

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.

- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.

- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: NC-500 - Winston-Salem/Forsyth County CoC

1A-2. Collaborative Applicant Name: City of Winston-Salem

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Michigan Coalition Against Homelessness

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	No	No	No
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Govt.: VA & Social Services, Public Health, Library	Yes	Yes	Yes
Private Businesses, Attorneys, and Landlords	Yes	Yes	Yes
Non-Profit (funders, employment agencies, & disability advocates) & Faith-Based Organizations	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

A full range of opinions is always invited, solicited, and considered (Att. 15). CoC-wide committees, subcommittees, and workgroups have diverse, active representation. The successfully implemented 2012 reallocation, including coordinated entry and RRH, required buy-in at every level and included new subrecipients/partners. Homeless persons, providers, officials, and advocates continue to support changes as we move forward. One specific example is the Homeless Caucus, which has homeless/formerly homeless members, and whose Chair is engaged in CoC meetings and sits on the CoC board. The Caucus coordinates with the county library and the grassroots, congregationally-operated winter shelter to better serve homeless persons. Another example is the dedicated VA staff, who work closely with coordinated entry and providers. Through their efforts WS/FC recently celebrated ending Veteran homelessness. The CoC's success is facilitated by the broad engagement of individuals and organizations.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Catholic Charities Diocese of Charlotte	Yes	Yes	No
Youth in Transition	No	Yes	No
Youth Opportunities	No	No	No
Winston-Salem/Forsyth County Schools, Project HOPE	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Family Services, Inc.	Yes	Yes
Next Step Ministries, Inc.	Yes	No
COOL Program, Community Intervention & Educational Services	No	No
Pathway Intervention Services	No	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

The WS/FC CoC recently incorporated the CQI process in full CoC membership meetings. As a result, every two months the CoC reviews its Action Planning cycles, and CoC members set tasks, establish timelines, and identify responsible parties. This Action Planning guides the CoC's implementation of specific strategies to prevent and end homelessness and has the CoC on track to meet the goals of Opening Doors. Also, the City of Winston-Salem (CoC Collaborative Applicant) and the United Way of Forsyth County contribute significant time and resources to the CoC, and their dedicated staff works to engage ALL members of the CoC in strategies to end homelessness. In addition, CoC leaders and providers have made concerted efforts to build partnerships with other systems in the community (i.e., cross-system collaboration). The WS/FC community's H2 initiative, which integrates homeless and healthcare systems, is an example of the CoC's effectiveness and success in working with other systems.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

The CA, the City of Winston-Salem, coordinates the open solicitation process. Funding availability is advertised to the public by newspaper, TV, website, and email to CoC members (Attachment 3). The CA meets with all who inquire about CoC funding. The CA also promotes CoC membership, which helps make organizations aware of CoC funding. A system-wide reallocation in 2012 included new entities, and is evidence of the CoC's open process and responsiveness to changes and new opportunities in the CoC program. In 2015, the NC Housing Foundation, a new entity with the City as Applicant, was included on the Project Priority Listing. The CA also is a CDBG, HOME and ESG entitlement jurisdiction and helps entities to access both CoC and other funding sources. The CA's threshold criteria for CoC funding are contractor eligibility (per sam.gov), organization as a tax-exempt legal entity, no overdue tax debts, and documentation of service to HUD-defined homeless persons during the last 12 months.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	2	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2	100.00 %
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The two ConPlan (CP) PJs are the city/county and state. Both are ESG recipients. The CA is also the CP PJ lead and promotes CoC participation in the CP. The CA/PJ coordinates CoC funding processes for both local and state ESG funds. CoC members have contact with the CP PJ through CoC meetings at least monthly, as well as at least annual CP events. The most recent local CP event occurred 10/20/15 and included significant CoC participation. For the 5-year CP, the PJ has workshops on homelessness. For the state CP, the CA and other CoC reps annually review the state's CP and attend public hearings or provide comments. The CoC submitted comments to the state on its draft 2016-2020 CP. A CoC rep attended the state's annual public hearing on 11/3/15. The CA/PJ collects and submits to HUD and the state the local PIT count and HIC data. The CA/PJ and CoC members annually develop performance standards and evaluate and report on entitlement and state ESG.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

Based on the CoC Governance Charter, the CoC appoints a Ratings Panel, which reviews state and entitlement ESG proposals from local agencies. The Ratings Panel's funding recommendations are reviewed by the CoC Operating Cabinet, and then are reviewed by the CoC governing board, which is the Commission on Ending Homelessness. Finally, the Collaborative Applicant's board reviews the recommendation and provides authority for submission to HUD or the state. Through this process, the CoC develops performance benchmarks and evaluates outcomes as a factor in determining ESG funding decisions. As the CoC implements CoC System Performance Measures, standards for ESG funding will be reviewed.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The CoC coordinates with victim service providers to ensure the safety and security of all clients. Victim service providers have an active presence in CoC meetings, including the CoC Board and help to inculcate safety policies and practices. The CoC's DV providers do not participate in the HMIS, and safety in information practices is a focus. The coordinated entry process has specific protocols to protect client safety and meetings are conducted in a manner to maintain confidentiality of DV victims. Case managers assigned to DV cases have extensive training in working with DV victims. Safety planning is an integral part of case management services. Victim safety is not compromised in the housing process; clients are not placed in close proximity to their batterer; and at every stage client choice is upheld. Rapid rehousing is provided to DV clients through CoC and ESG funds, transitional housing has been funded by DOJ, and services (e.g., Head Start) are funded by HHS.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Winston-Salem (NC012)	11.45%	Yes-Public Housing
Piedmont Triad Regional Council (NC166)	1.00%	No

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

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

SSVF, Grant Per Diem, and VASH are key programs, which have helped us end veteran homelessness. HOME TBRA has been used to house homeless households since 1994. State Housing Finance Agency resources are used to house homeless households. A major capital campaign led by businesses and foundations recently completed a large project, The Commons, for which homeless families and youth, ages 18-24, are a target population. An association of churches has organized the Stepping Stones Ministry, which donates houses for homeless households. Rapid re-housing case managers help clients to access Section 202 and other subsidized housing, as appropriate. HOPWA assistance is available through AIDS Care Services, and RHY assistance is available through Catholic Charities. Homeless providers also coordinate with Head Start.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Collaboration between law enforcement (for the entire geographic area) and behavioral health and social service providers, including training of law enforcement personnel in person-centered approaches; coordination with Human Relations Commission to enforce fair housing	<input checked="" type="checkbox"/>
Development and funding for local reentry program, including the Collaborative Applicant's Successful Outcomes After Release program	<input checked="" type="checkbox"/>
Discussions for a benevolence fund administered by an advocacy group to which law enforcement have immediate access to put street homeless into hotels and motels, rather than incarcerating them	<input checked="" type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

The CoC's coordinated entry system, Community Intake Center (CIC), covers the entire geographic area and receives referrals from all entities that identify, engage, and assist homeless individuals and families. These entities include the CoC's street outreach (Empowerment Team), local shelters, Winston-Salem/Forsyth County Schools, and Forsyth County Public Library. While partner entities provide the best advertisement, persons contacting 211 information and referral are directed to CIC. The homeless individuals and families are then assessed using the VI-SPDAT. The CoC conducts weekly case assessment sessions; and based on assessment scores and available resources, homeless individuals and families are connected to the appropriate housing, services, and resources. Lastly, the CoC is building a Rapid Response Team, which will connect the hospitals to the coordinated assessment and case conferencing process, for those homeless persons who frequently engage in the hospital system.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

VA & CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Forsyth County Public Library	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Advocates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	15
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	14
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Cost per successful outcome	<input checked="" type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
Housing First/Low Barrier project; timely APR submission (including HMIS grants)	<input checked="" type="checkbox"/>

Need for specialized population services	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

HMIS and coordinated entry, which are system requirements and integral processes for prioritizing homeless persons, are the top-ranked priorities. Based on the prioritized list of persons with disabling conditions, the CoC Ratings Panel recommended placement of PSH as the next highest project type priority, since they focus on serving those severe-need and vulnerable participants. The PSH project type priority was followed by RRH, then TH. PSH also was ranked highest among bonus projects. Local project applications reviewed by the Ratings Panel allow applicants to describe the severity of needs of participants, including their history of use of crisis services, such as the ER, jails, and psychiatric facilities, and major physical or behavioral health challenges that impact housing stability. The CoC uses the VI-SPDAT assessment tool as a beginning point to determine vulnerability and severity of needs. The CoC has adopted the order of priority in Notice CPD-14-012 (See Att. 14.).

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached) (limit 750 characters)

The Collaborative Applicant (CA) published the RFP for local project applications, including scoring criteria, on 4/23/15 by newspaper, TV, website and email to CoC members. The CA published the RFP for bonus projects on 10/1/15 by newspaper, website, and email. The results of the local competition review, ranking and selection criteria were published on the CA's website on 11/2/15. The review and ranking information was publicly posted and emailed to CoC stakeholders on 11/2/15 and meeting minutes were emailed to CoC stakeholders on 11/12/15. (See Attachments 3 and 4 for a thorough review of the process and evidence of public posting.)

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/16/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The Collaborative Applicant (CA) conducts on-site compliance and performance monitoring at least annually and conducts desk monitoring monthly. The monitoring schedule is a risk-based schedule that is submitted to HUD with the Annual Action Plan. On behalf of the CoC, the CA monitors results based on performance measures quarterly using HMIS reports. Aggregate performance by component is posted to an on-line system. Performance by project is reported to the CoC annually as part of the project rating and review process. The CA, who is also the HMIS Administrator, reviews projects at least quarterly for utilization rates with a goal of maximizing utilization; eligibility of clients and activities; maximum rates of housing stability and income increase; and participants' length of time homeless, use of mainstream benefits, and destinations upon exit.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. CoC Charter p. 11, MOU pp. 1-2

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? ServicePoint
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems, LLC
Applicant will enter the name of the vendor (e.g., ABC Systems).

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$127,318
ESG	\$38,650
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$165,968

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$8,000
Other Federal	\$0
Other Federal - Total Amount	\$8,000

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$173,968
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/15/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	351	29	254	78.88%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	126	6	68	56.67%
Rapid Re-Housing (RRH) beds	103	0	103	100.00%
Permanent Supportive Housing (PSH) beds	494	0	252	51.01%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

The WS/FC CoC's ES bed coverage is just below 85% due to the local Rescue Mission using its own data system and not being willing to join HMIS. The CoC's most recent success was bringing the RHY program into HMIS. Over the past few years, the CoC has reduced the number of TH beds, so there is not a lot of TH inventory. The local Rescue Mission's TH inventory represents a large number of the CoC's TH beds, which along with the beds of one other faith-based TH provider, keep TH coverage low. Although these providers do not have any plans to join HMIS, the CoC works closely with them as CoC members. The HMIS Administrator continues to offer free licenses for organizations willing to join HMIS. Regarding PSH, VASH is included on the NC-500 HIC and it does not yet participate in HMIS. If VASH beds were excluded from bed coverage calculations, then the PSH bed coverage rate is 100%. The CoC is in conversation with the VA about HMIS participation.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Quarterly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	4%	2%
3.3 Date of birth	5%	0%
3.4 Race	7%	1%
3.5 Ethnicity	6%	0%
3.6 Gender	5%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	2%	0%
3.9 Residence prior to project entry	2%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	19%	6%
3.15 Relationship to Head of Household	5%	0%
3.16 Client Location	7%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	5%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

All of the checked programs enter data in HMIS. The WS/FC CoC no longer participates in PATH funding. Instead, Wake Forest Baptist Health has developed a privately-funded street outreach program, the Empowerment Team, which still has roots in PATH. The private funding allowed expansion of the populations served and the services that can be provided. The WS/FC CoC is attempting to reconnect the Empowerment Team to HMIS.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/15/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The WS/FC CoC distributes a PIT survey, which includes instructions/training, to all providers. This survey collects data on all Homeless Population and Subpopulation categories. The providers conducted the count on 1/28/2015, used HMIS and case management records of clients and their expertise to complete the survey and properly count all homeless persons, and they validated survey data against HMIS PIT report data. Survey results were submitted to the City of Winston-Salem, where they were again checked for accuracy and inconsistencies against HMIS reports. Homeless population data were reconciled with the housing inventory. After data was confirmed, the City (CA) compiled and submitted it to NCCEH and HUD HDX. Shelter providers also submitted a list of chronically homeless persons, which was reconciled with survey data to produce an unduplicated list of chronically homeless persons.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

There was no change in methodology from the CoC's sheltered PIT count in 2014 to 2015.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

There was no change in implementation from the CoC's sheltered PIT count in 2014 to 2015, that would change data quality.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/28/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/15/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

Fifteen trained teams of four persons each covered the entire geography on the PIT night, conducting searches in all known locations, under all bridges, in all parks, etc. Teams kept logs of location and gender of persons found. Most unsheltered persons agreed to participate in a short interview recorded by a volunteer, who assigned unique identifiers to each person based on personal information and interview results. During the analysis of forms, unique identifiers were reviewed to ensure an unduplicated count of unsheltered persons. Survey forms were based on the 100,000 Homes approach to collect data to build a vulnerability index of homeless persons needing housing.

For the service-based count, persons were asked where they slept the evening before and whether or not they were interviewed. If persons slept in a place not meant for human habitation, then similar techniques were used (i.e., unique identifiers given at interview).

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

There was no change in methodology from the WS/FC CoC's unsheltered PIT count in 2014 to 2015. In 2015, the WS/FC CoC again used: night of the count - known locations; a service-based count at the local soup kitchen; and the HMIS. The deduplication methods are effective and ensure no person is counted twice.

While there was no change in methods, the WS/FC CoC did heighten its efforts in 2015, by increasing the number of street count teams and by adding new potential known locations. In 2015, there were 15 teams with 4 volunteers each, which allowed the WS/FC CoC to expand its count beyond the major center city of Winston-Salem to smaller towns on the county border (Clemmons and Lewisville). Local outreach teams and law enforcement provided information on potential sites in those smaller communities.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The WS/FC CoC did not institute any changes from 2014 to 2015 that would affect data quality.

The only differences from 2014 to 2015 are as follows. The WS/FC CoC trained more teams of volunteers in 2015 to assist with the unsheltered PIT count. In 2015, there were 15 teams with 4 volunteers each. This allowed the WS/FC CoC to expand its count beyond the major center city of Winston-Salem to smaller towns on the county border (Clemmons and Lewisville). Local outreach teams and law enforcement provided information on potential sites in those smaller communities. These partners have always been engaged, but they worked to identify new potential known locations for the 2015 count.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	515	571	56
Emergency Shelter Total	414	456	42
Safe Haven Total	0	0	0
Transitional Housing Total	82	93	11
Total Sheltered Count	496	549	53
Total Unsheltered Count	19	22	3

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	1,715
Emergency Shelter Total	1,619
Safe Haven Total	0
Transitional Housing Total	121

3A-2. Performance Measure: First Time Homeless.

Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.

(limit 1000 characters)

The WS/FC CoC is beginning to use HMIS to identify and count first-time homeless persons who were not homeless in the last two years. As we identify those persons, we will study their characteristics and analyze trends over several years. We plan to expand our use of diversion to decrease first-time homelessness and to prevent repeat homelessness. Our emergency financial assistance (EA) providers are key partners in our CoC, and we will include them in our efforts to learn more about how to reduce first-time homelessness. EA agencies currently do not use HMIS. We are in discussion with them about how best to structure and use their data, and HMIS may be an option. Otherwise, we will seek ways to compare data and analyze trends using multiple data systems. Finally, we will plan to increase participation of mainstream and general assistance providers in our planning efforts to gain facts about persons who call them when faced with imminent homelessness.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

We reduced time homeless for Veterans and chronically homeless but increased in other categories while we focused our efforts on those two. The biggest decrease was among Veterans, going from 102 days to 53 days. We plan to focus efforts on chronic homeless in 2016, then families with children in 2017. The CA reviews HMIS data quarterly to monitor time homeless. We adopted Notice CPD-14-012 to prioritize housing to the longest homeless. We train providers to use RRH to house people quickly. RRH and PSH are used together to house people quickly and keep them housed. Our PHA moves PSH clients to vouchers, so that we can quickly house more persons in PSH. From Zero: 2016, we implemented one-stop Housing Placement Days to shorten housing placement time from 60 days to as short as 1 week. The most recent one placed 48 households in PH, a result of the CoC’s partnership with the PHA, which dedicates units for homeless and helps move people from PSH to longer-term vouchers.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	464
Of the persons in the Universe above, how many of those exited to permanent destinations?	425
% Successful Exits	91.59%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	228
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	216
% Successful Retentions/Exits	94.74%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

The CoC uses a Recidivism report in HMIS to monitor returns to homelessness. Among all forms of PH, including PH-RRH, the WS/FC CoC had only a 4.87% rate of recidivism to shelters since 10/1/2013 (i.e., 36 clients entering shelter after PH/739 clients admitted in PH programs). The CoC plans to evaluate returns by project type--ES, TH and PSH--as well as for the whole system. Some strategies we plan to start or expand include: 1) using diversion programs to identify persons who can avoid entering ES and TH; 2) enhancing follow-up for persons who have exited to stay with family or friends (which comprise a large percentage of our exits) so that those persons either remain with family or friends or move to more stable housing; and 3) expanding efforts to engage homeless persons in programs to increase disability income (e.g., SOAR) and jobs programs to increase employment income so that they can afford to remain in housing. This effort will include expanded provider training.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

The CoC located the Community Intake Center (coordinated entry) within the community's Goodwill Prosperity Center, to help persons with job readiness, training and job search to increase employment income. Coordinated entry also refers for household budget training at Financial Pathways, a key partner agency. SOAR workers also participate in coordinated assessment to identify cases with likelihood of gaining SSI/SSDI income, with an 87% success rate on 143 applications as of October 2015. United Way oversees coordinated entry and assessment, moves these strategies forward and tracks progress and results. Our CoC uses a collaborative approach to assessment and housing first placement with services, so case managers of collaborative partner agencies are responsible for income objectives for their assigned clients. Finally, focused employment initiatives are provided by Goodwill and the Employment Security Commission for homeless Veterans. The CA monitors overall success.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

The WS/FC CoC purposely located the Community Intake Center within the community's Goodwill Prosperity Center, to help persons with job readiness, job training and job search. Because of their value as a partner, Goodwill is a member of the CoC's Operating Cabinet. Goodwill also connects homeless clients to the NC Employment Security Commission (ESC) and its resources, and ESC is a CoC member. All (100%) of CoC-funded projects use Goodwill and ESC mainstream employment services to help their clients to increase income to afford housing and the other goods of life. Another Operating Cabinet member, the NC Housing Foundation, is implementing The Commons project, a supportive housing community with employment opportunities built into the campus. PSH bonus funds are being requested for The Commons.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

The CoC's Empowerment Team (E Team)--formerly PATH Team--now funded and operated by Wake Forest Baptist Health provides street outreach and engagement. This is a highly trained and multi-disciplinary team with extensive experience in outreach to unsheltered persons with mental illness. It uses the Critical Time Intervention method to support and help clients build connections even though the clients may not have ties to shelter and service providers. The E Team's experience gives them knowledge of the locations where people are living unsheltered. They map the locations of persons living unsheltered and also work with ES providers to track movement between shelter and unsheltered locations. The E Team works to move unsheltered persons into shelter where it is possible. The E Team is also valuable in providing documentation on length of homelessness for persons being prioritized for housing through coordinated assessment, which facilitates Housing First from street to housing.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

The Empowerment Team (street outreach), law enforcement, and other homeless providers provided information for the CoC to identify and map the priority areas for the unsheltered count. No areas of the CoC's geography are uninhabitable and the count erred on the side of covering areas where no unsheltered persons are known to be located. Others engaged in the CoC's decision-making process included City with Dwellings, a local collaboration among the faith-based community which engages people living on the streets to access housing and services, and the Homeless Opportunities and Treatment (HOT) project, an outpatient psychiatric program of Wake Forest Baptist Health that is based at Samaritan Ministries, the community's local soup kitchen, and serves the street homeless.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	99	98	-1
Sheltered Count of chronically homeless persons	86	90	4
Unsheltered Count of chronically homeless persons	13	8	-5

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

A new congregation-based seasonal shelter operation, City with Dwellings, is entering its third season. It began at the same time that CoC-funded RRH was being implemented. Word on the street became that anyone in ES could get RRH, so people came to the seasonal shelter (often from housed, albeit precariously housed locations). This slowed our CoC's reduction of chronic homelessness by increasing the number of homeless persons and incidences of homelessness. As the program and clients now have learned that RRH resources are limited, fewer people are leaving housing to stay in the seasonal overflow, and the seasonal provider is increasing diversion. Also, coordination between the seasonal and year-round shelters has improved greatly, including a plan to share HMIS data this season. With Veterans homelessness now rare, brief, and nonrecurring, the WS/FC CoC plans to decrease chronic homelessness dramatically in 2016, and possibly end it by 12/31/16.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

