go, but must lock the gate during use. The gate key will be in the common area for access. In the case of an incident, the residents should alert the Village Council, 911, or staff
2. Weapons are not allowed on the Village site. Weapons are defined as firearms, knives (other than small pocketknives with 4" blade or less or those used for cooking), explosives of any type, clubs, or other striking implements. Chemicals such as Mace or Pepper spray must be checked at the front desk.
3. There are Three Stages of Response for maintaining a secure and orderly environment within the Village. Stage 1 is the least severe and most common type of response. Stage 3 is the most severe and least common type of response.

#### Stage 1: Village Council

Village Council members are responsible for maintaining order when urgent situations arise. For a full description of this duty see section B.

#### Stage 2: Support Committee

When Village Council members are unable to gain the cooperation of a disruptive resident, they are to contact the appropriate person from the Support Committee. If that fails, the next contact is the overseeing Director of Do Good.

#### Stage 3: Clackamas County Sheriff

The Clackamas County Sheriff Dept. is welcome to patrol the Village as they would any other neighborhood in the county. In cases where the law is being broken and residents are unable to gain cooperation of the offender, the police department will be contacted. The previous two

Stages of Response are to be tried first if appropriate.

Contact the Clackamas County Sheriff Department when a person crime is committed or is in progress, or upon a victim's request. At the request of the victim only, after being informed that they may contact the Clackamas County Sheriff's Office, the Village Council may resolve lower-level crimes such as petty theft and minor criminal mischief.

In the event of any kind of medical or police call out, a critical incident form is to be filled out within 24 hours with as much detailed information about the incident as possible.

## INTERVENTION ACTION PLAN

### 1. Complaints

- a. When a complaint that is not technically a rule break is a cause for concern for members of the Village, the Council and staff will meet with said Villager and discuss a plan of action to curtail the behavior. We hope that early intervention will help prevent further and more severe action.
- b. In cases of a complaint by one Villager against another when the complaint is not a clear rule break, a third-party mediator should meet with the complainant and the alleged offender to discuss the issue and reach a resolution that is agreeable to both parties.
- c. Any Villager may submit a complaint to the Council or staff using the Complaint Form.

### 2. Rule Violations

- a. When a rule break occurs, any Villager may write an Incident Report and submit it to a Council member or staff within 48 hours. The Village Council is responsible for verifying that the level of intervention is appropriate. At least one staff and Council member should then deliver written notice to the alleged offender. From there, the alleged offender has two options:
  - i. Accept the Incident Report with the proposed level of intervention; ii. Request that Council provide a date at which they may appeal the decision.
- b. Minor rule violations (i.e. village meeting, missed assigned chore, etc.) result in 4 levels of intervention:
  - i. Level 1 – Verbal Warning ii. Level 2 – Written Warning iii. Level 3 – 24- 48-hour expulsion from Village depending on severity iv. Level 4 – Expulsion from Village
- c. Minor rule violations will be tracked for a 3-month rolling period.

For example: If you missed a village meeting without notifying staff on the 5th of October you would receive a verbal warning. If you missed another meeting on the 12th of November, you would receive a written warning. If you again missed a meeting on the 9 of December, you would then be on a 48-hour expulsion. If you missed another meeting on the 4 of January, you would be permanently expelled. However, if your 4th missed meeting was on the 6th of January it would be treated as a level 3 again. And if you had missed no meeting between the 5th of October and the 6th of January the January violation would be treated as a level one violation again.

- d. Villagers reserve the right to work off minor rule violations by contributing extra hours

- towards the operation and maintenance of the Village. The Village Council may designate requirements for other minor rule violations.
- e. More severe rule violations may require action at a heightened level of intervention even though the rule violation may be a first offense. The Village Council will deal with these rule violations on a case-by-case basis unless defined in this manual.
  - f. All intervention actions require the agreement of a majority of Village Council members.
  - g. In cases of expulsion from the Village, where the Villager is not an imminent threat to others, the Villager to be expelled will be given a reasonable amount of time to make arrangements for their safety. No resident who is not an imminent threat to others will be expelled after 8pm.
3. Appeals
- a. Villagers may appeal an Incident Report at the weekly village meeting. In cases of expulsion, the appeal may include actions for addressing the problematic behavior that caused their expulsion rather than disputing the incident. A majority vote will either uphold or revise the decision.
  - b. Appeal Process:
    - i. Council reads incident report and informs Village of their decision.
    - ii. Accused has a chance to respond and state their case.
    - iii. Village has a chance to ask questions of the accused.
    - iv. Accused leaves the room.
    - v. Village has opportunity to discuss the details of the incident. In the interest of time, each person may be limited to one chance to speak unless there is a direct response
    - vi. A motion is made to move to vote on whether to “uphold” or “revise” the Council decision.
    - vii. If a majority vote to revise, a new motion should be made stating a desired revision.

### VILLAGE SAFETY PLAN

- 1. Residents shall report a fire or other emergency to 9-1-1 through the use of a personal cell phone. All residents also have access to a phone at the front desk in emergency situations.
- 2. Residents will be notified of a fire or other emergency by word of mouth, and if necessary, will relocate and evacuate based upon the designated evacuation route (see Fire Safety and Evacuation Map Posted at Front Desk). All new residents are to be informed on this during the orientation process.
- 3. A Safety Committee shall be formed with representation from the Village, Clackamas and CCVV staff and Support Committee. Duties of this committee shall include the following:
  - a. Oversight of fire drills and Food Storage Policy
  - b. Quarterly safety inspection with attention to trip, slip, and fall hazards
  - c. Quarterly testing of all smoke and CO2 detectors
  - d. Quarterly testing of all extension cords and power strips with an approved circuit tester
  - e. Maintenance of systems and equipment installed to prevent or control fires
  - f. Maintenance and control of fuel hazard sources
- 4. In addition, resident members of the Committee shall be prepared to:
  - a. Assist others and provide medical aid in an emergency.
  - b. Take a head count after an evacuation. Identify the names and last known locations of anyone not accounted for and provide them to the Fire Official in charge.



- c. Provide additional information or explanation of duties under the plan to residents and volunteers.
5. The following firefighting and fire protection measures will be taken:
  - a. No open flames are permitted within the housing units.
  - b. ABC fire extinguishers will be accessible throughout the Village (see Fire Safety and Evacuation Map for locations).
  - c. Smoke detectors and carbon monoxide alarms will be installed in common buildings and dwellings per City Code and will be inspected to insure they are functional and replaced if they are not functional.
  - d. A map of the village will be maintained and provided to the Clackamas County Fire Department
6. Emergency vehicle ingress and egress
  - a. A fire lane with a minimum width of 20' will be maintained and is identified on the Fire Safety and Evacuation Map. There will be lockable gates at the west and east most ends of the Village, and the fire lane will be defined and kept clear of obstructions within the Village.
  - b. A minimum 10-foot setback and right-of-way will be maintained between structures on the Village site.
7. Village residents will participate in at least two fire drills per year with the Clackamas County Fire Marshal's Office present, using the following procedure:
  - a. Appoint someone to monitor the drill, activate and reset the fire alarm, and time the evacuation.
  - b. Fire drills shall be conducted at varying times and under varying conditions to simulate conditions that could occur during a fire or other emergency. Make it realistic by requiring participants to use their second way out or to crawl low. This can be done by having someone hold up a sign reading "smoke" or "exit blocked by fire"
  - c. After the evacuation, take a head count at the designated meeting place(s) to account for everyone's participation and safe evacuation.
  - d. After the drill, gather everyone together to discuss questions or problems that occurred. Redesign the drill procedures as needed.
8. The fire drills will be documented and recorded in the Village Operations Records with the following details:
  - a. Identify the person conducting the drill.
  - b. Date and time of the drill.
  - c. Notification method used.
  - d. Staff members on duty and participating.
  - e. Number of occupants evacuated.
  - f. Special conditions simulated.
  - g. Problems encountered.
  - h. Weather conditions during the drill.
  - i. Time required completing the evacuation.
9. Fire Safety and Evacuation Map (posted at front desk)
10. If a villager is caught removing batteries from the detectors, they will get an immediate written

warning.

## VILLAGE POLICIES

### 1. SLEEPING POD POLICY

Each program participant will be assigned one of the “pod” structures to use for sleeping and the storage of personal belongings. The pods are at all times under the direct responsibility of Clackamas County. They are not the property of the program participants.

- a. **Entry and Maintenance Assessment:**  
As part of your participation in the program at the CCVV, you acknowledge that Do Good (through the Village Manager or other authorized staff) may enter the Pod at any time without notice. Do Good intends to only need to enter the pod assigned to you from time to time to assess health, safety, or maintenance issues. You are expected to cooperate and comply when the Village Manager requests an inspection. Do Good intends that entry for maintenance assessment will be conducted in your presence and with previous notice, except in emergency situations posing a life and safety risk. Do Good reserves the right to consent to the search of any pod at the request of law enforcement.
- b. **Modifications.** Before making any modifications to the pod, clients must discuss all proposed modifications with the Village Manager. The Oversight Committee must approve all pod modifications before the change takes place. The installation of shelves and hooks will generally be approved. Some other modifications, such as weatherization, painting, or door changes, in addition to requiring advance approval, may only be performed by the Village Manager or authorized individuals.
- c. If you have an issue with the pod or believe that repairs are needed, please speak with the Village Manager as early as possible.
- d. **Area Outside of Pods.** In addition to the assigned pods, clients may use up to three (3) feet of the immediate area surrounding the assigned pod for storage. Acceptable uses include, for example, storing a bicycle, a cooler, or yard decorations. Items should not rest or lean on the outside of the pod. Clients may be asked to remove items or store them inside the pod at the Village Manager’s discretion. Permission must be obtained from the Village Manager before making any modifications or using the area for long-term storage.
- e. **Keys.** Villagers will be provided with: a gate key code and a pod key. Do not duplicate or distribute either key. Please report any lost or missing keys to the Village Manager immediately. Upon leaving the program, keys must be returned to the Village Manager on the last day of participation. If not returned, Do Good may charge the expense replacing locks, in order to maintain the safety of the Village.