By improving access to housing FOR ALL HOMELESS PERSONS through coordinated intake and prioritizing housing for chronically homeless persons, combined with rapid rehousing for all homeless persons, the CoC will gradually reduce the number of long-time homeless persons in shelters and on the streets. The CoC intends to continue to identify CH persons and prioritize them for housing placement and stabilization services. Segregation of disabled persons will continue to be minimized by use of scattered site TRA and rapid rehousing. One planned strategy is to increase the number of public housing units prioritized to chronically homeless persons and to provide supportive services with the incremental units. The Collaborative Applicant and its partners will continue to review and update CoC Action Plans and monitor strategy implementation in an effort to obtain the national goal.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

All of the strategies in 3B-1.2 were accomplished. Coordinated entry/assessment was put in place in August 2014, and a refinement implemented in January 2015. The plan to prioritize persons with the longest periods of homelessness was developed in 2015, and adopted in October 2015. Scattered-site TRA was renewed in the CoC 2014 operating years. Also, as of July 2015, the CoC has created additional partnerships with the Housing Authority of Winston-Salem (PHA) to move successful PSH participants into Section 8 and other housing options, opening up homeless-dedicated vouchers for those who have more severe needs. Based on current data, the CoC is on track to meet the Zero: 2016 challenge to end chronic homelessness by December 2016.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	128	147	19

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

The chronically homeless bed count increase is attributed to better utilization of CoC rental assistance funds, complemented by helping PSH clients to increase incomes so that rental assistance funds can serve more households.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. 5

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
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Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	118
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	38
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	38
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

Strategies include: 1) ongoing improved coordination with the PHA to move persons from CoC TRA to other permanent vouchers; 2) advances in coordination with the PHA to decrease inspection time, etc.; 3) Housing Placement Days, which improve coordination with housing assistance providers and landlords and which accelerate housing placement and decrease time homeless; 4) prioritization per Notice CPD-14-012, which helps our CoC clarify our priorities (Attachment 14); and 5) application for CoC bonus funds to create more dedicated PSH beds for chronically homeless persons.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
Length of homelessness	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

As the WS/FC CoC nears the end of chronic homelessness (largely individuals), more households with children will be prioritized for housing assistance based on VI-SPDAT scores and other factors, such as time spent homeless and severity of needs. Also, the CoC has increased resources for families. Increased HOME TBRA is being targeted to homeless families in 2016, with assistance available through coordinated entry. Also, RRH is being increased through implementation of the ROOF project funded by HUD in 2014, which provides RRH targeted to families. SSVF is used to rapidly rehouse Veteran families, typically within 2 weeks. Also, the CoC will use action planning to decrease barriers to housing entry, which is a major need in our CoC if we are going to make homelessness a rare, brief, and nonrecurring experience in our community. Our greatest assets in tackling these challenges are our relationships with the PHA and landlords.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	9	17	8

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	34	52	18
Sheltered Count of homeless households with children:	34	52	18
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The Salvation Army of Winston-Salem (SAWS), the CoC's only emergency shelter for families with children, continues to see increases in the number of homeless households with children in our community. On the 2015 PIT, it was over capacity. SAWS often doubles up siblings and children with the parent(s) in order to serve all who enter the shelter. SAWS is currently using private resources to assist with diversion. Additionally, because of the CoC's concerted efforts to end chronic homelessness and use of the prioritization list, the CoC noticed that families were not ranking high enough to get rapid rehousing resources. Thus, the CoC established a separate list for families and have separate dedicated funds to address this backlog of getting families housed rapidly. The CoC is working diligently to meet its goal of ending family homelessness by 2017.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
Building relationships between CoC members and organizations addressing human trafficking	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
Involvement with foster care system - The Commons has dedicated space for youth aging out of foster care.	<input checked="" type="checkbox"/>
Physical and mental health condition	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	33	21	-12

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

The nature of our community and its culture keeps our street count low, especially among youth. Typically, homeless youth end up staying with friends or other situations that are not "unsheltered". Also, since participating in YouthCount in 2013, our CoC has increased its focus on identifying and engaging the youth subpopulation into appropriate programs. While youth in our community do not typically enter the CoC from unsheltered situations, the WS/FC CoC has seen a slight upward trend in 18-24 year old homeless persons in PIT count data as reported in HDX. In 2013 (first year of age category), there were 26 homeless persons age 18-24, and in 2015, 41 homeless persons age 18-24 were counted on the PIT.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$139,096.00	\$104,322.00	(\$34,774.00)
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$139,096.00	\$104,322.00	(\$34,774.00)

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	17
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	18
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	13

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

The Winston-Salem/Forsyth County Schools operates Project HOPE, which serves homeless youth in our community. Project HOPE has been a strong collaborator in our CoC and enters data in the HMIS. Its staff are represented on the CoC's Operating Cabinet. Since 1996, the CoC has benefitted from the efforts of Project HOPE staff at the school and system level, including the local education liaison. Project HOPE works directly with the State educational coordinators, and then communicates back to the CoC through the Family and Children Committee and CoC Operating Cabinet. Project HOPE staff and school-based Home School Coordinators work with providers and case managers to coordinate services for families residing in shelters and make referrals to the Community Intake Center.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

Each CoC provider has designated staff to work with its participants to ensure that all youth receive educational services for which they are eligible, and to identify participants who are eligible for CoC and ESG programs. Salvation Army of Winston-Salem, Next Step Ministries, and Family Services, the CoC's primary providers serving families with youth, have a reciprocal relationship with the school system's Project HOPE and school-based staff to coordinate services for homeless youth. School-based staff work closely with providers serving homeless youth to make sure that participants are receiving all educational services for which they are eligible. Family Services, a CoC sub-recipient, also works with CoC providers to ensure children have access to HEAD START. Lastly, the CoC has attached its Policy on Education to this application (Attachment 14).

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	43	60	17
Sheltered count of homeless veterans:	43	58	15
Unsheltered count of homeless veterans:	0	2	2

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

Our entire region has experienced an increase in homeless Veterans. Based on input from Veterans, the increase may be due to the availability of housing and housing assistance (e.g., VASH and SSVF) in our CoC, which attracts persons seeking services from throughout our region. However, please note that as of the date of this CoC application, the WS/FC CoC has succeeded in the goal of the Mayor’s Challenge to End Veteran Homelessness by making Veteran homelessness rare, brief and non-recurring (Attachment 13).

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

The CoC participates in two Stand Downs per year to identify, assess, and refer Veterans to appropriate resources. The Community Intake Center, which facilitates coordinated entry for the CoC, is in regular communication with shelter staff and street outreach teams to identify Veterans at the point of engagement/admission. VASH and SSVF case managers are included in all coordinated case planning. Also, the CoC hosted two Veteran Housing Placement Days in July and August of this year as a means to ending Veteran homelessness by the end of 2015. VA benefits and VA Medical Center staff are key members of the CoC and help to ensure that eligible Veterans are identified and linked to appropriate resources. Also, local nonprofits HARRY Veterans Community Outreach Services and National Association for Black Veterans (NABVETS) are active in engaging Veterans and connecting them to housing and services in the community.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

The CoC maintains a Housing Priority List, which prioritizes all homeless persons, including Veterans, based on their VI-SPDAT scores. The Coordinated Assessment Team maintains this list and identifies resources to serve Veterans and other homeless persons. The CoC implemented Notice CPD-14-012 this year to prioritize persons for PSH (Attachment 14). In the CoC's implementation of the notice, if two households present for assistance and fall under the same order of priority, but one is a Veteran household, the Veteran household will be prioritized first.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	36	60	66.67%
Unsheltered count of homeless veterans:	6	2	-66.67%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

USICH, HUD and the VA have confirmed that the WS/FC CoC has officially ended Veteran homelessness (Attachment 13). The strategies used to meet this goal included: 1) involving SSVF and VASH Teams in coordinated assessment; 2) participating in Housing Placement Days as part of Zero: 2016 efforts; 3) maintaining a by-name list of homeless Veterans; and 4) including the goal of ending Veteran homelessness in the CoC's Action Planning Cycles, where continuous focus was on implementing strategies and making quality improvements.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	15
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	15
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

AIDS Care Services (3 enrollments last year); Homeless Opportunities and Treatment (HOT) Project (27 homeless applicants; 11 obtained insurance); Wake Forest Baptist Health's Empowerment Project (12 persons accessed healthcare); HealthCare Access (enrolled at least 40 persons in healthcare in lieu of Medicaid and ACA); and Southside United Healthcare (59 enrollments). Despite having no Medicaid expansion in the state, Forsyth County partners are working to improve health outcomes. Since 2012, according to HRSA, Forsyth County has an upward trend in Medicaid/CHIP enrollment, and downward trends in uninsured adults and patients living in poverty. Also, Forsyth County SOAR case workers have completed 143 outcome reports, have an 87% approval rating and have brought in over \$2 million as of October 2015. Also, the CoC is participating in the H2 initiative, which is building relationships between systems in an effort to improve health care access to support housing stability.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	15
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	15
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	15
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	14
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	93%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Partnering with local hospitals to identify frequent users to engage them in housing services at point of admission	<input checked="" type="checkbox"/>
Developing a Rapid Response Team, so Housing Stabilization Staff have immediate access to clients often difficult to engage	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	50	103	53

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135? (limit 1000 characters)

Not applicable.

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

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not applicable.

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

Not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input checked="" type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
HMIS Governance & Transition	07/01/2015	5
H2 Housing & Health (maximizing mainstream resources)	04/29/2015	5

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	NC-500 Evidence o...	11/11/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	NC-500 CoC Applic...	11/16/2015
03. CoC Rating and Review Procedure	Yes	NC-500 Rating and...	11/15/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	NC-500 Rating and...	11/13/2015
05. CoCs Process for Reallocating	Yes	NC-500 Communicat...	11/11/2015
06. CoC's Governance Charter	Yes	NC-500 CoC Govern...	11/10/2015
07. HMIS Policy and Procedures Manual	Yes	NC-500 HMIS Polic...	11/10/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	NC-500 HAWS Secti...	10/29/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	NC-500 HMIS MOU	11/09/2015
11. CoC Written Standards for Order of Priority	No	NC-500 Written St...	11/09/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	NC-500 USICH Wins...	11/10/2015
14. Other	No	NC-500 Policies a...	11/17/2015
15. Other	No	NC-500 Invitation...	11/13/2015

Attachment Details

Document Description: NC-500 Evidence of Communication Regarding No Rejected Projects

Attachment Details

Document Description: NC-500 CoC Application Public Posting Evidence

Attachment Details

Document Description: NC-500 Rating and Review Procedure

Attachment Details

Document Description: NC-500 Rating and Review Procedure: Public Posting Evidence

Attachment Details

Document Description: NC-500 Communication Regarding No Reallocation

Attachment Details

Document Description: NC-500 CoC Governance Charter

Attachment Details

Document Description: NC-500 HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: NC-500 HAWS Section of ACOP Regarding Preferences

Attachment Details

Document Description: NC-500 HMIS MOU

Attachment Details

Document Description: NC-500 Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: NC-500 USICH Winston-Salem Confirmation Ended Veteran Homelessness

Attachment Details

Document Description: NC-500 Policies and Procedures

Attachment Details

Document Description: NC-500 Invitation and Solicitation for CoC Members

Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/13/2015
1C. Coordination	11/19/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/17/2015
1F. Project Review	11/17/2015
1G. Addressing Project Capacity	11/13/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/17/2015
2D. HMIS Data Quality	11/16/2015
2E. Sheltered PIT	11/13/2015
2F. Sheltered Data - Methods	11/13/2015
2G. Sheltered Data - Quality	11/13/2015
2H. Unsheltered PIT	11/13/2015
2I. Unsheltered Data - Methods	11/17/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/19/2015
3B. Objective 1	11/17/2015
3B. Objective 2	11/17/2015
3B. Objective 3	11/19/2015
4A. Benefits	11/19/2015
4B. Additional Policies	11/17/2015
4C. Attachments	11/17/2015
Submission Summary	No Input Required

Attachment 1

2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects

WS/FC CoC (NC-500) - No Projects Rejected in FY 2015 CoC Program Competition

The WS/FC CoC (NC-500) did not reject any projects in the FY 2015 CoC Program Competition. The WS/FC CoC communicated to its full CoC membership on November 2, 2015, that no projects were rejected. The notification included all project applicants whose project applications were accepted. At that same time, the WS/FC CoC communicated to its full CoC membership the website where the CoC rating and review procedures and final project ranking were publicly posted. (See CoC Application Screen 4C. Attachments 3 and 4 or see next page for evidence of written notification.)

From: Tim West

Sent: Monday, November 02, 2015 4:30 PM

To: 'JDuncan@aidscareservice.org'; 'rmeder@aidscareservice.org'; 'Richard@RLCassidy.net'; 'russ@anthonysplot.org'; 'eblake@bethesdacenter.org'; 'dmontgomery@bethesdacenter.org'; 'rsmith@bethesdacenter.org'; 'jmack@bethesdacenter.org'; 'cpotter@bethesdacenter.org'; 'bjdubois@charlottediocese.org'; 'djohnson@cphs.org'; 'lwilliams@cphs.org'; 'tjemwanta@cphs.org'; 'drmax@nopodiums.com'; 'carolfulton@xfirechurch.com'; 'lmcduffee@nchomeless.org'; Tim West; Laura Lama; Linda Jackson Barnes; Wanda Nichols; Mellin Parker; 'jefriley75@yahoo.com'; 'david.harold@gmail.com'; 'ginnybritt@gmail.com'; 'bevans2525@gmail.com'; 'pgoodine64@yahoo.com'; 'Nanhgris@aol.com'; 'ronhairston5@gmail.com'; 'jainumesh@hotmail.com'; 'cfwilson1@triad.rr.com'; 'michiellecutter55@gmail.com'; 'ghundt@triad.rr.com'; 'melliott@crisiscontrol.org'; 'ojohnson@wakehealth.edu'; 'sdrice@wakehealth.edu'; 'eureka@eurekahouse.org'; 'Johnnie.Johnson@eistr.org'; 'twana.roebuck@eistr.org'; 'pamela.ingram@eistr.org'; 'jet1teach@aol.com'; 'bfeikema@fsifamily.org'; 'bholmes@fsifamily.org'; 'jshepherd@fsifamily.org'; 'dsandnbc@bellsouth.net'; 'peteyc@1stpres.com'; 'mcdouglt@forsyth.cc'; 'greenbl@forsyth.cc'; 'korneldw@forsyth.cc'; 'perezj2@forsyth.cc'; 'dancygl@forsyth.cc'; 'elizabeth@forsythfutures.org'; 'rgeiger@goodwillnwnc.org'; 'mgray@goodwillnwnc.org'; 'ciat@harry4you.com'; 'kristino@ywcaws.org'; 'kdurell@haws.org'; 'sfunderburk@haws.org'; 'GatorPack21@gmail.com'; 'wandabrendlemoss@gmail.com'; 'rea27120@yahoo.com'; 'sandra_sherrill@yahoo.com'; 'don.timmons@hospicecarecenter.org'; 'Crocker, Joe'; 'YvetteS@legalaiddnc.org'; 'tracyn@legalaiddnc.org'; 'smitchell@lscarolinas.net'; 'andy@triadmentalhealth.org'; 'nextstepdv@gmail.com'; 'marthashouse@embarqmail.com'; 'steve.miller@ncommerce.com'; 'devans@NCHSM.org'; 'rconnor@NCHSM.org'; 'bhahne@NCHSM.org'; 'mthomas@goodwillnwnc.org'; 'cf46mmk@gmail.com'; 'swaldron322@aol.com'; 'saina@yadtel.net'; 'sonjia.kurosky@samaritanforsyth.org'; 'julie.harris@samaritanforsyth.org'; 'willis.miller@samaritanforsyth.org'; 'katie@sttimothys.ws'; 'docwhitaker@godsrepairshop.org'; 'david@sunnysideminsty.org'; 'KBower@thefellowshiphome.org'; 'thome@arcanc.org'; 'James_Allison@uss.salvationarmy.org'; 'Lisa.Parrish@uss.salvationarmy.org'; 'tashina.oladunjoye@uss.salvationarmy.org'; 'chip.seiler@uss.salvationarmy.org'; 'eric.aft@uwforsyth.org'; 'Kristle.coble@uwforsyth.org'; 'Kenneth.koontz@uwforsyth.org'; 'andrea.kurtz@uwforsyth.org'; 'rose.fisher@uwforsyth.org'; 'Kathleen.wiener@uwforsyth.org'; 'dominica.hewett@uwforsyth.org'; 'bhahne@NCHSM.org'; 'pmoorman@NCHSM.org'; 'annette.bowles@va.gov'; 'jennifer.herb@va.gov'; 'sahirah.hobes@va.gov'; 'John.Fennell@va.gov'; 'earnold@wakehealth.edu'; 'sscoggin@wakehealth.edu'; 'mmoseley@wakehealth.edu'; 'kholly@wholemanministries.com'; 'barryswashington@yahoo.com'; 'lpferguson@wsfcs.k12.nc.us'; 'tpoquinn@wsfcs.k12.nc.us'; Pam Peoples-Joyner; 'greg.cooney@wsrescue.org'; 'ken.heater@wsrescue.org'; 'ksimington@wsfcs.k12.nc.us'; 'DBMOC7@gmail.com'; 'womenofwisdomfellowship@yahoo.com'; 'alex@youthintransition.org'; 'David Holston'

Subject: Continuum of Care Grant Notification

To: Winston-Salem/Forsyth County Continuum of Care Members:

On behalf of the WS/FC Continuum of Care (CoC) Ratings Panel and in accordance with the 2015 HUD Continuum of Care (CoC) Program Notice of Funding Availability (NOFA), this email and the details and links included serve as the official notification of the WS/FC (NC-500) CoC's public posting of the 2015 project rating and review process.

This message is to notify 2015 Continuum of Care (CoC) project applicants of acceptance of their projects for inclusion in the 2015 CoC Consolidated Application submission. The accepted projects are shown on the 2015 Project Priority Listing found at the link below. No projects were rejected and no funds were reallocated. The 2015 Project Priority Listing of Continuum of Care projects is posted today at the following web address:

<http://www.cityofws.org/departments/community-and-business-development/planning/reports>
(scroll down to "2015 Continuum of Care Grants" when you get to the web page)

Also posted on the web page are:

1. The 2015 Project Performance Rating Factors Rubric used to prioritize projects for the 2015 submission;
2. The WSFC Continuum of Care Governance Charter, which describes the funding process, including the CoC Ratings Panel process.

The 2015 CoC Consolidated Application will be posted at the same web address no later than November 16, 2015.

Please let me know any questions that you may have, and thanks to everyone for making our local system one of the strongest there is in addressing and ending homelessness.

*Tim West, Planning Program Supervisor
Community and Business Development Department
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Cell Phone (336) 403-2599
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timw@cityofws.org
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From: Tim West

Sent: Monday, November 16, 2015 4:40 PM

To: 'JDuncan@aidscareservice.org'; 'rmeder@aidscareservice.org'; 'Richard@RLCassidy.net'; 'russ@anthonysplot.org'; 'eblake@bethesdacenter.org'; 'dmontgomery@bethesdacenter.org'; 'rsmith@bethesdacenter.org'; 'jmack@bethesdacenter.org'; 'cpotter@bethesdacenter.org'; 'bjdubois@charlottediocese.org'; 'djohnson@cphs.org'; 'lwilliams@cphs.org'; 'drmax@nopodiums.com'; 'carolfulton@xfirechurch.com'; 'lmcduffee@nchomeless.org'; Tim West; Laura Lama; Linda Jackson Barnes; Wanda Nichols; Mellin Parker; 'jefriley75@yahoo.com'; 'david.harold@gmail.com'; 'tjremwanta@gmail.com'; 'ginnybritt@gmail.com'; 'bevans2525@gmail.com'; 'pgoodine64@yahoo.com'; 'Nanhgris@aol.com'; 'ronhairston5@gmail.com'; 'jainumesh@hotmail.com'; 'cfwilson1@triad.rr.com'; 'michiellecutter55@gmail.com'; 'ghundt@triad.rr.com'; 'melliott@crisiscontrol.org'; 'ojohnson@wakehealth.edu'; 'sdrice@wakehealth.edu'; 'eureka@eurekahouse.org'; 'Johnnie.Johnson@eistr.org'; 'twana.roebuck@eistr.org'; 'pamela.ingram@eistr.org'; 'jet1teach@aol.com'; 'bfeikema@fsifamily.org'; 'bholmes@fsifamily.org'; 'jshepherd@fsifamily.org'; 'dsandnbc@bellsouth.net'; 'peteyc@1stpres.com'; 'mcdougl@forsyth.cc'; 'greenbl@forsyth.cc'; 'korneldw@forsyth.cc'; 'perezj2@forsyth.cc'; 'moolhucc@forsyth.cc'; 'elizabeth@forsythfutures.org'; 'rgeiger@goodwillnwc.org'; 'mgray@goodwillnwc.org'; 'ciat@harry4you.com'; 'kristino@ywcaws.org'; 'kdurell@haws.org'; 'sfunderburk@haws.org'; 'GatorPack21@gmail.com'; 'wandabrendlemoss@gmail.com'; 'rea27120@yahoo.com'; 'sandra_sherrill@yahoo.com'; 'don.timmons@hospicecarecenter.org'; 'Crocker, Joe'; 'YvetteS@legalaiddnc.org'; 'tracyn@legalaiddnc.org'; 'smitchell@lscarolinas.net'; 'andy@triadmentalhealth.org'; 'nextstepdv@gmail.com'; 'marthashouse@embarqmail.com'; 'steve.miller@ncommerce.com'; 'devans@NCHSM.org'; 'rconnor@NCHSM.org'; 'bhahne@NCHSM.org'; 'mthomas@goodwillnwc.org'; 'cf46mmk@gmail.com'; 'swaldron322@aol.com'; 'saina@yadtel.net'; 'sonjia.kurosky@samaritanforsyth.org'; 'julie.harris@samaritanforsyth.org'; 'willis.miller@samaritanforsyth.org'; 'katie@sttimothys.ws'; 'docwhitaker@godsrepairshop.org'; 'david@sunnysideminsty.org'; 'KBower@thefellowshiphome.org'; 'thome@arcanc.org'; 'James_Allison@uss.salvationarmy.org'; 'Lisa.Parrish@uss.salvationarmy.org'; 'tashina.oladunjoye@uss.salvationarmy.org'; 'chip.seiler@uss.salvationarmy.org'; 'eric.aft@uwforsyth.org'; 'Kristle.coble@uwforsyth.org'; 'Kenneth.koontz@uwforsyth.org'; 'andrea.kurtz@uwforsyth.org'; 'rose.fisher@uwforsyth.org'; 'Kathleen.wiener@uwforsyth.org'; 'dominica.hewett@uwforsyth.org'; 'bhahne@NCHSM.org'; 'pmoorman@NCHSM.org'; 'annette.bowles@va.gov'; 'jennifer.herb@va.gov'; 'sahirah.hobes@va.gov'; 'John.Fennell@va.gov'; 'earnold@wakehealth.edu'; 'sscoggin@wakehealth.edu'; 'mmooseley@wakehealth.edu'; 'kholly@wholemanministries.com'; 'barryswashington@yahoo.com'; 'lpferguson@wsfcs.k12.nc.us'; 'tpoquinn@wsfcs.k12.nc.us'; Pam Peoples-Joyner; 'greg.cooney@wsrescue.org'; 'ken.heater@wsrescue.org'; 'ksimington@wsfcs.k12.nc.us'; 'DBMOC7@gmail.com'; 'womenofwisdomfellowship@yahoo.com'; 'alex@youthintransition.org'

Subject: 2015 Continuum of Care Grant Information Posted

To Winston-Salem/Forsyth County Continuum of Care Members:

This message is to make you aware that the following documents have been posted to the City of Winston-Salem's web site today:

- 2015 HUD Continuum of Care Application
- 2015 HUD Continuum of Care Project Priority Listing

The web page is:

<http://www.cityofws.org/departments/community-and-business-development/planning/reports>

Scroll down to "2015 Continuum of Care Grants" when you get to the web page. The Continuum of Care Consolidated Application and Priority Listing are items 4 and 5 on the list.

Please let me know any questions.

Thanks,

*Tim West, Planning Program Supervisor
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Continuum of Care Homeless Assistance Request for Proposals

The Community and Business Development Department of the City of Winston-Salem is accepting proposals for Continuum of Care Homeless Assistance grants. Both renewal and first-time funding proposals will be considered. Proposals must be submitted to the City by 5:00 p.m. on Friday, May 22, 2015. The purpose of HUD Continuum of Care Homeless Assistance Programs is to reduce the incidence of homelessness in communities by assisting homeless individuals and families to move to self-sufficiency and permanent housing. The City of Winston-Salem, in cooperation with the Winston-Salem/Forsyth County Continuum of Care and its member agencies, coordinates annual Continuum of Care submissions.

- [RFP 2015 Continuum of Care Homeless Grants \[pdf/250kb/5p\]](#)
- [CoC Renewal Project Application Form 2015 \[pdf/384kb/13p\]](#)
- [CoC New Project Application Form 2015 \[pdf/385kb/12p\]](#)

Request for Proposals for Bonus Funding for Housing for the Homeless

The City of Winston-Salem is requesting proposals for bonus funding for permanent supportive housing or rapid re-housing projects to serve homeless individuals and families. Applications are due by 5:00 p.m. on Monday, October 12, 2015. Please see the link below for more information.

[RFP and App for CoC Permanent Housing Bonus \[pdf/192kb/4p\]](#)

Microsoft Word versions of the application forms are available by contacting Tim West at (336) 734-1305 or by [e-mail to Tim West](#).

2015 Continuum of Care Grants

The Continuum of Care Homeless Assistance programs are offered by the U.S. Department of Housing and Urban Development (HUD) to address homelessness in local communities. The 2015 Project Priority Listing of Continuum of Care projects for inclusion in the Federal Fiscal Year 2015 CoC application is posted here. It includes all projects that were accepted. No projects were rejected. The 2015 Project Performance Rating Factors Rubric used to prioritize projects for the 2015 submission, which includes the 2015 CoC Project Type Priority Order Ranking, is also provided. Also, the WSFC Continuum of Care Governance Charter, which describes the funding process, including the process of the CoC Ratings Panel, is posted here. In addition, the 2015 Consolidated Application is posted here.

- About CBD
- Code Enforcement
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- Housing Development
- Minority/Women's Business (M/WBE)
- Planning
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 - Homelessness
 - Housing Production
 - Infrastructure and Site Development
 - Links
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 - Self-Sufficiency/Public Services
 - Continuum of Care Survey
- Staff
- Calendar
- News
- Citizen Feedback



1. [2015 Project Priority Listing \[pdf/176kb/1p\]](#)
2. [2015 Project Performance Rating Factors Rubric \[pdf/136kb/3p\]](#)
3. [WSFC Continuum of Care Governance Charter \[pdf/7mb/46p\]](#)
4. [2015 Continuum of Care Consolidated Application \[pdf/11.7mb/288p\]](#)
5. [2015 NC-500 Project Priority Listing \[pdf/375kb/17p\]](#)

FY15 REQUEST FOR PROPOSALS

The Community and Business Development Department of the City of Winston-Salem is accepting proposals for program and project funding for the year beginning July 1, 2014. Both renewal and first-time funding proposals will be considered. Proposals must be submitted to the City by **5:00 p.m. on Friday, February 7, 2014**. Two separate Requests for Proposals (RFPs) are available:

Community Development Block Grant (CDBG) and HOME Investment Partnership (HOME)

This RFP covers requests for funding that will be derived from Federal Fiscal Year 2014 allocations from the federal CDBG and HOME entitlement programs. Proposals must be consistent with the objectives and requirements of the funding program, namely, the development of viable communities by the provision of decent housing, a suitable living environment and expanded economic opportunities, principally for persons of low- and moderate-income.

[Subgrantee RFP](#)

[Subgrantee Application](#)

Emergency Solutions Grant (ESG)

This RFP covers requests for funding for City ESG funds for the year beginning July 1, 2014 and State ESG funds for the year beginning October 1, 2014. Project applications will be considered for emergency shelter/street outreach, rapid re-housing, coordinated intake and assessment and homeless management information systems costs. Existing transitional housing projects may request renewal, but proposals for new transitional housing projects will not be considered.

[ESG RFP \[pdf\]](#)

[ESG Project Application \[pdf\]](#)

[ESG Budget-Leverage \[pdf\]](#)

[State ESG Budget \[pdf\]](#)

Please read all materials carefully. Contact Diane Greer at (336) 734-1314 or dianema@cityofws.org for Word/Excel versions of the RFP documents.

2014 - 2018 FIVE-YEAR CONSOLIDATED PLAN

[2014 - 2018 FIVE-YEAR CONSOLIDATED PLAN \[pdf/4mb/240p\]](#)

Entitlement cities receiving Community Development Block Grant, HOME Investment Partnership and Emergency Solutions Grants program funds are required to develop a five-year plan. The Five-Year Consolidated Plan summarizes conditions and needs in Forsyth County as they relate to housing, community development, homelessness, and economic development and sets forth long-term goals and strategies to address those needs.

- [Final 2014-2013 ConPlan Process Report \[pdf/5mb/66p\]](#)
- [Asset & Opportunity Profile Winston-Salem & Forsyth County \[pdf/2mb/12p\]](#)

Annual Action Plan

[2015-2016 Annual Action Plan Draft \[pdf/3mb/99p\]](#)

The Draft Consolidated Housing and Community Development (CHCD) Plan serves as a single grant submission to HUD for Community Development Block Grant, HOME Investment Partnership, and Emergency Solutions Grant program funds for 2015-2016 and contains proposed activities and proposed expenditures within the context of the Five-Year Plan.

[2014-2015 Annual Action Plan Draft \[pdf/4mb/65p\]](#)

The Draft Consolidated Housing and Community Development (CHCD) Plan serves as a single grant submission to HUD for Community Development Block Grant, HOME Investment Partnership, and Emergency Solutions Grant program funds for 2014-2015

and contains proposed activities and proposed expenditures within the context of the Five-Year Plan.

[2013-2014 Annual Action Plan \[pdf/623kb/26p\]](#)

The Consolidated Housing and Community Development (CHCD) Plan serves as a single grant submission to HUD for Community Development Block Grant, HOME Investment Partnership, and Emergency Solutions Grant program funds for 2013-2014 and contains proposed activities and proposed expenditures within the context of the Five-Year Plan.

[2012-2013 Annual Action Plan Draft \[pdf/4mb/76p\]](#)

The Draft Consolidated Housing and Community Development (CHCD) Plan serves as a single grant submission to HUD for Community Development Block Grant, HOME Investment Partnership, and Emergency Solutions Grant program funds for 2012-2013 and contains proposed activities and proposed expenditures within the context of the Five-Year Plan.

ANNUAL PERFORMANCE REPORT

The Consolidated Annual Performance and Evaluation Report (CAPER) reports accomplishments to HUD for Community Development Block Grant, HOME Investment Partnership, and Emergency Solutions Grant program funds. The Draft CAPER for the 2014-15 program year is available for review.

[DRAFT Annual Performance Report for 2014-2015 \[pdf/2mb/40p\]](#)

[A Consolidated Performance and Evaluation Report \(CAPER\)\(2014\)](#) is prepared and submitted to the U.S. Department of Housing and Urban Development each Fall, no later than September 28.

Ten-Year Plan to End Chronic Homelessness

- [The Winston-Salem/Forsyth County Ten-Year Plan to End Chronic Homelessness \[pdf/4.2mb/44p\]](#)
- [Ten-Year Plan Executive Summary \[pdf\]](#)
- [Services for the Homeless brochure \[pdf\]](#)



Planning is a division of
Community and Business Development Department
City of Winston-Salem
PO Box 2511
Winston-Salem, NC 27101

 [These documents require the Adobe Reader:
a free download.](#)

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**NC-500 Rating and Review Procedure
2015 Continuum of Care**

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Review Scores by Panel (panel scores)	Attached
Performance Rating Rubric (Objective Criteria for Review, Ranking, and Selection Process)	Attached
Performance Monitoring Results for Renewal Projects	Attached
Performance Monitoring Scores for Renewal Projects	Attached
Final Project Ranking	Attached

CoC Rating Panel Process
Excerpt from CoC Governance Charter (Attachment 6 to CoC Application)

Section 4: Funding Recommendation Procedure. The Community Ratings Panel shall schedule meetings as needed to develop funding recommendations in a timely manner to meet funding deadlines. Upon development of funding recommendations, the panel chair or vice chair shall provide such recommendations to the Operating Cabinet for review prior to submission to the Governance Commission for approval. Once approved by the Governance Commission, the funding recommendations shall be presented to the Collaborative Applicant for its consideration and submission to HUD. Staff support for the Community Ratings Panel shall be provided by the agency serving as the Collaborative Applicant on behalf of the Continuum of Care.

North Carolina
Forsyth County

AFFIDAVIT OF PUBLICATION

Before the undersigned, a Notary Public of said County and State, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared Elaine Pitt who being first duly sworn, deposes and says: that she is Business Manager of The Winston Salem Chronicle Publishing Company, engaged in the publishing of a newspaper known as The Chronicle, published issued and entered as second-class mail in the City of Winston Salem, North Carolina in said County and State: that she is authorized to make this affidavit and sworn statement: that the notice or other legal advertisement, a true copy of which is attached hereto, was published in the The Chronicle, on the following dates:

City of Winston-Salem Request for Proposals for Continuum of Care Homeless Assistance Grants Published April 23, 2015

and that the said newspaper in which such notice, paper, document, or legal advertisement was published was, at the time of each and every subscription, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

This 24th day of April 2015

Elaine L. Pitt
(Signature of person making affidavit)
Elaine Pitt

Sworn to and subscribed before me this 24th day of April 2015

Paulette L. Moore
(Notary Public)

M/WBE BID NOTICES

Request for Proposals for CONTINUUM OF CARE HOMELESS ASSISTANCE GRANTS

The City of Winston-Salem seeks proposals for funding to be available under the Continuum of Care Homeless Assistance Grants Program. Proposals are due by 5:00 p.m. on May 22, 2015. The full Request for Proposals with detailed information is available at <http://www.cityofws.org/departments/community-and-business-development/planning/reports>. A grant application workshop will be held on Tuesday, May 12, 2015 from 12:00 noon to 1:30 p.m. at the Mazie S. Woodruff Center at 4905 Lansing Drive in Winston-Salem. This workshop will be held to provide information and assistance to those interested in applying for funds. Workshop attendance is strongly encouraged. For more information, contact Mellin Parker at (336) 734-1310 or mellinp@cityofws.org.

The Chronicle April 23, 2015

Paulette L. Moore
Notary Public
Forsyth County
North Carolina
My Commission Expires 2/22/2016

RECEIVED
MAY 04 2015
BY: _____

Request for Proposals (RFP)
HUD Continuum of Care (CoC) Homeless Assistance
Issued April 23, 2015

INTRODUCTION

As the Collaborative Applicant for the Winston-Salem/Forsyth County Continuum of Care, the City of Winston-Salem (City) is accepting proposals for Continuum of Care Homeless Assistance funding from the U.S. Department of Housing and Urban Development (HUD).

The amount of funding to be available is estimated to be approximately \$1,896,356, which is based on the amount of currently funded projects seeking renewal funding. The actual amount of funding available is unknown at this time. Renewal and new projects will compete for funds available. Projects will be prioritized for funding through a local process.

DEADLINE

Proposals must be submitted to the City by **5:00 p.m. on Friday, May 22, 2015**. Submission procedures are described below.

BACKGROUND

HUD publishes a CoC Notice of Funding Availability (NOFA) for each funding year. The 2015 NOFA is expected to be published as early as May, 2015, with a deadline approximately 60 days after publication. To allow time for the local review and decision-making process, the City is publishing this RFP in advance of the NOFA. The City reserves the right to publish additional information subject to NOFA publication.

A single, consolidated submission of all selected projects in Winston-Salem/Forsyth County will be submitted to HUD by the City of Winston-Salem. Funding will be derived from Federal Fiscal Year 2015 allocations of HUD funds and is subject to funding availability under the NOFA. The City reserves the right to request that applicant organizations submit adjusted project budgets based on the amount of available funding indicated by HUD.

NEW & RENEWAL PROJECT REQUIREMENTS

- a. Threshold Requirements -- All projects must meet the threshold criteria shown in the attached Appendix B – Threshold Criteria for Continuum of Care Grant Proposals.
- b. Requirements that should be emphasized:
 - 1) Proposed funding for new projects cannot supplant funding from other sources.
 - 2) Eligible activities under the Continuum of Care regulations include acquisition of property, rehabilitation of property, new construction, leasing, rental assistance, supportive services, operating costs, homeless management information system (HMIS) costs, project administrative costs, relocation, indirect costs, and CoC planning costs.

- 3) It is expected that no new funds will be available from HUD. Therefore, the only new projects that may be funded must be funded through reallocation of funds currently awarded to existing projects. In the most recent NOFA, HUD allowed reallocated funds to be allocated only to new permanent supportive housing projects for the chronically homeless and rapid re-housing projects to serve homeless households with children. It is anticipated that HUD will continue to emphasize priority activities and populations through provisions in the NOFA.
- 4) Permanent supportive housing projects may serve families or individuals. An adult participant in each household served in the program must be disabled.
- 5) Projects may not charge participants program fees in any program.
- 6) Transitional housing, supportive services, and outreach are eligible activities but are low HUD priorities. Funding for new projects in these categories is not likely to be provided in the NOFA.
- 7) Emergency shelter and services are not eligible for funding under the CoC Program.
- 8) All eligible funding costs except leasing must be matched with no less than a 25 percent cash or in-kind match. Leasing costs are not required to be matched.
- 9) All projects will be limited to requests for one year of assistance, unless a different term is required by HUD. Upon expiration, projects may be renewed subject to HUD requirements, local priorities, satisfactory performance, and availability of funds.
- 10) Collaborative efforts by community agencies are encouraged. As an example of collaborative initiatives, the CoC is implementing a centralized/coordinated intake and assessment system as required by HUD for the CoC program. Also, a collaborative rapid rehousing program has been implemented.

PROJECT RATING PROCESS--Projects will be reviewed through a multi-stage process including review by the Continuum of Care Rating Panel, Continuum of Care Operating Cabinet, Commission on Ending Homelessness, and review by the City of Winston-Salem, including the Winston-Salem City Council. The Continuum of Care Homeless Assistance Grant Application indicates the points available for the different sections of the application. New and renewal project proposals will be reviewed in reference to organizational capacity, strategic priority, project approach and design, performance and cost effectiveness.

ADDITIONAL INFORMATION

The regulations for the Continuum of Care Program may be found at:

<https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/>

All parties intending to apply for funding are strongly encouraged to review the program regulations, including those organizations that are currently or were previously funded. Proposals which do not conform to the regulations will not be considered for funding. Please contact Mellin Parker at (336) 734-1310 or mellinp@cityofws.org or Tim West at (336)734-1305 or timw@cityofws.org with questions about HUD programs.

SUBMISSION PROCEDURE

Please use the CoC Homeless Assistance Grant Application form to prepare and submit a project proposal, and provide complete but concise responses. Separate forms are available for new and renewal projects. This RFP and the application forms are available on the City's website at:

<http://www.cityofws.org/departments/community-and-business-development/planning/reports>

Submit one hard copy of the Grant Application form with **a cover letter signed by the organization's authorized representative**, as follows:

By Mail:

Ms. Mellin L. Parker
Planning Sr. Project Supervisor
Community and Business Development
Department
P. O. Box 2511
Winston-Salem, NC 27102-2511

By Delivery:

Ms. Mellin Parker
Planning Sr. Project Supervisor
Community and Business Development
Bryce A. Stuart Municipal Building
100 East First Street (Corner of Church Street)
Winston-Salem, NC 27102-2511

In addition to hard copy submission, please email the completed Grant Application form and any attachments to timw@cityofws.org.

The City may request additional information for any project, if needed pursuant to the CoC NOFA or related materials.

Please direct any questions to Mellin Parker at (336) 734-1310 or mellinp@cityofws.org or Tim West at (336) 734-1305 or timw@cityofws.org.

NOTICE: If your project is selected for submission to HUD, you may be requested to provide additional information within a timeframe to be specified by the City of Winston-Salem.

GRANT APPLICATION WORKSHOP

A grant application workshop will be held on Tuesday, May 12, 2015 from 12:00 noon to 1:30 p.m. at the Mazie S. Woodruff Center at 4905 Lansing Drive in Winston-Salem. This workshop will be held to provide information and assistance to those interested in applying for funds. Workshop attendance is strongly encouraged.

AWARD OF FUNDS

Once awarded by HUD, grant funds are estimated to be made available by HUD by **the first half of calendar year 2016**. The timing of awards and grant-making by HUD is outside of the control of the City of Winston-Salem. Therefore, agencies seeking and receiving new or renewal funding must be aware of all operating year start and end dates and must make arrangements to cover any period for which a HUD funding award is pending or delayed.