### 2. FOOD STORAGE POLICY

Fair sharing of resources is critical to the well-being of the Village. Hoarding or inequitable division of resources is unhealthy. Additionally, the Village is vulnerable to food stealth by dogs, cats, rodents and other animals. Rodents themselves provide a health hazard and we must discourage their presence by not having food available to attract them. Consequently, the following Food Storage Policies have been adopted:

- a. All community food that enters the Village as a donation must be stored in the community food pantry in an appropriate sealed container. Donated food must be

signed out, and only a single serving should be taken at once. All community food must be eaten in community areas. This is not only for sanitation purposes but also to promote the social health of the Village.

- b. A limited amount of personal food may be stored in designated refrigerator(s) if it is labeled with a name and date. Items in the refrigerator without a label immediately belong to “everyone.” As well as each Villager will get cabinet space to store personal food.
- c. All food should be prepared in the community kitchen or yurt. Coffee and hot water may be prepared in other communal spaces.
- d. It is important, after one eats in the kitchen, they are to immediately wipe or sweep up any crumbs for the prevention of rodent infestation, failure to do so will result in a warning.

### 3. PET POLICY

Service Animals and pets are honored as an important part of residents’ lives. The limited capacity of the Village to support only a small number of such animals is also honored. Consequently, the following Pet Policies have been adopted:

- a. Service Animals are welcome at CCVV. A doctor’s prescription for a service dog must be shown. If someone with a service dog does not have a prescription, they may seek assistance from CCVV in locating a doctor to assess the need and prescribe a service animal. A service animal does not count in the “quota” of dogs. Service Animals must follow the same rules as other dogs. However, if someone has a service animal but cannot obtain a prescription, that animal will be considered a pet and must be counted in the quota on a first come first served basis as outlined below.
- b. There will be a maximum of 4 dogs and 4 Cats at CCVV at any one time, including therapy dogs but not service pets. Space for pet is on a first come, first served basis.
- c. All pets must be tagged with ID as required by local regulations.
- d. No pets may be acquired AFTER acceptance into CCVV, unless otherwise approved at a Village Meeting
- e. All cats and dogs must be spayed and neutered prior to moving on site. Applicants may seek help from CCVV in finding funds/veterinarian for such procedures.????
- f. All dogs must be kept on a leash and be under supervision at all times. If, at any time, the Village Council finds that a pet either poses a nuisance or danger to others or is not properly cared for, the pet must leave CCVV at the instruction of the Village Council. Residents may ask CCVV for assistance in the proper training of their pet.
- g. If the resident is off site, all pets must be properly kenneled in the kennel area and/or under the supervision of another Villager.?
- h. The owner is responsible for proper health and care of their pet, must pick up all solid waste for their pet, and keep their pet from annoying other residents either through trespass, barking or any other means. Failure to do so can result in the Village Council ejecting the pet from the premises.

### 4. ABANDONMENT POLICY

- a. Village residents who have been continuously absent from the Village and have made no effort to remain in contact for a period of 4 days have abandoned their dwelling. Said persons would no longer be a Villager and their possessions would be removed from their previous dwelling immediately upon the dwelling being declared abandoned. They would then have a period of 30 days to retrieve their possessions after which time those items would be disposed of at Village discretion.
- b. Storage is available on site. 1-2 bags per villager is allowed. This is to avoid hoarding.
- c. A structure will also be considered abandoned if a resident is spending less than 7 out of 14 nights at the village.
- d. Exceptions will be made for residents who are unable to contact the village due to extenuating circumstances such as; jail, hospital, etc. Abandonment will not be considered for those Villagers who wish to spend time away from the Village for personal reasons provided they inform a Council member and make arrangements to cover their host hours when possible. In the case of emergencies exceptions will be made to for those unable to make arrangements to cover their host hours.
- e. Process for documentation and storage of abandoned possessions: When a unit has been declared abandoned at least 2 members of the Village Council will remove items from the abandoned unit. They will document what items are present and place them in an available storage container or bag that is clearly labeled with the name of the former Villager and the date of the abandonment. These items will then be stored in the storage loft of the Front Desk until such time as the owner retrieves them or they are over the 30-day limit. Once items have reached the 30-day limit the Village will determine the proper disposal of said items during the next Village Meeting.