Appendix A: Summary of Strategic Priority Factors

I. WSFC Consolidated Housing and Community Development Plan

Goal 3 (Expanding Access and Opportunities) of the Consolidated Plan includes strategies and programs to meet the housing and service needs of homeless persons. Programs include rental assistance, supportive services, coordinated intake, emergency and transitional shelter, homeless management information systems, and permanent supportive housing. The 2009-2013 Five-Year Consolidated Plan, with strategies beginning on page II-1, may be found at <http://www.cityofws.org/Home/Departments/CBD/HousingDevelopment/Articles/Reports>

II. Ten Year Plan to End Chronic Homelessness

The goals of the Ten Year Plan are to end chronic homelessness and to improve the system of care for all persons who experience a housing crisis. The Ten Year Plan to End Chronic Homelessness is found at:

<http://www.cityofws.org/Home/Departments/CBD/HousingDevelopment/Articles/Reports>

III. USICH Federal Strategic Plan Goals

- A. Finish the job of ending chronic homelessness in 5 years
- B. Prevent and end homelessness among Veterans in 5 years
- C. Prevent and end homelessness for families, youth, and children in 10 years
- D. Set a path to ending all types of homelessness

Opening Doors: the Federal Strategic Plan to Prevent and End Homelessness may be found at: <http://www.usich.gov/>

IV. HEARTH Act CoC Performance Measures

- A. Reduce average length of time persons are homeless
- B. Reduce returns to homelessness
- C. Improve outreach to ensure program coverage of homeless persons
- D. Reduce number of families and individuals who are homeless
- E. Improve employment rate and income amount of families and individuals who are homeless
- F. Reduce number of families and individuals who become homeless (first time homeless)
- G. Prevent homelessness and achieve independent living in permanent housing for families and youth defined as homeless under other Federal statutes

The HEARTH Act is found at the following address (section 427 has the performance measures): <http://www.hudhre.info/index.cfm?do=viewResource&ResourceID=4025>

V. HUD CoC Grant Performance and Strategic Planning Objectives

- Objective 1: Increase Progress Towards Ending Chronic Homelessness
- Objective 2: Increase Housing Stability
- Objective 3: Increase project participants' income
- Objective 4: Increase the number of participants obtaining mainstream benefits

Objective 5: Use Rapid Re-Housing as a method to reduce family homelessness

More detailed information on CoC objectives is included in the application form.

Appendix B Threshold Criteria for Continuum of Care Grant Proposals

I. Criteria for Continuum of Care Grant Participation

- a) Must have documentation of having served HUD-eligible homeless persons or families, through activities that are eligible under the CoC Interim Rule, during the twelve months prior to the deadline stated in the Request for Proposals
- b) Must propose an eligible activity for an eligible homeless population, pursuant to HUD requirements
- c) Must be an eligible contractor for federal funds per <https://www.sam.gov/>, must have a current tax exempt status as verified by the IRS and must not owe any overdue tax debts, as documented on IRS 990 submissions to the IRS
- d) Must not propose to use HUD funds to supplant current funding
- e) Must identify matching funds prior to application submission
- f) Must provide the information listed below in Section II and must have satisfactory organizational status, experience and capacity to submit, implement and operate the proposed project, as determined by the City of Winston-Salem

II. Information on Organizational Status Sponsors of CoC projects must provide the following items to the City for review, unless the organization has already submitted these items to the City:

- a) Signed authorization to apply for CoC Funding
- b) Most recent IRS 990, as submitted to the IRS
- c) Most recent audit report and auditor's management letter
- d) By-Laws
- e) Articles of Incorporation
- g) IRS 501(c)3 designation letter (status in place for at least one year prior to application deadline)
- f) Current Board roster
- g) Copies of budgets for last year, current year and next year (if available)
- h) Copies of Code of Conduct, Personnel Policies, Procurement Policies, and Accounting Procedures for the Organization (as applicable)

Continuum of Care Homeless Assistance Grant Application for Renewal Funding

Agency Name: _____ (“Agency”)

Subject to the terms of the 2015 Request for Proposals (RFP) for Continuum of Care (CoC) funding issued by the City of Winston-Salem, the Agency named above requests renewal of the following project previously awarded CoC funds (1 project per application):

Check	Agency	Project	Amount
<input type="checkbox"/>	Bethesda Center	BC Case Management	\$20,000
<input type="checkbox"/>	Bethesda Center	BC-PH Case Management	\$60,000
<input type="checkbox"/>	CenterPoint, HAWS	CPHS SPC	\$248,092
<input type="checkbox"/>	CenterPoint, HAWS	Project New Hope	\$71,798
<input type="checkbox"/>	ESR	Veterans Shelter Plus Care (2010)—2 nd 3 units Fifth Street II	\$21,610
<input type="checkbox"/>	ESR	ESR Shelter Plus Care PRA (2009)-- 1st 3 units 5th Street II	\$21,622
<input type="checkbox"/>	ESR	ESR-PH Case Management	\$102,593
<input type="checkbox"/>	ESR	Shelter Plus Care--Fifth Street Apts	\$79,282
<input type="checkbox"/>	ESR	SM-PH Case Management	\$40,000
<input type="checkbox"/>	Family Services	FS-PH Case Management	\$47,000
<input type="checkbox"/>	HAWS	HIV Shelter Plus Care	\$91,399
<input type="checkbox"/>	HAWS	Shelter Plus Care 1	\$136,798
<input type="checkbox"/>	HAWS	Shelter Plus Care 2	\$135,215
<input type="checkbox"/>	HAWS	Shelter Plus Care 3	\$28,719
<input type="checkbox"/>	HAWS	Shelter Plus Care 4	\$28,377
<input type="checkbox"/>	Next Step Ministries	Supportive Services	\$32,130
<input type="checkbox"/>	Salvation Army	SAWS-PH Case Management	\$100,088
<input type="checkbox"/>	Samaritan Ministries	Project Cornerstone	\$25,000
<input type="checkbox"/>	United Way	Community Intake Center	\$48,115
<input type="checkbox"/>	United Way	Forsyth Rapid Re-housing Collaborative	\$368,424
<input type="checkbox"/>	United Way	REACH	\$37,387
<input type="checkbox"/>	United Way	ROOF	\$25,389

Agency Acknowledgments

The Agency acknowledges that:

1. The Agency has reviewed the Request for Proposals and the CoC Interim Rule that is referenced in the Request for Proposals.
2. The Agency has reviewed the Project Application for the grant application previously submitted to the U.S. Department of Housing and Urban Development (HUD).
3. Funding is subject to the terms of the Notice of Funding Availability (NOFA) for the Continuum of Care Homeless Assistance Program to be published by HUD.
4. Additional information may be required by HUD or the City.
5. This signed form and any required accompanying materials must be submitted to the City by the deadline specified in the Request for Proposals.

Agency Name: _____

Authorized Signature: _____

Name: _____

Title: _____

Date: _____

**Continuum of Care Homeless Assistance Grants
Application for Renewal Funding
(for grant operating years to start in calendar year 2015)**

Section 1: Basics (0 points)

- A. Have you completed the annual update to your organization's registration with the federal government at www.sam.gov Yes No
- B. Does your organization owe money to the IRS or to anyone else? Yes No If so, describe.
- C. Have all due IRS 990 filings been submitted to the IRS? Yes No
- D. Is the applicant organization registered with the N.C. Secretary of State to conduct business in the State of North Carolina as of the date of the application? Yes No
- E. Did an agency representative attend the grant application workshop sponsored by the City of Winston-Salem? Yes No

Section 2: Project Summary (0 points)

- A. In no more than one-half page, describe the project name, activities to be undertaken, amount of funding requested, population(s) to be served, period covered, and projected outcomes of your project. For renewal projects, describe the major results of the program during the last 12 months. Also describe any changes proposed to be made to the project.

Section 3: Organizational Capacity (25 points)

- A. Mission (3 points)--In five sentences or less, how will the project help your organization to pursue and achieve its mission?
- B. Experience (6 points)--In five sentences or less, how will the experience of your organization contribute to project success? Describe specific, relevant experience by type and length of time.
- C. Organizational Structure (6 points)--In five sentences or less, describe how organizational structure and staff are appropriate to undertake and complete the project. If specific staff positions are to be funded by the requested funds, list the titles, full-time equivalency percentages and attach or insert job descriptions. Attach or insert an organizational chart that specifically covers any CoC-funded positions.
- D. Capacity (6 points)—
 - 1. In five sentences or less, describe how the organization has (or will get) the overall capacity to complete the project in a timely manner?

2. Fill in the chart below to indicate project timing. Omit inapplicable items.

Activity	Days from Execution of Agreement with City
Organizational structure in place and/or Memoranda of Understanding with Cooperating Organizations	
Site control (have ownership or lease space for proposed activity)	
Personnel in place to conduct activities	
All funding committed and available	
Services begin	
Facility or service at or near full capacity	
Requested Funding Fully Spent	
Other key benchmark activities: (list)	

E. Collaboration (4 points)--In up to five sentences, describe how collaboration with partner agencies will contribute to success. If part of a specific initiative, name it, and describe the roles fulfilled through your proposed project. Also, please describe any participation in Continuum of Care meetings including the number of meetings (including subcommittee meetings) attended in the last twelve months.

Section 4: Strategic Priority (35 points)

A. Need (6 points)--In no more than five sentences, describe the population(s) to be served, their characteristics, where they come from and their major needs.

B. Strategies (6 points)--In no more than one-half page total, describe how the project is consistent with the strategic elements described in Exhibit 1, which is attached to this application form. Please use the Roman numerals shown in Exhibit 1 (and below) to organize your response for review and scoring.

- I. WSFC Consolidated Housing and Community Development Plan
- II. Ten Year Plan to End Chronic Homelessness
- III. USICH Federal Strategic Plan Goals
- IV. HEARTH Act CoC Performance Measures
- V. HUD CoC Grant Performance and Strategic Planning Objectives

- C. Performance Measures (6 points)--List the two major performance measures for the project (as previously proposed to HUD in the application for the current grant), including the numerical and percentage targets.

Measure 1:

Measure 2:

- D. Performance Results (6 points) Indicate the performance results for the 12 months ending March 31, 2015 on the measures described above. Existing CoC projects are requested to use CoC Annual Performance Reports for year ending March 31, 2015 for this data. All projects that participate in HMIS should use HMIS data. For projects with experience of less than one year, reports can be for the grant period to date. If data other than HMIS is used, please indicate the source.

Measure 1 Performance:

Measure 2 Performance:

Data Source: HMIS Other—specify source: _____

Check here if agency/program serves exclusively domestic violence victims and is not allowed to participate in HMIS.

If you have any additional comments related to data, please provide them here in no more than five sentences.

- E. Supplemental Questionnaire (5 points)--Please complete the Supplemental Questionnaire in Exhibit 2 of this application. The information is needed for the HUD application.

Section 5: Project Approach and Design (20 points)

- A. Coordinated Intake and Assessment (5 points)--How does your project participate in the coordinated Community Intake Center? (check all that apply)

- Agency's staff participate on the assessment team
 Staff are trained how to complete the VI- SPDAT
 Agency is handling referrals from coordinated intake for rapid rehousing, Shelter Plus Care or other programs
 Other (describe): _____

- B. Services (6 points)--In no more than one half-page, describe the type, frequency and duration of supportive services that will be provided to clients in the proposed project and how it meets their needs. Indicate how follow up will help to ensure client success.

- B. Agencies applying for the first time must submit copies of their agency's latest 990, as submitted to the IRS, Audit Report and auditor's management letter and copies of their By-Laws, Articles of Incorporation, IRS 501(c)3 designation letter, a current Board roster, copies of budgets (last year, current year and next year - if available), as well as copies of Code of Conduct, Personnel Policies, Procurement Policies, and Accounting Procedures, as applicable. ***Agencies requesting renewal funding must submit any updates to these items that have not already been submitted to the City.***

- C. The City reserves the right to request additional information on any Grant Application and/or work with the applicant to modify the project proposal to meet HUD CoC guidelines and requirements.

Exhibit 1
Summary of Strategic Priority Factors
For Rating ESG and Continuum of Care Projects

The information provided in Exhibit 1 relates to question 4B of the funding application.

VI. WSFC Consolidated Housing and Community Development Plan

Goal 3 (Expanding Access and Opportunities) of the Consolidated Plan includes strategies and programs to meet the housing and service needs of homeless persons. Programs include rental assistance, supportive services, coordinated intake, emergency and transitional shelter, homeless management information systems, and permanent supportive housing.

The 2009-2013 Five-Year Consolidated Plan may be found at <http://www.cityofws.org/Home/Departments/CBD/HousingDevelopment/Articles/Reports> (Strategies are described beginning on page II-1 of the Consolidated Plan.)

VII. Ten Year Plan to End Chronic Homelessness

The goals of the Ten Year Plan are to end chronic homelessness and to improve the system of care for all persons who experience a housing crisis. The Ten Year Plan to End Chronic Homelessness is found at: <http://www.cityofws.org/Home/Departments/CBD/HousingDevelopment/Articles/Reports>

VIII. USICH Federal Strategic Plan Goals

- E. Finish the job of ending chronic homelessness in 5 years
- F. Prevent and end homelessness among Veterans in 5 years
- G. Prevent and end homelessness for families, youth, and children in 10 years
- H. Set a path to ending all types of homelessness

Opening Doors: the Federal Strategic Plan to Prevent and End Homelessness may be found at: <http://www.usich.gov/> and a one-page summary of goals is at http://usich.gov/resources/uploads/asset_library/Opening_Doors_1_Page_Summary.pdf

IX. HEARTH Act CoC Performance Measures

- H. Reduce average length of time persons are homeless
- I. Reduce returns to homelessness
- J. Improve outreach to ensure program coverage of homeless persons
- K. Reduce number of families and individuals who are homeless
- L. Improve employment rate and income amount of families and individuals who are homeless
- M. Reduce number of families and individuals who become homeless (first time homeless)
- N. Prevent homelessness and achieve independent living in permanent housing for families and youth defined as homeless under other Federal statutes

The HEARTH Act is found at the following address (section 427 has the performance measures): <http://www.hudhre.info/index.cfm?do=viewResource&ResourceID=4025>

Please see additional strategic factors on next page.

V. HUD CoC Grant Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

HUD looks at:

- Number of Permanent Supportive Housing (PSH) beds dedicated for use by the chronically homeless
- Number of PSH beds not dedicated to the chronically homeless that are prioritized for use by the chronically homeless over the course of the year.
- New PSH beds dedicated to the chronically homeless created through reallocation

CoC's- 2-year plan to increase PSH beds for chronically homeless to help end chronic homelessness by the end of 2015:

- Improve access to housing FOR ALL HOMELESS PERSONS through coordinated intake and prioritizing housing for chronically homeless persons, combined with rapid rehousing for all homeless persons
- Increase the number of public housing units prioritized to chronically homeless persons and to provide supportive services with the units.

Objective 2: Increase Housing Stability

HUD looks at:

- Percentage of PSH program participants that stay in the PSH program or exit the PSH program and go to other permanent housing

CoC's- 2-year plan to increase the housing stability percentage in PSH:

- Implementation of reallocation to permanent housing case management to cover both PSH and rapid rehousing

Objective 3: Increase project participants' income

HUD looks at:

- percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit
- percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit (unemployment, SSI, SSDI, other disability income, workers comp, TANF, retirement/pension, child support, alimony, other)

CoC's- 2-year plan to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit:

- Make increasing client's income a part of Housing Stabilization Action Plans

CoC's- 2-year plan to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit:

- Make increasing client's income a part of Housing Stabilization Action Plans
- Take advantage of the Career Placement and Prosperity Center
- Take advantage of Financial Literacy classes
- Refer clients to training programs such as at Goodwill

Objective 4: Increase the number of participants obtaining mainstream benefits

HUD looks at:

- Number and percentage of adults in CoC-funded projects who obtain mainstream benefits (SNAP, Medicaid, Medicare, State Children's Health Insurance, WIC, VA medical services, TANF childcare and transportation, Section 8 rental assistance or public housing, other)

CoC's- 2-year plan to increase those obtaining mainstream benefits from entry to exit in CoC-funded projects:

- Coordinated assessment and referral recommendations
- Housing Stabilization Case Plans
- SOAR

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

HUD looks at:

- Number of homeless households with children assisted through CoC/ESG funded rapid rehousing
- Number of homeless households with children assisted through other funded rapid rehousing (e.g. TANF)
- How homeless households with children are prioritized for housing assistance by the CoC
- Frequency of case management contact
- Follow-up after case management ends, to prevent return to homelessness

CoC's- 2-year plan to increase the number of households with children assisted through rapid rehousing:

- Focusing CoC and ESG funds on rapid rehousing
- Created Forsyth Rapid Rehousing Collaborative (FRRC)

Exhibit 2: Supplementary Questionnaire

Agency Name:	
Project Name/Description:	

1. Does your project serve homeless families with children or unaccompanied youth under age 18?

- Yes
 No

2. If you answered yes to serving families with children or unaccompanied youth under age 18, does your project have policies and procedures that are consistent with and do not restrict, the exercise of rights provided by subtitle B of title VII of the HEARTH Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

- Yes
 No
 N/A

3. If you answered yes to serving families with children or unaccompanied youth under age 18, then as required for the Continuum of Care grant, please indicate the name and title of the staff person in your organization who is designated to ensure that children of homeless program participants are enrolled in school and connected to early childhood programs and other appropriate services.

Staff Name:	
Staff Title:	

4. How accessible are most community amenities to your CoC project participants? Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. Choose one answer.

- Very accessible: no transportation barriers, easily within reach of all participants
 Somewhat accessible: minor transportation barriers, requires effort for participants
 Not accessible: significant transportation barriers, participants unable to reach amenities without significant external assistance

5. For the services list below, please fill out each cell of the table. *Codes are listed below the table.*

Column 1: Services	Column 2: Provider of the service	Column 3: Access option for clients	Column 4: Frequency
Assessment of Service Needs			
Assistance with Moving Costs			
Case Management			
Child Care			
Education Services			
Employment Assistance and Job Training			
Food			
Housing Search and Counseling Services			
Legal Services			
Life Skills Training			
Mental Health Services			
Outpatient Health Services			
Outreach Services			
Substance Abuse Treatment Services			
Transportation			
Utility Deposits			

Choose the number of the appropriate answer and place it in the appropriate cell above:

Column 2: Provider of the service

1. My agency
2. A partner agency with which my agency has a formal contract or MOU
3. Some other agency with which we have no formal contract or MOU

Column 3: Access options for clients

1. Onsite
2. Short walk
3. Bus, rail, ferry
4. Program van
5. Vehicle share
6. Dial-a-ride
7. Public/private regional transportation

Column 4: Frequency

- | | |
|------------------------------|---------------------------------|
| 1. Daily | 6. Semi-Annually (twice a year) |
| 2. Weekly | 7. Annually |
| 3. Bi-Weekly (every 2 weeks) | 8. As Needed |
| 4. Monthly | |
| 5. Quarterly | |

**Continuum of Care Homeless Assistance Grant Application
Application for New Project Funding**

Agency Name: _____ (“Agency”)

Subject to the terms and provisions of the 2015 Request for Proposals (RFP) for Continuum of Care (CoC) Homeless Assistance issued by the City of Winston-Salem (“City”), the Agency named above requests funding for the project described in this application.

The Agency acknowledges that:

6. The Agency has reviewed the Request for Proposals and the CoC Interim Rule that is referenced in the Request for Proposals.
7. Funding is subject to the terms of the Notice of Funding Availability (NOFA) for the Continuum of Care Homeless Assistance Program to be published by HUD.
8. Additional information may be required by HUD or the City.
9. This signed form and any required accompanying materials must be submitted to the City by the deadline specified in the Request for Proposals.

Agency Name: _____

Authorized Signature: _____

Name: _____

Title: _____

Date: _____

**Continuum of Care Homeless Assistance Grant Application
Application for New Project Funding
(for grant operating years to start in calendar year 2016)**

Section 1: Organizational Identification and Contact Information (0 points)

A. Organization Name:	
B. Agency Mailing Address:	
C. Project Location:*	
D. Contact Name:	
E. Contact Phone Number:	
F. Contact Email:	
G. Federal Tax ID Number:	
H. Federal DUNS Number:	

**The project location need not be provided if it is a confidential location, such as a facility for victims of domestic violence.*

- F. Have you completed the annual update to your organization’s registration with the federal government at www.sam.gov Yes No
- G. Does your organization owe money to the IRS or to anyone else? Yes No If so, describe.
- H. Have all due IRS 990 filings been submitted to the IRS? Yes No
- I. Is the applicant organization registered with the N.C. Secretary of State to conduct business in the State of North Carolina as of the date of the application? Yes No
- J. Did an agency representative attend the grant application workshop sponsored by the City of Winston-Salem? Yes No

Section 2: Project Summary (0 points)

- A. In no more than five sentences, describe the project name, activities to be undertaken, amount of funding requested, population(s) to be served, period covered, and projected outcomes of your project.

Section 3: Organizational Capacity (25 points)

- F. Mission (3 points)--In five sentences or less, how will the project help your organization to pursue and achieve its mission?
- G. Experience (6 points)--In five sentences or less, how will the experience of your organization contribute to project success? Describe specific, relevant experience by type and length of time.
- H. Organizational Structure (6 points)--In five sentences or less, describe how organizational

structure and staff are appropriate to undertake and complete the project. If specific staff positions are to be funded by the requested funds, list the titles, full-time equivalency percentages and attach or insert job descriptions. Attach or insert an organizational chart that specifically covers any CoC-funded positions.

I. Capacity (6 points)—

3. In five sentences or less, describe how the organization has (or will get) the overall capacity to complete the project in a timely manner?
4. Fill in the chart below to indicate project timing. Omit inapplicable items.

Activity	Days from Execution of Agreement with City
Organizational structure in place and/or Memoranda of Understanding with Cooperating Organizations	
Site control (have ownership or lease space for proposed activity)	
Personnel in place to conduct activities	
All funding committed and available	
Services begin	
Facility or service at or near full capacity	
Requested Funding Fully Spent	
Other key benchmark activities: (list)	

- J. Collaboration (4 points)--In up to five sentences, describe how collaboration with partner agencies will contribute to success. If part of a specific initiative, name it, and describe the roles fulfilled through your proposed project. Also, please describe any participation in the Council on Services for the Homeless and the number of meetings (including subcommittee meetings) attended in the last twelve months.

Section 4: Strategic Priority (35 points)

- F. Need (6 points)--In no more than five sentences, describe the population(s) to be served, their characteristics, where they come from and their major needs.
- G. Strategies (6 points)--In no more than one-half page total, describe how the project is consistent with the strategic elements described in Exhibit 1, which is attached to this application form. Please use the Roman numerals shown in Exhibit 1 (and below) to organize your response for review and scoring.

VI. WSFC Consolidated Housing and Community Development Plan

VII. Ten Year Plan to End Chronic Homelessness

VIII. USICH Federal Strategic Plan Goals

IX. HEARTH Act CoC Performance Measures

X. HUD CoC Grant Performance and Strategic Planning Objectives

H. Performance Measures (6 points)--List the two major performance measures for the project, including the numerical and percentage targets. Measure 1 must address a housing goal. Measure 2 must address a goal to help participants increase total income.

Measure 1:

Measure 2:

I. Performance Results (6 points) If this will be a new project, please indicate below performance on other past activities completed by your organization.

<i>Program & Year</i>	<i>Funding Source</i>	<i>Funding Amount</i>	<i>Objective</i>	<i>Actual Achievement</i>
<i>Example: Housing Program, 2013</i>	<i>Donations</i>	<i>\$10,000</i>	<i>Of 30 households served, 20 (67%) obtained housing within 30 days</i>	<i>Of 33 households served, 24 (72%) obtained housing within 30 days</i>

J. HMIS Data (6 points)

1. Does your agency participate in the Homeless Management Information System?
 Yes No

As applicable, please check one box:

Agency/program serves exclusively domestic violence victims and is not allowed to participate in HMIS.

Agency/program does not participate in HMIS. Indicate reason: _____

2. If your organization uses HMIS to track data, provide the following information:

A.	Client records entered in HMIS in the last month	
B.	Client records entered in HMIS in the last 12 months	

If you have any additional comments related to data, please provide them here in no more than five sentences.

K. Supplemental Questionnaire (5 points)--Please complete the Supplemental Questionnaire in Exhibit 2 of this application. The information is needed for the HUD application.

Section 5: Project Approach and Design (20 points)

E. Coordinated Intake and Assessment (5 points)--How does your project participate in the coordinated Community Intake Center? (check all that apply)

- Agency’s staff participate on the assessment team
- Staff are trained how to complete the VI- SPDAT
- Agency is handling referrals from coordinated intake for rapid rehousing, Shelter Plus Care or other programs
- Other (describe): _____

F. Services (6 points)--In no more than one half-page, describe the type, frequency and duration of supportive services that will be provided to clients in the proposed project and how it meets their needs. Indicate how follow up will help to ensure client success. Discuss how services are structured to meet performance measures, including helping clients to obtain and remain stable in housing, increase access to mainstream benefits, increase employment income and increase total income.

G. Housing First (6 points)--Does the project use Housing First? Yes No

- 6. In five sentences or less, indicate the ways that agency strategies, policies and procedures are consistent with Housing First.
- 7. In five sentences or less, describe the impacts to date of using Housing First.
- 8. In five sentences or less, describe any difficulties related to Housing First implementation and how they are being addressed.
- 9. In five sentences or less, describe the use of any other best practices and the impacts.
- 10. Complete the following chart for all permanent supportive housing (PSH) programs operated by the agency: (not applicable to rapid rehousing beds)

A.	Total # of PSH beds in all programs	
B.	# of PSH beds restricted to chronically homeless persons	

TOTALS		

Calculation of Requested/Match Percentage		
	Amount	Percentage
Total Requested from CoC		
Total from Matching Funds		
Grand Total		

G. Average Cost (5 Points) Use the table below to show the average cost of the service per beneficiary to be served during the year.

CoC funds requested:	
Number proposed to be served for the year:	
Average CoC cost per case:	

H. Sustainability (3 points)--Describe in no more than five sentences how the project will be sustained if and when the CoC funding ends.

Additional Requirements:

- D. Applicants must complete the Supplemental Questionnaire attached as Exhibit 2.
- E. Agencies applying for the first time must submit copies of their agency’s latest 990, as submitted to the IRS, Audit Report and auditor’s management letter and copies of their By-Laws, Articles of Incorporation, IRS 501(c)3 designation letter, a current Board roster, copies of budgets (last year, current year and next year - if available), as well as copies of Code of Conduct, Personnel Policies, Procurement Policies, and Accounting Procedures, as applicable. *Agencies requesting renewal funding must submit any updates to these items that have not already been submitted to the City.*
- F. The City reserves the right to request additional information on any Grant Application and/or work with the applicant to modify the project proposal to meet HUD CoC guidelines and requirements.

Exhibit 1
Summary of Strategic Priority Factors
For Rating ESG and Continuum of Care Projects

The information provided in Exhibit 1 relates to question 4B of the funding application.

X. WSFC Consolidated Housing and Community Development Plan

Goal 3 (Expanding Access and Opportunities) of the Consolidated Plan includes strategies and programs to meet the housing and service needs of homeless persons. Programs include rental assistance, supportive services, coordinated intake, emergency and transitional shelter, homeless management information systems, and permanent supportive housing.

The 2009-2013 Five-Year Consolidated Plan may be found at <http://www.cityofws.org/Home/Departments/CBD/HousingDevelopment/Articles/Reports> (Strategies are described beginning on page II-1 of the Consolidated Plan.)

XI. Ten Year Plan to End Chronic Homelessness

The goals of the Ten Year Plan are to end chronic homelessness and to improve the system of care for all persons who experience a housing crisis. The Ten Year Plan to End Chronic Homelessness is found at: <http://www.cityofws.org/Home/Departments/CBD/HousingDevelopment/Articles/Reports>

XII. USICH Federal Strategic Plan Goals

- I. Finish the job of ending chronic homelessness in 5 years
- J. Prevent and end homelessness among Veterans in 5 years
- K. Prevent and end homelessness for families, youth, and children in 10 years
- L. Set a path to ending all types of homelessness

Opening Doors: the Federal Strategic Plan to Prevent and End Homelessness may be found at: <http://www.usich.gov/> and a one-page summary of goals is at http://usich.gov/resources/uploads/asset_library/Opening_Doors_1_Page_Summary.pdf

XIII. HEARTH Act CoC Performance Measures

- O. Reduce average length of time persons are homeless
- P. Reduce returns to homelessness
- Q. Improve outreach to ensure program coverage of homeless persons
- R. Reduce number of families and individuals who are homeless
- S. Improve employment rate and income amount of families and individuals who are homeless
- T. Reduce number of families and individuals who become homeless (first time homeless)
- U. Prevent homelessness and achieve independent living in permanent housing for families and youth defined as homeless under other Federal statutes

The HEARTH Act is found at the following address (section 427 has the performance measures): <http://www.hudhre.info/index.cfm?do=viewResource&ResourceID=4025>

Please see additional strategic factors on next page.

V. 2013 CoC Grant Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

HUD looks at:

- Number of Permanent Supportive Housing (PSH) beds dedicated for use by the chronically homeless
- Number of PSH beds not dedicated to the chronically homeless that are prioritized for use by the chronically homeless over the course of the year.
- New PSH beds dedicated to the chronically homeless created through reallocation

CoC's- 2-year plan to increase PSH beds for chronically homeless to help end chronic homelessness by the end of 2015:

- Improve access to housing FOR ALL HOMELESS PERSONS through coordinated intake and prioritizing housing for chronically homeless persons, combined with rapid rehousing for all homeless persons
- Increase the number of public housing units prioritized to chronically homeless persons and to provide supportive services with the units.

Objective 2: Increase Housing Stability

HUD looks at:

- Percentage of PSH program participants that stay in the PSH program or exit the PSH program and go to other permanent housing

CoC's- 2-year plan to increase the housing stability percentage in PSH:

- Implementation of reallocation to permanent housing case management to cover both PSH and rapid rehousing

Objective 3: Increase project participants' income

HUD looks at:

- percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit
- percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit (unemployment, SSI, SSDI, other disability income, workers comp, TANF, retirement/pension, child support, alimony, other)

CoC's- 2-year plan to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit:

- Make increasing client's income a part of Housing Stabilization Action Plans

CoC's- 2-year plan to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit:

- Make increasing client's income a part of Housing Stabilization Action Plans
- Take advantage of the Career Placement and Prosperity Center
- Take advantage of Financial Literacy classes
- Refer clients to training programs such as at Goodwill

Objective 4: Increase the number of participants obtaining mainstream benefits

HUD looks at:

- Number and percentage of adults in CoC-funded projects who obtain mainstream benefits (SNAP, Medicaid, Medicare, State Children's Health Insurance, WIC, VA medical services, TANF childcare and transportation, Section 8 rental assistance or public housing, other)

CoC's- 2-year plan to increase those obtaining mainstream benefits from entry to exit in CoC-funded projects:

- Coordinated assessment and referral recommendations
- Housing Stabilization Case Plans
- SOAR

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

HUD looks at:

- Number of homeless households with children assisted through CoC/ESG funded rapid rehousing
- Number of homeless households with children assisted through other funded rapid rehousing (e.g. TANF)
- How homeless households with children are prioritized for housing assistance by the CoC
- Frequency of case management contact
- Follow-up after case management ends, to prevent return to homelessness

CoC's- 2-year plan to increase the number of households with children assisted through rapid rehousing:

- Focusing CoC and ESG funds on rapid rehousing
- Created Forsyth Rapid Rehousing Collaborative (FRRC)

Exhibit 2: Supplementary Questionnaire

Agency Name:	
Project Name/Description:	

6. Does your project serve homeless families with children or unaccompanied youth under age 18?

- Yes
 No

7. If you answered yes to serving families with children or unaccompanied youth under age 18, does your project have policies and procedures that are consistent with and do not restrict, the exercise of rights provided by subtitle B of title VII of the HEARTH Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

- Yes
 No
 N/A

8. If you answered yes to serving families with children or unaccompanied youth under age 18, then as required for the Continuum of Care grant, please indicate the name and title of the staff person in your organization who is designated to ensure that children of homeless program participants are enrolled in school and connected to early childhood programs and other appropriate services.

Staff Name:	
Staff Title:	

9. How accessible are most community amenities to your CoC project participants? Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. Choose one answer.

- Very accessible: no transportation barriers, easily within reach of all participants
 Somewhat accessible: minor transportation barriers, requires effort for participants
 Not accessible: significant transportation barriers, participants unable to reach amenities without significant external assistance

10. For the services list below, please fill out each cell of the table. Codes are listed below the table.

Column 1: Services	Column 2: Provider of the service	Column 3: Access option for clients	Column 4: Frequency
Assessment of Service Needs			
Assistance with Moving Costs			
Case Management			
Child Care			
Education Services			
Employment Assistance and Job Training			
Food			
Housing Search and Counseling Services			
Legal Services			
Life Skills Training			
Mental Health Services			
Outpatient Health Services			
Outreach Services			
Substance Abuse Treatment Services			
Transportation			
Utility Deposits			

Choose the number of the appropriate answer and place it in the appropriate cell above:

Column 2: Provider of the service

4. My agency
5. A partner agency with which my agency has a formal contract or MOU
6. Some other agency with which we have no formal contract or MOU

Column 3: Access options for clients

8. Onsite
9. Short walk
10. Bus, rail, ferry
11. Program van
12. Vehicle share
13. Dial-a-ride
14. Public/private regional transportation

Column 4: Frequency

- | | |
|------------------------------|---------------------------------|
| 6. Daily | 9. Semi-Annually (twice a year) |
| 7. Weekly | 10. Annually |
| 8. Bi-Weekly (every 2 weeks) | 11. As Needed |
| 9. Monthly | |
| 10. Quarterly | |

Area's first

...preceded by that which is spiritual and invisible."

Easton historic marker unveiled

BY TODD LUCK
THE CHRONICLE

The Easton neighborhood got its own historic marker on Saturday.

The marker, erected by Forsyth County Resource Commission, sits at the intersection of Woodcote Street and Clemmonsville Circle at a main entrance to the neighborhood. It notes the origins of Easton as a subdivision for veterans' housing during Winston-Salem's housing shortage. The 1944 Bill gave low-interest loans to veterans and provided housing construction. Almost identical housing here created to qualify for government-subsidized mortgages. It has since become a diverse, largely white community.

The ceremony to unveil the marker happened on a Saturday, as residents sat under a tent listening to remarks from Mayor Allen S. Burke, Historic Resource Commissioner Dark and...

Taylor was raised in Belview. He said, "I said, Easton that," Taylor said.

"It takes a young woman, a good community," Taylor said. "I said, Easton that," Taylor said.

The marker describes the Easton Neighborhood Association, which was founded in 1988. The president is Robert Leak, whose late wife, Robert Leak, was president of the organization. Leak, groomed by his father to lead the grassroots organization, he was 12 years old when he became associated at age 19. He told Joines he would be a community.

"During the time when Easton was through a lot of difficulty, prostitution in my spirit I was...



The Awakening Christian Music Festival at BB&T

Bonus Funds for Housing Projects for the Homeless

A public meeting to discuss potential bonus funding from the U.S. Department of Housing and Urban Development (HUD) for supportive housing for homeless households will be held by the City of Winston-Salem as follows:

Date: Tuesday, October 6, 2015

Time: 12:00 noon – 1:00 p.m.

Place: Room 201, City Hall, 101 N. Main Street, Winston-Salem

Information on the potential funding opportunity will be posted to the City web site. For more information, please contact Ms. Mellin Parker at (336) 734-1310 or mellinp@cityofws.org.

EVENTS ARE HAPPENING



...nging. That's why United Way is too. So, connected solutions, we are better able to meet ever evolving needs—whatever the future brings together, we can build a better community.

GIVE UNITED.

VOLUNTEER • GET INFORMED • SHARE

...TION CENTER
...ND BANK
...F FAIM

**Request for Proposals (RFP) for 2015 Continuum of Care (CoC)
Bonus Funding for Permanent Housing for the Homeless
Issued October 1, 2015**

On behalf of the Winston-Salem/Forsyth County Continuum of Care, the City of Winston-Salem is requesting preliminary proposals for bonus funding for permanent supportive housing or rapid rehousing projects. Applications are due by 5:00 p.m. on Monday, October 12, 2015.

Introduction

The U.S. Department of Housing and Urban Development (HUD) has announced that requests may be submitted by the Winston-Salem/Forsyth County Continuum of Care for “bonus” funding for two types of new projects:

- (1) New *permanent supportive housing* projects that will serve 100 percent chronically homeless families and individuals,
- (2) New *rapid re-housing* projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and includes persons fleeing domestic violence situations

Key Definitions

- *Permanent Supportive Housing*—permanent housing with rental assistance and supportive services to help disabled, chronically homeless persons to live independently.
- *Rapid Re-housing*---permanent housing with case management and short- or medium-term rental assistance in a unit that the program participant retains after the assistance ends.

Funds Available

The total amount estimated to be available for bonus funding is up to \$284,453. At this time, HUD has not provided information on funding limitations for various activities that may be part of the proposal. In prior bonus competitions, HUD has limited supportive services to 30% of bonus project funding. If HUD limits services to 30% of bonus funds, the estimated amounts available for housing and services would be:

Activity	Amount
Rental Assistance (estimated to serve 24 households for one year)	\$199,117
Supportive Services (for example, case management staff)	\$85,336
Estimated grant total	\$284,453

Review Process

The bonus funding opportunity is part of the annual CoC competition sponsored by HUD. The annual RFP for the Winston-Salem/Forsyth County CoC was issued on April 23, 2015 and

proposals were received. Any bonus project selected for submission to HUD will be included in a prioritized, ranked project list which will include all new and renewal projects.

During the month of October, 2015, proposals and the project list will be reviewed by the Continuum of Care Rating Panel and Continuum Care Operating Cabinet prior to development of a funding recommendation by the Winston-Salem/Forsyth County Commission on Ending Homelessness for consideration by the City of Winston-Salem for submission to HUD in November, 2015. For projects awarded funds by HUD, funding will be for one year and may be considered for renewal in subsequent years.

How to Apply

Proposals must follow the format of Exhibit A, which is attached. Unless modified by this RFP, proposals are subject to the requirements of the original 2015 CoC RFP published on April 23, 2015, which may be found at <http://bit.ly/1M1kyNi>. The City may use information previously submitted to review proposals for bonus funding. Additional information will be requested by the City at a later date in order to complete the application to HUD.

Submit original, hard-copy proposals to:

Mellin L. Parker, Planning Senior Project Supervisor
City of Winston-Salem
Community & Business Development Department
PO Box 2511
Winston-Salem, NC 27102
(Street address 100 East First Street, Suite 423, Winston-Salem, NC 27101)

Also, submit all proposals electronically, by the deadline stated above, to timw@cityofws.org.

Questions may directed to Mellin Parker at (336) 734-1310 mellinp@cityofws.org or Tim West at (336) 734-1305 or timw@cityofws.org. Please contact Tim West if you would like a copy of the application form in Microsoft Word.

Exhibit A: Permanent Housing Bonus Funding Proposal Form

Section 1: Organizational Information

A. Organization Name:	
B. Agency Mailing Address:	
C. Contact Name:	
D. Contact Phone Number:	
E. Contact Email:	
F. Federal Tax ID Number:	
G. Federal DUNS Number:	

Section 2: Proposal Information

A. Type of project proposed:

- Rapid Rehousing
- Permanent Supportive Housing

B. Amount requested: \$ _____

C. Briefly describe the proposed project, including the activities and target population(s).

D. Proposed Budget for the HUD Funds Being Requested:

<i>Cost Item</i>	<i>Amount of HUD Funds Requested</i>
TOTAL HUD FUNDS REQUESTED	

E. For staff funding requests, list the staff title(s) and hours to be worked per week and describe the roles of the position.

F. Why are you seeking the particular funding amount that you request?

G. How will variations in the amount of funding awarded affect your ability to serve participants and achieve outcomes? For example, if you receive 10% or 50% more or less funding than requested, how would it affect services and results?

H. HUD requires matching funds of at least 25% in cash or in-kind sources. Describe the proposed match source, amount and use of funds.

I. Please describe proposed collaborations and roles to be played by the partner agencies in the project.

J. Please list performance measures and targets to be achieved in one year of funding. Included must be measures related to housing stability and client income.

- K. Describe any best practices or key approaches to be used, such as the “Housing First” approach.
- L. Describe how the proposed project will participate in the coordinated intake and assessment process.
- M. Describe how data will be collected, managed and used.

Section 3: Experience

- A. How does the proposed project support your organization’s mission?
- B. Briefly describe the experience of your organization in operating projects similar to this proposal.
- C. Describe experience of your organization in collaborations, including any that involve activities such as those proposed.
- D. Describe the results and outcomes your organization has achieved in operating programs like the one for which you are requesting funding. State the period of time applicable for this information.

Please include a signed cover letter from a representative of your organization who is authorized to request funding.