## 5. ALCOHOL, DRUG, & PARAPHENALIA POLICY

- a. Drugs and alcohol are not permitted in CCVV
- b. Possession of alcohol and/ or other illegal drugs or drug paraphernalia, including needles (if no proscriptioin for insulin or other IV medications), pipes (used for anything other than tobacco or marijuana), and spoons that have been used for “cooking” drugs.
- c. Any other items suspected to have been used for drug related purposes will be dealt with on a case-by-case basis by the staff.

## 6. GUEST POLICY

Program participants may host visiting guests at the Village during operational hours: 8am-6pm. Guests are not permitted to stay beyond 6pm or overnight.

- a. Registration. Guests must be logged in and out at the front gate and must be accompanied by their host while visiting. Guests will state their name, the name of the program participant they are visiting, and the times of arrival and departure.
- b. Common areas. Guests may use bathrooms but not the community showers. Guests should be escorted by their host while in common areas, including the kitchen.
- c. Exclusions. Hosts are responsible for the behavior of their guests. In the event of violence, illegal behavior, destruction of property, or theft, a guest may be permanently banned from the Village. There will be a list at the front gate of banned guests, and they

will not be allowed on the property.

## 7. PROBATIONARY STATUS POLICY

- a. New residents undergo a 4-week probationary period to ensure that they are willing to follow the Community Agreements before being fully accepted as a villager. The goal of this program is to obtain a fair and objective view of the potential villager that removes the "popularity contest" factor, and instead focuses on their willingness to be a contributing member of the community.
- b. The villager will be given a mentor who will guide them through orientation and do a daily check-in with the new villager to answer any questions or concerns that they may have. It will also be the mentor's responsibility to counsel the villager when any issues arise so that the concerns may be addressed.

## 8. MEDICAL & FAMILY LEAVE POLICY

- a. Definition of Medical Leave: Medical leave is time off from village duties that villagers can use to address their health and safety needs without losing their villager or residence status.
- b. Definition of Family Leave: Family leave refers to time taken off from village duties, for the purpose of caring for an ill family member or to assist a family member with crisis needs.
- c. Time allowed for Medical and Family Leave: A villager is allowed two weeks of medical leave or family leave with no documentation necessary. If the need is longer than two weeks, documentation may be required to present to council. If the villager needs more than 60 days of medical leave or family leave, they would need to vacate their residence in order to allow a new villager to get into the village. (Housing waitlist current policy would still be followed). The current villager would then be placed first on the wait list for re-entering the village when their medical issues are resolved, and they are able to be a full villager once more. If more than one villager is on the waitlist, they would be in order of placed on waitlist. When on the waitlist, no utilities are required to be paid. A person would remain on the wait list for 3 months and would need to reapply if they were not able to become a full villager once more. Exception to this rule would be if no housing units become available before their 3 months are up.
- d. If the villager attends the weekly village meetings, they retain their full voting rights. If they do not attend, they forfeit their voting rights for that meeting.
- e. How to apply for Medical and Family Leave: If a villager needs to take medical or family leave, they will need to advise council of their needs as soon as they are able in order to be granted leave. If a villager is staying on-site and needs more than 60 days, they will speak to council and it will be handled on a case-by-case basis.

## 9. BATHROOM CLEANING POLICY

All villagers are required to sign up to share in the duty of cleaning the village bathrooms, shower and laundry area.

- a. First refusal to sign up or to adequately complete this requirement will result in a verbal warning and villager will be required to sign up for two spots the

following month.

- b. Failure to sign up for the 2 days in the following month or adequately complete the cleaning duty will result in a written warning for the first violation and a 48-hour expulsion for the second violation. The villager will again be required to sign up for an additional 2 days on the following month.
- c. Failure to sign up or adequately complete the cleaning duty would then result in a permanent expulsion.

#### 10. Vehicle Policy

- a. Villager are allowed 1 working vehicle on site. Any other vehicle that belongs to a villager will need to be stored away from site. If a villager decides to store extra vehicle outside and around the entrance. Staff is not responsible for damages or towing.
- b. Villager have 6 month to register their vehicle and will work with staff to ensure this gets accomplished.

## **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 responsivity 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  
DO GOOD MULTNOMAH**

This Assignment Addendum is entered into between **Do Good Multnomah** (“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

**Do Good Multnomah**

DocuSigned by:  
*Chris Aiosa*                      6/21/2022  
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\_\_\_\_\_  
Authorized Signature                      Date

Chris Aiosa

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