2015 Continuum of Care (CoC)
Public Meeting – Bonus Funding/Updates
October 6, 2015
12:00 p.m.
City Hall, Room 201

- 1) Request for Proposals for CoC Bonus Funds (handouts)
- 2) How to Apply
- 3) Deadline
- 4) Estimated Amount Available
- 5) Eligible Components
- 6) Eligible Activities
- 7) Scoring (handout)
- 8) Review Process and Timing
- 9) Application Completion and Submission to U.S. Department of Housing and Urban Development
- 10) Estimated Timeline for Funding Awards and Implementation
- 11) Questions

**2015 Continuum of Care
Bonus Project Scoring Guide for Agencies Submitting Proposals**

Bonus Application Questions 2C and 2E—Services—10 points

To receive maximum points, in questions 2C and 2 E the proposal will describe the project, activities and target population, all of which must be eligible for funding. Also, allocations to staff funding will be consistent with the workload described. Fewer points will be assigned to responses if only partial information is provided or if any elements are not consistent with the published requirements for funding.

Bonus Application Question 2D (Budget)—10 points

To receive maximum points, the proposal will list all cost items and the total of funds requested, which much be directly applicable to the proposed project and which must be eligible for funding. Fewer points will be assigned if information is incomplete.

Bonus Application Questions 2F and 2G—(Budget and Scalability)—6 points

To receive maximum points, the proposal will justify the amount requested and address the scalability of the project if an amount is awarded other than the amount requested. Fewer points will be awarded if the amount requested is not justified or possible variation in funding amounts is not addressed.

Bonus Application Question 2H (Match)—6 points

To receive maximum points, the proposal will clearly state the match source, amount and use and match will be at least 25% of the HUD amount requested. Fewer points will be assigned if information is incomplete.

Bonus Application Questions 2I and 3C (Collaboration)—20 points

To receive maximum points, the proposal will clearly describe a project with multiple partner agencies playing complementary and integrative roles which would not be done with agencies working separately. Partial points may be provided for proposals describing a coordinated, complementary effort but which do not have any elements that are integrated across agencies. Fewer points will be provided for lesser degrees of coordination or for proposals which simply describe referral relationships.

Bonus Application Questions 2J and 3D (Performance and Performance Measures)—8 points.

To receive maximum points, the proposal will indicate, in question 2J, performance measurements which include a universe of participants and numerical and percentage targets for success; and, successful performance will be indicated in question 3D. Fewer points will be assigned if any of this information is not provided.

Bonus Application Question 2K (Best Practices, Housing First)—10 points

To receive maximum points, best practices relevant to the proposal will be described and will include Housing First as the core approach to assistance. Fewer points will be assigned to responses which cite only other best practices (but not Housing First) or which cite no best practices.

Bonus Application Question 2L (Coordinated Intake & Assessment)—10 points

To receive maximum points, the proposal will describe current and ongoing participation in coordinated intake and assessment (the Community Intake Center). Fewer points will be assigned to proposals describing potential participation in coordinated intake and assessment (Community Intake Center), but providing no stated commitment to participate.

Bonus Application Question 2M (Data)—4 points

To receive maximum points, the proposal will cite participation in the Homeless Management Information System (HMIS) and describe use of reporting and analysis. For projects statutorily prohibited from HMIS participation (e.g. domestic violence programs), maximum points may be provided for use of a system comparable to HMIS. Fewer points will be assigned to proposals describing use of other information systems or no information system.

Bonus Application Question 3A (Mission)—6 points

To receive maximum points, the proposal will demonstrate that the proposed project is clearly consistent with the agency's mission. Fewer points will be assigned to proposals where only some project elements are related to agency activities (but not its core mission) or where the project is not related to the agency's mission or activities.

Bonus Application Question 3B (Experience)—10 points

To receive maximum points, the proposal will show that the agency has done this type of project before. Fewer points may be assigned when the agency has not done the exact type of project before but has directly applicable experience or where the agency has no past experience that is applicable to the proposed project

Total: 100 points

**2015 Continuum of Care
Bonus Project Scoring Guide**
(use with Summary Scoring Sheet)

Bonus Application Questions 2C and 2E—Services—10 points
(make sure to see both questions 2c and 2e)

- 10 points—the proposal describes the project, activities and target population, and any staff allocations appear to match the workload described
- 5 points—Provide half point if only partial information is provided relevant to the questions
- 0 points—Most or all information is missing or is irrelevant to the questions

Bonus Application Question 2D (Budget)—10 points

- 10 points—lists all the activities and the funds requested
- 5 points—cost amount listed but cost items not listed
- 0 points—items missing or amounts not fully completed

Bonus Application Questions 2F and 2G—(Budget and Scalability)—6 points

- 6 points—in 2F justifies the amount and in 2G addresses scalability of the project
- 3 points—not fully responsive to both 2F and 2G
- 0 points—not fully responsive to EITHER 2F or 2G

Bonus Application Question 2H (Match)—6 points

- 6 points—clearly states match source, amount and use and match is at least 25% of the HUD amount requested
- 3 points—partial credit for listing some of the requested information
- 0 points—information is insufficient

Bonus Application Questions 2I and 3C (Collaboration)—20 points
(make sure to see both questions 2i and 3c)

- 20 points—clearly describes a project with multiple partner agencies playing complementary and integrative roles which would not be done with agencies working separately
- 15 points—describes a coordinated, complementary effort but does not have any elements that are integrated across agencies
- 10 points—describes a referral arrangement with some coordination of services
- 5 points—mainly describes a referral arrangement with no coordination identified
- 0 points—does not describe any collaboration or coordination with other agencies

Bonus Application Questions 2J and 3D (Performance and Performance Measures)—8 points. (make sure to see both questions 2j and 3d)

- 8 points--Indicated 2 measures with target # and % in 2J, and the measures address housing stability and client income; 3D shows successful performance

- 4 points—only one measure fully described with targets in 2J; or only partial performance information provided in 3D
- 0 points—neither measure is fully described with targets or no performance information in 3D

Bonus Application Question 2K (Best Practices, Housing First)—10 points

- 10 points—response cites best practices (must include Housing First)
- 5 points—response cites best practices but does not include Housing First
- 0 points—no best practices cited

Bonus Application Question 2L (Coordinated Intake & Assessment)—10 points

- 10 points—describes current and ongoing participation in coordinated intake and assessment (or Community Intake Center)
- 5 points—describes potential participation in coordinated intake and assessment (or Community Intake Center), but no commitment to do so
- 0 points—does not describe current or proposed participation in coordinated intake and assessment (or Community Intake Center)

Bonus Application Question 2M (Data)—4 points

- 4 points—cites participation in the Homeless Management Information System (HMIS) and describes use of reporting and analysis
- 4 points—cites participation in a data system and states it is comparable to HMIS; describes use of reporting and analysis (Use of a comparable system to HMIS would be likely to be a response from domestic violence agencies, which are not allowed to use HMIS but which are required to use comparable systems)
- 2-describes a system other than HMIS (or comparable system for domestic violence agencies)
- 0 points—no data system other than client file folders described

Bonus Application Question 3A (Mission)—6 points

- 6 points—description shows that proposed project is clearly consistent with the agency’s mission
- 3 points—description indicates the project has some elements consistent with agency activities but not with the agency’s core mission
- 0 points—description indicates the project is not related to the agency’s mission or activities

Bonus Application Question 3B (Experience)—10 points

- 10 points—describes experience showing agency has done this type of project before
- 8 points—describes experience showing agency has not done this type of project before, but has directly applicable experience.
- 3 points—agency has experience in a related field of work
- 0 points-agency has no past experience that is applicable to the proposed project

Total: 100 points

Winston-Salem/Forsyth County Continuum of Care Rating Panel
2015 WS/FC HUD Continuum of Care Project Ranking/Review Process
June 4, 2015 MINUTES

Present: Brenda Evans, Ron Hairston, David Harold, Jeff Riley
Staff: Mellin Parker, Tim West, Jackie Hundt

1. Some agencies should consolidate proposals.
2. The panel approved the process as outlined on the agenda.
3. Panel discussed data and report availability for rubric factors 6 and 7.
4. The panel liked dividing up the projects for review.
5. Most applications were better this year, including CPHS'.
6. The project application form needs to collect more detail up front, or break out the subparts of the question. Also, assign the points to the parts of the question.
7. Suggestion to have a workshop with a sample application; Brenda offers to provide advice.
8. Question on how to judge whether the average cost of any given project is reasonable. Need standards by type of project.
9. Discussion of projects by panel. Some need to be more specific. The new project proposal addresses health, which is good. Some of the grants—agencies seem to know what they doing in the project, but they have poor grant writing skills. Comment that proposals indicate that the agencies need education on Housing First. Some agencies seem to be on overload with the amount of work they're doing. Caseloads are too high in all agencies. The strategy question takes a lot of work on the part of agencies, compared to what we get out of the responses. Suggestion to post the proposals so agencies can learn from each other.
10. For renewals we could have short applications.
11. We need renewals to focus more on performance and less on what they propose to do.
12. The match question is confusing; we should tell them match is 20% of the total budget including HUD and other funds.

Winston-Salem/Forsyth County Continuum of Care Rating Panel
2015 WS/FC HUD Continuum of Care Project Ranking/Review Process
June 24, 2015 MINUTES

Present: Brenda Evans, Ron Hairston, Jeff Riley
Staff: Mellin Parker, Tim West, Jackie Hundt, Laura Lama

The group set some future meeting dates but decided to meet only after HUD publishes the NOFA.

Jackie distributed the scoring rubric and performance results. The panel discussed the fact that some project scores are very close. The panel decided not to make changes to the rubric.

The panel approved ranking the categories of projects as follows: System Information (HMIS), System Coordination (coordinated intake and assessment), Permanent Supportive Housing, Rapid Re-Housing, Other Supportive and Transitional services, any other projects, planning grant.

It was suggested that we will need a summary on our web site of how the process works. We also need to show this year's performance and last year's performance.

**Winston-Salem/Forsyth County Continuum of Care Rating Panel
2015 WS/FC HUD Continuum of Care Project Ranking/Review Process
October 15, 2015 MINUTES**

Present: Brenda Evans, Ron Hairston, Jeff Riley
Staff: Mellin Parker, Tim West, Jackie Hundt, Mellin Parker

Brenda welcome the group. This meeting is primarily to review the bonus proposals and finalize the prioritized project list recommendations.

Jackie distributed the scoring rubric and renewal project performance results and reviewed them with the panel. She distributed the proposed project list.

Tim reviewed the renewal projects, then listed the new projects. He reported that three proposals for bonus funds were received totaling \$599,205. There is \$284,453 available in bonus funds. Tim discussed how various rankings of projects in tier 2 would affect scoring, given HUD's scoring system for this year.

The Ratings Panel considered the fact that all three bonus proposals would add value to the CoC inventory. Since HUD's process for this year favors smaller projects, the panel recommended that all three bonus proposals be included in the ranked list, but at smaller amounts. The City was asked to contact the three project sponsors and to see if they agree to move forward at the reduced amounts. If any do not want the reduced amounts, the funds can be provided to the other projects. The panel confirmed that the new bonus projects should be ranked below renewals.

The panel reaffirmed ranking projects based on the following project type priorities: 1) system information (HMIS); 2) system coordination (CIC); 3) permanent supportive housing; 4) rapid re-housing; 5) transitional housing; and 6) bonus projects. The prioritized components were color-coded on the ranked project list, and on the rubric, which the Ratings Panel used to rate/rank the renewal projects based on their performance.

The panel encouraged staff to move forward seeking new panel members for next year and to consider diversity and youth in the selection.

Submitted by Tim West

**WS/FC Continuum of Care Operating Cabinet Meeting
10/20/2015**

Present:

Max Goelling	Katie Bryant
Tim West	Bianca Green
Andrea Kurtz	Karen Durell
Rose Fisher	Leona Williams
Jesse Duncan	Jennifer Herb
Derwin Montgomery	Obie Johnson
DeShanna Johnson	Jackie Hundt
Paulette Dodson	Brian Hahne
Lea Thullbery	Tammi O'Quinn
Sonjia Kurosky	Laura Lama
Tashina Oladunjoye	Lynn Garms
Ken Heater	Diane Evans
Katie Bryant	Reni Geiger
Mischelle Houser	Choey Gilreath
Ron Hairston	

- A. The meeting was called to order with a moment of silence
- B. The minutes from 9/15/15 meeting were reviewed. Leona made a motion to approve. The motion was seconded by Karen. All present approved.
- C. Cabinet Organizational Activities
- D. Agenda Items
 1. NOFA—Tim reviewed the HUD CoC grant process. The deadline is November 20th and we need to vote on approval of the prioritized project list today. Also, State ESG grants are due Nov 6. We need to vote to approve some policies today to attach to the two grants.

The CoC grant is a competitive grant. The City of WS is the CoC's Collaborative Applicant and coordinates the local funding process. The City published a local RFP for renewal and new projects in the spring and received proposals. Once HUD issued the grant notice, the city published a local RFP for the bonus funds for permanent housing. The CoC Ratings Panel reviewed applications and developed the prioritized project listing. The current members of the ratings panel are Brenda Evans, Ron Hairston, David Harold and Jeff Riley.

Ron Hairston, who is a member of the CoC Ratings Panel, explained that the panel developed a recommendation based on the following project type priorities: 1) system information (HMIS); 2) system coordination (CIC); 3) permanent supportive housing; 4) rapid re-housing; 5) transitional housing; and 6) bonus projects. The prioritized components are color-coded on the ranked project list, and on the rubric, which the Ratings Panel used to rate/rank the renewal projects based on their performance. Ron added that the Ratings Panel met last Thursday regarding permanent housing bonus funds and to finalize the prioritized project list.

Jackie Hundt presented the Ratings Panel's prioritized project list and reviewed the rating factors upon which the rankings are based. Project performance is based on data from July 1, 2014 to June 30, 2015. Jackie reviewed all of the rating factors. She explained how chronic homelessness data and data completeness scoring were handled this year, given the current status of data elements.

Jackie commented that the Ratings Panel agreed that all renewable projects were performing well. The scoring scale should not be reviewed like the traditional scale we're used to in school. The rubric is designed to handle a variety of project types, and the score for any type of project has relevance for that type. She added that most projects use the Housing First approach and have low barriers to entry. For item 9 on the rubric, Jackie explained that the term "quickly" is understood to mean housed within 30 days.

Jackie and Tim explained how the first and second tiers will work this year, which is very different from last year. The information is shown at the bottom of the Project Priority Listing. This year, our renewal projects total \$1,896,356 of which 85% or \$1,611,903 is the amount for tier 1. The remainder, plus funds for bonus projects, is the amount for tier 2, which is \$568,906. Tim added that the Planning project listed at the bottom of the project priority listing is not part of the tiering process, but is additional funds that HUD provides for planning.

In sum, the total amount of our applications for this year is \$2,237,700.

Tier 1 are the projects with highest priority for funding. Tier 2 projects will be scored by HUD based on several criteria including amount and rank order. For this reason, in general, smaller projects will score better in tier 2 than if they were larger. Tim added, that based on the priority order of projects presented, we hope that HUD will provide much of our requested funding this year.

Tim briefly review the renewal projects, then listed the new projects. He reported that three proposals for bonus funds were received totaling \$599,205. There is \$284,453 available in bonus funds. Tim said the Ratings Panel considered the fact that all three bonus proposals would add value to the CoC inventory but that since HUD's process for this year favors smaller projects, the panel recommended that all three proposals be included, but at smaller amounts. The City contacted the three project sponsors and all three agreed to move forward at the reduced amounts. The sponsors of the three new (bonus) projects briefly described their projects:

- Diane Evans reported that NC Housing Foundation seeks funding for 10 units of permanent supportive housing for chronically homeless persons, proposed to be located at The Commons, with services proposed to be provided in collaboration with Wake Forest Baptist Health.

- Derwin Montgomery reported that the Bethesda Center seeks funding to lease 10 units for permanent supportive housing for chronically homeless persons, with wrap-around case management.
- Andrea Kurtz reported that United Way seeks funding for additional financial assistance funds for the Forsyth Rapid Re-Housing Collaborative.

Andrea made a motion to accept the prioritized project listing, which was seconded by Leona and approved unanimously by the Operating Cabinet.

Derwin asked if we could have the Project rankings and percentages from previous years to compare. Jackie said she could provide this, however, it would be December before she could make it available. Max noted that the definitions have changed year to year and may not be a good comparison. In addition some projects have changed, some are consolidated and some are no longer participating in the grant funding.

2. Policies: (Documents in review were handed out at the meeting as well as sent to Operating Cabinet members prior to the 20th via email. All were presented by Tim West and reviewed by the Operating Cabinet attendees. Once questions were addressed and suggested changes made, a motion was made by Leona to accept the policies with changes. The motion was seconded by Katie and accepted by majority vote.
 - Funding Decision Appeals
 - No changes made
 - Preventing Involuntary Family Separation, accepted with changes:
 - I. Policy: “For Continuum of Care (CoC) or Emergency Solutions Grants (ESG) funded programs which serve families with children, the age and gender of a child under age 18 will not be used as a basis for denying any family’s admission to the program.”
 - 2. Appeals Procedure:1)...(First section) “If the issue is not resolved, the program participant may appeal to the Chairperson of the Operating Cabinet, through the City of Winston Salem, who shall consult with the Executive committee of the Operating Cabinet and provide a written response to the household, affected agency and City within 3 business days. “
 - Policy on Education, accepted with changes:
 - D. (last line)...”However, the decision to maintain a child’s enrollment at their school of origin will consider any history of domestic violence or child abuse within the child’s home environment.”
 - Emergency Shelter Policies, accepted with changes:
 - (2nd paragraph) “Within the CoC, emergency shelter is provided to individuals primarily in order to provide relief from weather conditions and as a place to meet basic needs of persons without other housing options. Emergency shelter should not be considered as a permanent living solution.”

- I. a. “With the provisions stated herein taken into consideration in accordance with the provider agency’s guidelines.”
 - Policies on Prevention Assistance, accepted with changes:
 - II. “Upon requests by persons seeking prevention assistance, CoC agencies will provide prompt referrals to organizations providing targeted services to address their housing barriers.”
 - III. “Veterans presenting for prevention assistance will be referred to the Supportive Services for Veterans Families (SSVF) Program. The amount, frequency and duration of assistance will follow the SSVF regulations and agency policies and procedures. Persons presenting for aids prevention assistance will be referred to HOPWA funded agency programs. The amount, frequency and duration of assistance will follow the HOPWA regulations and agency policies and procedures.
 - Permanent Supportive Housing Assistance and Prioritization
 - No changes made

3. Andrea presented the By-Laws for the NC HMIS Governance Committee

- The by-laws reflect shared responsibility by all CoC’s in NC for HMIS.
- NC HMIS, as the governance body for all CoC’s in NC, includes a representative and an alternate for each CoC, except for the larger Balance of State CoC which has 4 seats and 4 alternatives.
- This is a separate governance agreement from the CoC’s agreement with MCAH.

A motion was made by Jennifer to accept the By-Laws as written. This was seconded by Reni. All present approved.

4. Mayor’s Challenge/Zero: 2016: Andrea reported that Mayor Joines will hold a press conference on October 27, 2015 at 10AM at City Hall to announce we have met the The Mayors Challenge to End Veteran Homelessness.

E. Committee Reports

- Shelter Provider’s – Ken
 - At the last meeting, Andrea reported on the Zero: 2016 challenge. Katie Hall from Industries for the Blind also presented. Ken had task of leading the Overflow discussions, which included:
 - Issues have been addressed or are in process
 - Discussed contracts, payment and record keeping
 - Draft contracted has been submitted and is waiting city approval
 - Russ is working with the overflow data and how to deal with bouncers between shelters
 - Next Shelter Providers is Nov. 3rd The overflow committee will discuss the overflow with shelters which is beginning on Dec. 1
 - Any questions or concerns will be addressed at that meeting

- Overflow – Katie and Lea reported the status of the overflow shelter preparation:
 - Working with the City of WS to finish the contract
 - Training is in place
 - Volunteers are signing up
 - Working with Shelter Providers to get ready for opening on Dec. 1
 - City extended the zoning permit from 120 to 150 days
 - Can extend shelter by 30 days at start or end of season or some combination
 - Last year coordinated with other shelters and did not need to extend
 - Let Russ know if capacity issues if weather freezes as they can mobilize the overflow.
- CIC - Rose
 - 48 individuals at Housing Placement Day for screening but only 1 landlord showed up.
 - Housing Placement Day was successful.
- Family, Youth, and Children - Tashina
 - Met Oct. 13 for first time. There were 4 participants
 - Goal of making practices better
 - Look at CIC so all on same page
 - DSS will be part of the meetings
 - We need to include a question at intake have you been in foster care before?
 - Next meeting Nov. 10th at 1 PM at Salvation Army
- Homeless Caucus: Brenda was not present – no update
- Other Business
 - Sonjia reported that Samaritan Ministries held a 20th Anniversary celebration for Project Cornerstone. She thanked everyone for the support provided to the program.
 - Next meetings Operating Cabinet Nov. 17th; Full Council Nov. 24th

Submitted by Lynne Garms and Tim West
 10/29/15: Approved by Twana Roebuck, Secretary

10/21/15 Ten Year Plan Commission on Ending Homelessness Meeting

Present:

Chad Nance	Andrea Kurtz
Jan Morgan	Kathleen Wiener
Paula Stephen	Dan Anthony
Max Goelling	Hank Marsh
Time West	Jackie Hundt
Alan Hodges	

- Andrea opened the meeting, minutes from 8/26/15 and 9/29/15 meetings reviewed, Paula made a motion to approve and Dan seconded, all present approved
- Reviewed and discussed NC HMIS Governance Committee Bylaws, the Operating Cabinet has already reviewed and approved. Dan made a motion to approve, Paula seconded, all present approved
- CoC Funding Decision Appeals Policy: Tim presented that 2 grant applications came out at the same time (CoC Grant and ESG); City of Winston-Salem is the collaborative applicant on the grants. Any committee members that work for agencies that receive funding shall abstain from voting on matters regarding funding received (these members currently are Max Goelling, Joetta Shepherd and Lisa Hinson). Following policies were reviewed:
 - Conflict of Interest Policy: Dan made a motion to approve and add to Policy and Procedure manual, Alan seconded, all present approved
 - Funding Decision Appeals Policy: Alan made a motion to approve, Dan seconded, all present approved
- CoC NOFA: Discussion was had about the decision of the Rating Panel regarding project types, reviewed agencies and funding decisions. Paula made a motion to approve, Ron seconded, all present approved, Max abstained from the vote.
- Housing Placement Update: housed more veterans than predicted, predict to meet chronic housing goal by May 2016
- Winter Overflow Update: Anthony's Plot in conjunction with City with Dwellings will run the Overflow Shelter this year. Members from the Operating Cabinet have been meeting with Overflow and hope to have resolved the data collection and financial management issues they had last year. Overflow will run from 12/1/15-3/30/16, St. Tim's will house women and will open earlier if needed. Plan to have 80 beds this year and operate 4 shelters.
- Mayor's Challenge Announcement: press conference will be held on 10/27/15 to announce that we have met the Mayor's Challenge to end Veteran Homelessness; TYP commission members will be receiving an invitation from the Mayor's office.
- Strategic Planning: need to put together a statement to present to the city and county as to why we need another plan in place for the next 10 years. Discussed a timeline to follow:
 - September 2016: have a plan to present to the city and county
 - August 2016: present plan to Operating Cabinet and TYP Commission
 - June/July 2016: consultant here

ASAP: create a working committee made up of OC and TYP Commission members

There being no other business the meeting was adjourned

Respectfully submitted by Kathleen Wiener, United Way

**City of Winston-Salem
 HUD Continuum of Care Program
 2015 Guide to Threshold Review**

A. Organization Name:	
B. Project/Activity Name:	
C. Amount Requested:	
D. Use of Funds:	

Threshold Criteria	
<input type="checkbox"/>	Application is complete and responsive.
<input type="checkbox"/>	Activity is eligible under the eligible activities.
<input type="checkbox"/>	Nonprofit 501(c)(3) status for at least one year prior to application deadline
<input type="checkbox"/>	Registered with the N.C. Secretary of State to conduct business
<input type="checkbox"/>	Not suspended due to failure to submit 990 filings
<input type="checkbox"/>	Not debarred or suspended by any federal agency per Excluded Parties List System (EPLS)
<input type="checkbox"/>	Active CCR status

Grant Application Attachments Received or On File with the City	
<input type="checkbox"/>	Authorization to Request Funding (cover letter provided)
<input type="checkbox"/>	Copies of latest 990, Audit Report and auditor's management letter
<input type="checkbox"/>	Copies of By-Laws, Articles of Incorporation, IRS 501(c)3 designation letter
<input type="checkbox"/>	Current Board roster (<i>Sections 3 & 7</i>)
<input type="checkbox"/>	Copies of budgets (last year, current year and next year - if available)
<input type="checkbox"/>	Copies of Code of Conduct, Personnel Policies, Procurement Policies, and Accounting Procedures, as applicable

Continuum of Care Grants Application Workshop

May 12, 2015



Purpose of Workshop

- ▶ To inform potential applicants about the program
- ▶ To promote the availability of the grant funds
- ▶ To answer questions about the application

What's New in 2015?

- ▶ Continued outreach to new organizations
- ▶ Foster environment for mentoring
- ▶ Increase collaboration and partnerships

What is a Continuum of Care (CoC)?

- ▶ System to address homelessness
 - Street Outreach
 - Emergency Shelter
 - Transitional Housing
 - Permanent Housing
 - Supportive Services

CoC Grant Components

- ▶ Permanent Housing
- ▶ Transitional Housing
- ▶ Supportive Services
- ▶ Homeless Management Information Systems

Eligible Costs

- ▶ Acquisition
- ▶ Rehabilitation
- ▶ New construction
- ▶ Leasing
- ▶ Rental assistance
- ▶ Supportive services
- ▶ Operating costs
- ▶ Homeless Management Information System
- ▶ Administrative costs

Funding Available in 2015 through Reallocation

- ▶ Permanent Supportive Housing for Chronically Homeless Families, Individuals, or unaccompanied youth
- ▶ Rapid Rehousing Projects for Families, Individuals or Unaccompanied Youth, coming from streets, shelters or domestic violence
- ▶ New projects for dedicated HMIS
- ▶ New Coordinated Intake system projects

Application Form

- ▶ Cover sheet
- ▶ Acknowledgments
- ▶ Signature

Application, continued

Section 1: Organization Information:

- ▶ Contact information
- ▶ Register with the federal government
- ▶ IRS 990 must be submitted
- ▶ NC Secretary of State
- ▶ Workshop attendance

Application, continued

Section 2: Project Summary

- ▶ Project name
- ▶ Activities included
- ▶ Amount of funds requested
- ▶ Population to be served
- ▶ Period covered
- ▶ Proposed outcomes

Application, continued

Section 3: Organizational Capacity (25 points)

- ▶ Mission (3 points)
- ▶ Experience (6 points)
- ▶ Organizational structure (6 points)
- ▶ Capacity and timing (6 points)
- ▶ Collaboration (4 points)

Application, continued

Section 4: Strategic Priority (35 29 points)

- A. Need (6 points)
- B. Strategies (6 points)
- C. Performance Measures (6 points)
- D. Performance Results (6 points)
- E. ~~HMIS Data (6 points)~~—REMOVED
- F. Supplemental Questionnaire (5 points)

Application, continued

Section 5: Project Approach and Design (20 points)

- A. Coordinated Intake & Assessment (5 points)
- B. Services (6 points)
- C. Housing Frist (6 points)
- D. Duplication (3 points)

Application, continued

Section 6: Cost Effectiveness & Timing (20 pts)

- A. Budget (6 points)
- B. Matching Funds (6 points)
- C. Average Cost (5 points)
- D. Sustainability (3 points)

Total Possible Grant Score: 100 94 points

Application, continued

Additional submission requirements:

- ▶ IRS 990
- ▶ Audit report & letter
- ▶ By-laws
- ▶ Articles of Incorporation
- ▶ 501 (c) (3) letter
- ▶ Board roster
- ▶ Budgets—last/current/next year
- ▶ Code of conduct
- ▶ Policies: personnel, procurement, accounting

Application, continued

Exhibit 1: Strategies (use with Section 4–B)

- I. Consolidated Plan
- II. Ten Year Plan
- III. Federal Plan
- IV. HEARTH Act performance measures
- V. CoC grant objectives

Application, continued

Exhibit 2: Supplementary Questionnaire

- ▶ Required for completion of HUD application

Grant Review Process

- ▶ Applications due to City 5:00 p.m. May 22, 2015
- ▶ (City Shelter Plus Care Applications to HAWS by 5:00 p.m. on May 20, 2015)
- ▶ CoC Rating Panel
- ▶ CoC Operating Cabinet
- ▶ Commission on Ending Homelessness
- ▶ City Council
- ▶ U.S. Department of Housing & Urban Development

Continuum of Care Meetings

- ▶ Information-sharing
- ▶ Meets every other month
- ▶ 4th Tuesday, 8:30–10:00 a.m.
- ▶ American Red Cross
- ▶ Includes subcommittees in several areas
- ▶ Meetings are open to all interested persons

Questions & Discussion



Contact Information

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**Community and Business
Development Department
City of Winston-Salem**



Grant Scoring Summary Sheet

	PROJECT NAME/ST	UW-Community Intake	ESR Fifth St. Apts	ESR 5th Street II (2009)	ESR Fifth St. II (2010-veterans)	HHF-Library Landing	SPC4	SPC3	SPC1	SPC2	HW SPC	CPHS-Project New Hope	CPHS SPC	ESR-PH CM	BC PH CM	FS PH CM	SAWS PH CM	SM PH CM	Forsyth IRH Collaborative	REACH	ROOF	BC Case Mgt	SM Project Cornerstone	NSM Supportive Services
Project:	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Max Points																								
Organizational Capacity	25																							
Mission	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Experience	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
Organizational Structure	6	6	6	6	6	6	6	4	6	4	6	5	5	5	4	4	4	4	6	6	6	5.25	5.5	6
Capacity & Timing	6	5	5	5	5	6	6	6	6	6	6	6	6	4	4	4	5	5	6	6	6	5.5	5.5	5.5
Collaboration	4	4	4	4	4	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3.75	4	4
Strategic Priority	29																							
Need	6	6	4	4	4	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
Strategies	6	6	6	6	6	5	4	4	4	5	6	6	6	6	6	6	2	2	2	2	2	5.75	5.75	6
Performance Measures	6	6	6	6	6	6	6	6	6	6	6	4	4	5	4	5	5	5	5	5	5	5.75	5.75	5
Performance	6	6	6	6	6	6	6	6	6	6	5	6	6	5	5	5	5	6	6	6	6	2.75	3	5
Supplemental Questions	5	5	5	5	5	5	5	5	5	5	5	4	3	4	4	4	4	5	5	5	5	4.75	4.75	4.75
Approach & Design	20																							
Coordinated Intake	5	5	5	5	5	3	5	5	5	5	4	5	5	5	5	5	5	5	5	5	5	5	5	4.5
Services	6	6	6	6	6	6	2	6	2	6	6	0	0	6	4	4	4	6	6	6	6	5.25	5.75	5.75
Housing First	6	6	6	6	6	6	3	6	3	5	6	6	6	6	5	4	4	6	6	6	6	5.25	4.5	5.5
Duplication	3	3	2	2	2	3	3	3	3	3	3	2	2	2	2	2	2	3	3	3	3	2.75	2.75	2.5
Cost Effectiveness	20																							
Budget	6	6	6	6	6	5	6	6	6	6	6	6	6	5	5	5	5	5	5	5	5	5.75	5.5	5.5
Matching/Other Funds	6	6	6	6	6	3	6	6	6	6	6	6	6	6	4	4	4	3	3	3	3	5.5	5.5	5.5
Average Cost	5	5	5	5	5	5	5	5	5	5	5	5	5	5	3	4	4	5	5	5	5	4.25	4.75	4.75
Sustainability	3	3	2	2	2	0	3	3	3	3	3	0	0	2	2	2	2	3	3	3	3	2.5	2.5	2.75
TOTAL POINTS	94	90	89	89	89	83	83	92	83	92	92	80	79	85	76	77	78	82	85	85	85	84.75	85.5	88
		UW-Community Intake	ESR Fifth St. Apts	ESR 5th Street II (2009)	ESR Fifth St. II (2010-veterans)	HHF-Library Landing	SPC4	SPC3	SPC1	SPC2	HW SPC	CPHS-Project New Hope	CPHS SPC	ESR-PH CM	BC PH CM	FS PH CM	SAWS PH CM	SM PH CM	Forsyth IRH Collaborative	REACH	ROOF	BC Case Mgt	SM Project Cornerstone	NSM Supportive Services

Projects were divided among panel members for scoring.

* The 2 HMIS Projects are not included to be scored, so numbering of projects starts at "3"; the Planning project (which would be #26) also is not included to be scored.

Note: Projects will be scored based on a total of 94 points.

**Winston-Salem/Forsyth County Continuum of Care
2015 Renewal Project Performance Rating Factors Rubricⁱ**

The Renewal Project Performance Rating Factors Rubric was adopted by the Homeless Council for use in prior CoC competitions and updated in 2015 to reflect current HUD CoC policy/program requirements, CoC performance measures, and APR questions/data. The majority of data collected for this process comes from the HMIS APR and the data reflects project performance between July 1, 2014 and June 30, 2015, for Transitional Housing (TH), Permanent Housing (PH), and Supportive Service Only (SSO) projects.

Threshold Review	The WS/FC Rating Panel conducts a threshold review of each project prior to performance rating to make sure it meets eligibility requirements as stated in the <i>Notice of Funding Availability for the 2015 Continuum of Care Program Competition FR-5900-N-25</i> .
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Rating Factor	Explanation of Rating Factor	Points			
		0	2	4	6
1a. Housing Performance -- TH projects : % of "Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year."	Actual # of persons exiting to permanent housing divided by the total # of persons served by the program during the operating year (CoC Project Performance Measure, APR item 36b, Measure 1)	<10%	10-39%	40-65%	>65%
1b. Housing Performance -- PH projects : % of participants achieving housing stability OR "The % of persons who remained in the permanent housing program as of the end of the operating year or exited to permanent housing (subsidized or unsubsidized) during the operating year."	[# who remained in PSH + # who exited to other PH] divided by [# of persons who exited PH project + # of persons who did not leave the project (i.e., total # served in operating year)] (CoC Project Performance Measure, APR item 36a, Measure 1; CoC Objective 2)	<80%	80-89%	90-99%	100%
1c. Additional Performance – CIC/SSO projects : % of households presenting at coordinated CIC for whom Assessment Team Housing Plans are developed and presented to them.	Actual # of households who have a Housing Plan developed and presented to them by CIC divided by the total # of households served by the program during the operating year				>95%

Rating Factor	Explanation of Rating Factor	Points			
		0	1	2	3
2. Total Income -- TH projects: % of Adult participants who Increased Total Income PH projects: % of Adult participants who Maintained or Increased Total Income CIC/SSO projects: N/A	TH: The % of participants age 18 or older who increased their total income (from all sources) as of the end of the operating year or program exit. (CoC Project Performance Measure, APR item 36b, Measure 2a) PH: The % of participants age 18 or older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit. (CoC Project Performance Measure, APR item 36a, Measure 2a)	<20%	20-40%	41-60%	>60%
3. % of Adult participants who Increased Employment Income	Employment Income: The # of Adults who had “Retained Income Category and Increased \$ at Follow-up/Exit” OR “Did Not Have Income Category at Entry and Gained it at Follow-up/Exit”. (Leavers & Stayers) divided by Total # of Adults Served (APR Q24b3)	0%	1-15%	16-39%	>39%
4. % of Adult participants who Increased Cash Income from Sources Other Than Employment	Income Other Than Employment: # of Adults who had “Retained Income Category and Increased \$ at Follow-up/Exit” OR “Did Not Have Income Category at Entry and Gained it at Follow-up/Exit”. (Leavers & Stayers) divided by Total # of Adults Served (APRQ24b3)	<11%	11-25%	26-39%	>39%
5. % of Participants with 1+ Sources of Non-Cash Income at Exit	[# of all participants (adults and children) with 1+Source of non-cash benefit]/[# of all leavers (adults and children)] from APRQ26a2. Leavers Only (Tab K - Q 26 Column B, Row 25)/(Tab K - Q 26 Column B, Row 28)	<41%	41-61%	62-85%	>85%
6a. % of Chronically Homeless Participants Served	# of CH participants served by project/ total # of participants served by project	<26%	26-50%	51-75%	>75%
6b. CH Bed Prioritization for PSH projects not dedicated to CH Participants	% of non-dedicated CH beds prioritized for CH participants	0-49%	50-99%	100%	
7. HMIS Project Data Completeness (DV excluded) - 2015 rubric includes 2 HMIS grades for each project, with each grade evaluated across the 3-point scale (see next column for details)	Rating of data completeness from 0252 Data Completeness Report Card (DCRC) HUD UDE ONLY Grade for first 11 elements to account for client data entry prior to Oct. 1, 2014	<88%	88-94.99%	95-98.99%	>99%
	Rating of data completeness from 0252 Data Completeness Report Card (DCRC) HUD UDE ONLY Grade for all 18 elements to account for transition to new data standards effective Oct. 1, 2014	<88%	88-94.99%	95-98.99%	>99%

Rating Factor	Explanation of Rating Factor	Points			
		0	1	2	3
8a. Cost per PH Success – TH & SSO projects	TH: Grant dollars/PH Exit (i.e., # of participants exiting to PH from 1a); SSO: Grant dollars/Housing Plan Success (i.e., # of hh with housing plan from 1c)	>\$5,000	\$2,000-5,000	\$1,000-1,999	<\$1000
8b. Cost per PH Success – PH projects	PH: Grant dollars/PH Success (i.e., # of participants achieving housing stability from 1b)	>\$9,000	\$6,001-9,000	\$3,000-6,000	<\$3,000

Rating Factor	Explanation of Rating Factor	Points			
		0	2	4	6
9. Housing First/Low Barrier Project	Project quickly moves participants into PH and has NO barriers for participation.	NO			YES

Total possible points for projects: 33 Points for SSO; 36 Points for TH; 30 Points for DV TH; 36 Points for PH; 38 Points for non-dedicated CH PSH; and Minus 3 Points if Rating Factor 5 is N/A.

Tiebreaker: Rating Panel Member Grant Application Scores

ⁱ Performance Ranking is used to rank projects within their individual project type. The WS/FC Rating Panel approved on June 24, 2015, the following priority order for ranking projects by project type, and then performance ranking is used within each project type category. On October 15, 2015, the WS/FC Rating Panel approved and further clarified that Category 6 is for 2015 Bonus Projects.

2015 CoC Project Type Priority Order Ranking

- 1 System Information (HMIS—required by HUD for all agencies receiving HUD funding)
- 2 System Coordination (Coordinated Intake and Assessment now required by HUD)
- 3 Permanent supportive housing for the disabled homeless
- 4 Rapid Re-Housing
- 5 Other supportive and transitional services
- 6 Bonus Projects
- 7 Planning project (excluded from tiering)

PROJECT TYPE	HMIS	HMIS	SSO	TH	TH	TH	PH-PSH	PH-PSH	PH-PSH	PH-PSH	PH-PSH	PH-RRH	PH-RRH	PH-PSH	PH-PSH	
				5840 (formerly 1095)	1102	NA-DV	4711	1278	5039	5040	1106	TOO NEW - NO DATA YET	766 + FamServ data	774	772	
HMIS ID	NA-HMIS	NA-HMIS	5402													
Reporting Period	City of W-S	City of W-S	United Way	Bethesda Center	Samaritan Ministries	Next Step Ministries, Kernersville	CenterPoint, HAWS	CenterPoint, HAWS	Experiment in Self-Reliance	Experiment in Self-Reliance	Experiment in Self-Reliance	United Way, HAWS, Goodwill & partners	CONSOLIDATED GRANTS - PERFORMANCE OUTCOMES AVERAGED	combined	combined (PSH-2)	combined
Year End 6/30/2015 (Note: Rating Factors 6 and 7 are for Year End 6/30/2014, due to current limits on HMIS reports during HMIS transition. DV Projects also have their own year-end date for all project data.)	HMIS	HMIS 2	Community Intake Center	BC Case Management	Project Cornerstone	Supportive Services (APR year end 5/31/2015)	Project New Hope	CPHS SPC	ESR Shelter Plus Care PRA (2009) (aka Fifth St. II)	Veterans Shelter Plus Care (2010)	Shelter Plus Care--Fifth Street (2004)	ROOF	See Projects to Average tab for details on performance data averaging.	ALL EXCEPT ROOF	SPC3 and SPC4	HIV Shelter Plus Care (1996), SPC1, SPC2
General Program Details for Reporting Period - Client Counts																
Total # of Clients Served (Adults + Children) (APR Q7)			443	20	10	45	14	74	3	4	12			343	11	111
Total # of Adults Served (APR Q7)			293	20	10	30	14	48	3	4	12			236	11	70
Total # of Chronically Homeless Clients Served (Chronic Adults and Children)																
Total # of Clients Exiting Program - Leavers (Adults + Children) (APR Q7)			249	9	4	36	4	16	0	1	1			137	3	46
Total # of Clients Remaining in Program - Stayers (Adults + Children)			194	11	6	9	10	58	3	3	11			206	8	65
Rating Factor																
1a. Housing Performance -- TH projects: % of "Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year."			N/A	67%	50%	89%	N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A
1b. Housing Performance -- PH projects: % of clients achieving housing stability OR "The % of persons who remained in the permanent housing program as of the end of the operating year or exited to permanent housing (subsidized or unsubsidized) during the operating year."			N/A	N/A	N/A	N/A	100%	99%	100%	75%	100%			95%	91%	97%
1c. Additional Performance Measure -- C/C/SSO projects: % of households presenting at coordinated Community Intake Center for whom Assessment Team Housing Plans are developed and presented to them.			95%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A
2a. Increase Total Income -- TH Projects: % of "Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit."			N/A	10%	30%	27%	N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A
2b. Increase Total Income -- PH Projects: "The % of persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit."			N/A	N/A	N/A	N/A	36%	56%	67%	75%	92%			52%	73%	51%
3. % of Clients who Increased Employment Income			1%	10%	20%	27%	7%	15%	0%	25%	25%			11%	27%	10%
4. % of Clients who Increased Cash Income from Sources Other Than Employment			0%	0%	10%	0%	21%	23%	67%	50%	58%			14%	45%	30%
5. % of Clients with 1+ Sources of Non-Cash Income at Exit (N/A means project had 0 leavers.)			79%	78%	75%	42%	25%	60%	N/A	100%	0%			92%	67%	93%
6a. % of Chronically Homeless Clients Served (Note: This is 2014 data, when using 2015 data with new UDE logic, percentages are similar for TH and non-CH dedicated projects and points/scores are the same. PSH CH dedicated projects are assumed to be 100%, due to clients entering a long-time ago this data clean up is more complicated and UDE logic is giving inaccurate percentages.			22%	21%	46%	0%	100%	22%	100%	100%	100%			23%	100%	17%
6b. Non-Dedicated PSH ONLY - CH Bed Prioritization			N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A			N/A	N/A	100%
7a. HMIS Project Data Completeness - Percentage on 11 UDEs			99.66%	100%	100%	N/A	100%	100%	100%	100%	100%			98.21%	100%	99.65%
7b. HMIS Project Data Completeness - Percentage on 18 UDEs			99.52%	100%	100%	N/A	78.70%	79.47%	66.67%	100%	94.95%			96.98%	100%	90.73%
8a. Cost per PH Success - SSO & TH projects			\$178	\$3,333	\$12,500	\$1,004	N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A
8b. Cost per PH Success - PH projects			N/A	N/A	N/A	N/A	\$5,128	\$3,399	\$7,207	\$7,203	\$6,607			\$2,454	\$5,710	\$3,365
9. Housing First/Low Barrier Project			YES	YES	NO	YES	YES	YES	YES	YES	YES			YES	YES	YES

PROJECT TYPE	HMIS	HMIS	SSO	TH	TH	TH	PH-PSH	PH-PSH	PH-PSH	PH-PSH	PH-PSH	PH-RRH	PH-RRH	PH-PSH	PH-PSH	
HMIS ID	NA-HMIS	NA-HMIS	5402	5840 (formerly 1095)	1102	NA-DV	4711	1278	5039	5040	1106	TOO NEW - NO DATA YET	766 + FamServ data	774	772	
Reporting Period	City of W-S	City of W-S	United Way	Bethesda Center	Samaritan Ministries	Next Step Ministries, Kernersville	CenterPoint, HAWS	CenterPoint, HAWS	Experiment in Self-Reliance	Experiment in Self-Reliance	Experiment in Self-Reliance	United Way, HAWS, Goodwill & partners	CONSOLIDATED GRANTS - PERFORMANCE OUTCOMES AVERAGED	combined	combined	combined
Year End 6/30/2015 (Note: Rating Factors 6 and 7 are for Year End 6/30/2014, due to current limits on HMIS reports during HMIS transition. DV Projects also have their own year-end date for all project data.)	HMIS	HMIS 2	Community Intake Center	BC Case Management	Project Cornerstone	Supportive Services (APR year end 5/31/2015)	Project New Hope	CPHS SPC	ESR Shelter Plus Care PRA (2009) (aka Fifth St. II)	Veterans Shelter Plus Care (2010)	Shelter Plus Care--Fifth Street (2004)	ROOF	See Projects to Average tab for details on performance data averaging.	ALL EXCEPT ROOF	SPC3 and SPC4	HIV Shelter Plus Care (1996), SPC1, SPC2
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Total # of Clients Exiting Program - Leavers (Adults + Children) (APR Q7)			249	9	4	36	4	16	0	1	1			137	3	46
Total # of Clients Remaining in Program - Stayers (Adults + Children)			194	11	6	9	10	58	3	3	11			206	8	65
Rating Factor																
1a. Housing Performance -- TH projects: % of "Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year."			N/A	6	4	6	N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A
1b. Housing Performance -- PH projects: % of clients achieving housing stability OR "The % of persons who remained in the permanent housing program as of the end of the operating year or exited to permanent housing (subsidized or unsubsidized) during the operating year."			N/A	N/A	N/A	N/A	6	4	6	0	6			4	4	4
1c. Additional Performance Measure -- CiC/SSO projects: % of households presenting at coordinated Community Intake Center for whom Assessment Team Housing Plans are developed and presented to them.			6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A
2a. Increase Total Income -- TH Projects: % of "Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit."			N/A	0	1	1	N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A
2b. Increase Total Income -- PH Projects: "The % of persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit."			N/A	N/A	N/A	N/A	1	2	3	3	3			2	3	2
3. % of Clients who Increased Employment Income			1	1	2	2	1	1	0	2	2			1	2	1
4. % of Clients who Increased Cash Income from Sources Other Than Employment			0	0	0	0	1	1	3	3	3			1	3	2
5. % of Clients with 1+ Sources of Non-Cash Income at Exit (N/A means project had 0 leavers.)			2	2	2	1	0	1	N/A	3	0			3	2	3
6a. % of Chronically Homeless Clients Served			0	0	1	0	3	0	3	3	3			0	3	0
6b. Non-Dedicated PSH ONLY - CH Bed Prioritization			N/A	N/A	N/A	N/A	N/A	2	N/A	N/A	N/A			N/A	N/A	2
7a. HMIS Project Data Completeness - Percentage on 11 UDEs			3	3	3	N/A	3	3	3	3	3			2	3	3
7b. HMIS Project Data Completeness - Percentage on 18 UDEs			3	3	3	N/A	0	0	0	3	1			2	3	1
8a. Cost per PH Success - SSO & TH projects			3	1	0	2	N/A	N/A	N/A	N/A	N/A			N/A	N/A	N/A
8b. Cost per PH Success - PH projects			N/A	N/A	N/A	N/A	2	2	1	1	1			3	2	2
9. Housing First/Low Barrier Project			6	6	0	6	6	6	6	6	6			6	6	6
FINAL SCORES (denominators differ)			24	22	16	18	23	22	25	27	28			24	31	26
TOTAL POSSIBLE POINTS (denominator)			33	36	36	30	36	38	33	36	36			36	36	38
			73%	61%	44%	60%	64%	58%	76%	75%	78%			67%	86%	68%

33 Points for SSO
36 Points for TH, 30 Points for DV TH
36 Points for PH, 38 Points for non-ded CH PSH
Minus 3 Points if Rating Factor 5 is N/A

**Winston-Salem/Forsyth County Continuum of Care
2015 Project Priority Listing**

Rank #	Applicant	Agency	Project Name (HUD CoC Consolidated Project Name noted in brackets if different than Project Name)	Eligible Amount	Raw Score	Total Possible Points	Percentage
1	City of Winston-Salem	City of Winston-Salem	Homeless Management Information System 2	\$101,842			
2	City of Winston-Salem	City of Winston-Salem	Homeless Management Information System	\$25,476			
3	City of Winston-Salem	United Way	Community Intake Center (for intake, assessment)	\$48,115	24	33	73%
4	City of Winston-Salem	Experiment in Self-Reliance, Bethesda Center, HAWS	Consolidated - Shelter Plus Care 3 & Shelter Plus Care 4 [Shelter Plus Care 3 (2006)]	\$57,096	31	36	86%
5	City of Winston-Salem	Experiment in Self-Reliance	Shelter Plus Care--Fifth Street (2004)	\$79,282	28	36	78%
6	City of Winston-Salem	Experiment in Self-Reliance	ESR Shelter Plus Care PRA (2009)	\$21,622	25	33	76%
7	City of Winston-Salem	Experiment in Self-Reliance	Veterans Shelter Plus Care (2010)	\$21,610	27	36	75%
8	City of Winston-Salem	AIDS Care Service, Bethesda Center, Salvation Army, HAWS	Consolidated - HIV Shelter Plus Care, Shelter Plus Care 1, & Shelter Plus Care 2 [Shelter Plus Care 1 (2001)]	\$363,412	26	38	68%
9	CenterPoint Human Services	CenterPoint, HAWS	Project New Hope	\$71,798	23	36	64%
10	CenterPoint Human Services	CenterPoint, HAWS	CPHS SPC	\$248,092	22	38	58%
11	City of Winston-Salem	United Way, Goodwill & collaborative partners	Consolidated - Forsyth Rapid Re-housing Collaborative, REACH, Bethesda Center PH Case Management, Experiment in Self-Reliance PH Case Management, Samaritan Ministries PH Case Management, Family Services PH Case Management, Salvation Army WS PH Case Management [ESR-PH Case Management]	\$755,492	24	36	67%
12	City of Winston-Salem	United Way, Goodwill & collaborative partners	ROOF	\$25,389	N/A	N/A	N/A
13	City of Winston-Salem	Bethesda Center	BC Case Management	\$20,000	22	36	61%
14	Next Step Ministries	Next Step Ministries, Kernersville	Supportive Services (for DV victims)	\$32,130	18	30	60%
15	City of Winston-Salem	Samaritan Ministries	Project Cornerstone (for substance abusers)	\$25,000	16	36	44%
16	City of Winston-Salem	North Carolina Housing Foundation	NCHF 2015 Bonus	\$102,300			
17	City of Winston-Salem	Bethesda Center	BC 2015 Bonus	\$102,320			
18	City of Winston-Salem	United Way, Goodwill & collaborative partners	FRRC 2015 Bonus	\$79,833			
	City of Winston-Salem	City of Winston-Salem	NC-500 CoC Planning (excluded from rank and tiering)	\$56,891			
TOTAL REQUEST				\$2,237,700			

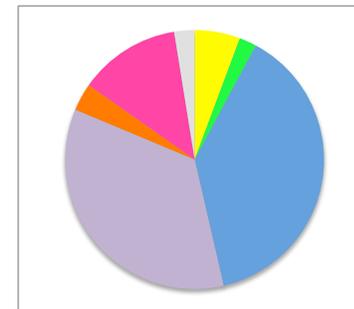
Tier 1 Break \$573,558
Tier 2 Break \$181,934

\$1,896,356 Annual Renewal Demand (ARD) = \$1,896,356
 \$1,611,903 Tier 1 = 85% of ARD (Planning excluded from tiering)
 \$568,906 Tier 2 = 15% of ARD + Bonus (Bonus = \$284,453)

Tier 1	\$1,611,903
Tier 2	\$568,906
Planning	\$56,891
Total	\$2,237,700

2015 CoC Project Type Priority Ranking Categories

- 1 System Information (HMIS—required by HUD for all agencies receiving HUD funding)
- 2 System Coordination (Coordinated Intake and Assessment now required by HUD)
- 3 Permanent supportive housing for the disabled homeless
- 4 Rapid Re-Housing
- 5 Other supportive and transitional services
- 6 Bonus projects
- 7 Planning project (excluded from tiering)



Attachment 4

2015 Continuum of Care

WS/FC CoC (NC-500) Rating and Review Procedure: Public Posting Evidence

Contents:

Items in Order of Appearance
Screenshot of Public Posting for Project Rating and Review
Notification to Full CoC Membership of Public Posting
Notification to Full CoC Membership of CoC Operating Cabinet Meeting Minutes
Notification to Full CoC Membership of COEH Meeting Minutes
Rating Panel Meeting Minutes (3 meetings)
Continuum of Care Operating Cabinet Meeting Minutes
Commission on Ending Homelessness Meeting Minutes



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Keyword here!

HOME DEPARTMENTS COMMUNITY AND BUSINESS DEVELOPMENT PLANNING

PRINT PAGE

COMMUNITY AND BUSINESS DEVELOPMENT

Reports

Reports

Summer Youth Employment Program

Advertisement for Proposals [pdf/52kb/4p]

Continuum of Care Homeless Assistance Request for Proposals

The Community and Business Development Department of the City of Winston-Salem is accepting proposals for Continuum of Care Homeless Assistance grants. Both renewal and first-time funding proposals will be considered. Proposals must be submitted to the City by 5:00 p.m. on Friday, May 22, 2015. The purpose of HUD Continuum of Care Homeless Assistance Programs is to reduce the incidence of homelessness in communities by assisting homeless individuals and families to move to self-sufficiency and permanent housing. The City of Winston-Salem, in cooperation with the Winston-Salem/Forsyth County Continuum of Care and its member agencies, coordinates annual Continuum of Care submissions.

- 1. RFP 2015 Continuum of Care Homeless Grants [pdf/250kb/5p]
2. CoC Renewal Project Application Form 2015 [pdf/384kb/13p]
3. CoC New Project Application Form 2015 [pdf/385kb/12p]

Request for Proposals for Bonus Funding for Housing for the Homeless

The City of Winston-Salem is requesting proposals for bonus funding for permanent supportive housing or rapid re-housing projects to serve homeless individuals and families. Applications are due by 5:00 p.m. on Monday, October 12, 2015. Please see the link below for more information.

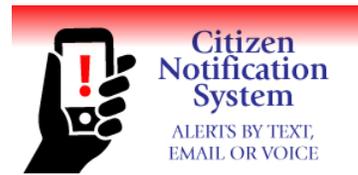
RFP and App for CoC Permanent Housing Bonus. [pdf/192kb/4p]

Microsoft Word versions of the application forms are available by contacting Tim West at (336) 734-1305 or by e-mail to Tim West.

2015 Continuum of Care Grants

The Continuum of Care Homeless Assistance programs are offered by the U.S. Department of Housing and Urban Development (HUD) to address homelessness in local communities. The 2015 Project Priority Listing of Continuum of Care projects for inclusion in the Federal Fiscal Year 2015 CoC application is posted here. It includes all projects that were accepted. No projects were rejected. The 2015 Project Performance Rating Factors Rubric used to prioritize projects for the 2015 submission, which includes the 2015 CoC Project Type Priority Order Ranking, is also provided. Also, the WSFC Continuum of Care Governance Charter, which describes the funding process, including the process of the CoC Ratings Panel, is posted here. In addition, the 2015 Consolidated Application will be posted here.

- About CBD
Code Enforcement
Business Development
Housing Development
Minority/Women's Business (M/WBE)
Planning
About Planning
Funding Sources
Homelessness
Housing Production
Infrastructure and Site Development
Links
Reports
Self-Sufficiency/Public Services
Continuum of Care Survey
Staff
Calendar
News
Citizen Feedback



1. [2015 Project Priority Listing \[pdf/176kb/1p\]](#)
2. [2015 Project Performance Rating Factors Rubric \[pdf/136kb/3p\]](#)
3. [WSFC Continuum of Care Governance Charter \[pdf/7mb/46p\]](#)
4. (Reserved for 2015 CoC Consolidated Application)

FY15 REQUEST FOR PROPOSALS

The Community and Business Development Department of the City of Winston-Salem is accepting proposals for program and project funding for the year beginning July 1, 2014. Both renewal and first-time funding proposals will be considered. Proposals must be submitted to the City by **5:00 p.m. on Friday, February 7, 2014**. Two separate Requests for Proposals (RFPs) are available:

Community Development Block Grant (CDBG) and HOME Investment Partnership (HOME)

This RFP covers requests for funding that will be derived from Federal Fiscal Year 2014 allocations from the federal CDBG and HOME entitlement programs. Proposals must be consistent with the objectives and requirements of the funding program, namely, the development of viable communities by the provision of decent housing, a suitable living environment and expanded economic opportunities, principally for persons of low- and moderate-income.

[Subgrantee RFP](#)

[Subgrantee Application](#)

Emergency Solutions Grant (ESG)

This RFP covers requests for funding for City ESG funds for the year beginning July 1, 2014 and State ESG funds for the year beginning October 1, 2014. Project applications will be considered for emergency shelter/street outreach, rapid re-housing, coordinated intake and assessment and homeless management information systems costs. Existing transitional housing projects may request renewal, but proposals for new transitional housing projects will not be considered.

[ESG RFP \[pdf\]](#)

[ESG Project Application \[pdf\]](#)

[ESG Budget-Leverage \[pdf\]](#)

[State ESG Budget \[pdf\]](#)

Please read all materials carefully. Contact Diane Greer at (336) 734-1314 or dianema@cityofws.org for Word/Excel versions of the RFP documents.

2014 - 2018 FIVE-YEAR CONSOLIDATED PLAN

[2014 - 2018 FIVE-YEAR CONSOLIDATED PLAN \[pdf/4mb/240p\]](#)

Entitlement cities receiving Community Development Block Grant, HOME Investment Partnership and Emergency Solutions Grants program funds are required to develop a five-year plan. The Five-Year Consolidated Plan summarizes conditions and needs in Forsyth County as they relate to housing, community development, homelessness, and economic development and sets forth long-term goals and strategies to address those needs.

- [Final 2014-2013 ConPlan Process Report \[pdf/5mb/66p\]](#)
- [Asset & Opportunity Profile Winston-Salem & Forsyth County \[pdf/2mb/12p\]](#)

Annual Action Plan

[2015-2016 Annual Action Plan Draft \[pdf/3mb/99p\]](#)

The Draft Consolidated Housing and Community Development (CHCD) Plan serves as a single grant submission to HUD for Community Development Block Grant, HOME Investment Partnership, and Emergency Solutions Grant program funds for 2015-2016 and contains proposed activities and proposed expenditures within the context of the Five-Year Plan.

[2014-2015 Annual Action Plan Draft \[pdf/4mb/65p\]](#)

The Draft Consolidated Housing and Community Development (CHCD) Plan serves as a single grant submission to HUD for Community Development Block Grant, HOME Investment Partnership, and Emergency Solutions Grant program funds for 2014-2015 and contains proposed activities and proposed expenditures within the context of the Five-Year Plan.

[2013-2014 Annual Action Plan \[pdf/623kb/26p\]](#)

The Consolidated Housing and Community Development (CHCD) Plan serves as a single grant submission to HUD for Community Development Block Grant, HOME Investment Partnership, and Emergency Solutions Grant program funds for 2013-2014 and contains proposed activities and proposed expenditures within the context of the Five-Year Plan.

[2012-2013 Annual Action Plan Draft \[pdf/4mb/76p\]](#)

The Draft Consolidated Housing and Community Development (CHCD) Plan serves as a single grant submission to HUD for Community Development Block Grant, HOME Investment Partnership, and Emergency Solutions Grant program funds for 2012-2013 and contains proposed activities and proposed expenditures within the context of the Five-Year Plan.

ANNUAL PERFORMANCE REPORT

The Consolidated Annual Performance and Evaluation Report (CAPER) reports accomplishments to HUD for Community Development Block Grant, HOME Investment Partnership, and Emergency Solutions Grant program funds. The Draft CAPER for the 2014-15 program year is available for review.

[DRAFT Annual Performance Report for 2014-2015 \[pdf/2mb/40p\]](#)

[A Consolidated Performance and Evaluation Report \(CAPER\)\(2014\)](#) is prepared and submitted to the U.S. Department of Housing and Urban Development each Fall, no later than September 28.

Ten-Year Plan to End Chronic Homelessness

- [The Winston-Salem/Forsyth County Ten-Year Plan to End Chronic Homelessness \[pdf/4.2mb/44p\]](#)
- [Ten-Year Plan Executive Summary \[pdf\]](#)
- [Services for the Homeless brochure \[pdf\]](#)



Planning is a division of
Community and Business Development Department
City of Winston-Salem
PO Box 2511
Winston-Salem, NC 27101



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Winston-Salem, NC 27102
[City Directory](#)
thewebmaster@cityofws.org

From: Tim West timw@cityofws.org 
Subject: Continuum of Care Grant Notification
Date: November 2, 2015 at 4:30 PM



To: JDuncan@aidscareservice.org, rmeder@aidscareservice.org, Richard@RLCassidy.net, russ@anthonysplot.org, eblake@bethesdacenter.org, dmontgomery@bethesdacenter.org, rsmith@bethesdacenter.org, jmack@bethesdacenter.org, cpotter@bethesdacenter.org, bjdubois@charlottediocese.org, djohnson@cphs.org, lwilliams@cphs.org, tjemwanta@cphs.org, drmax@nopodiums.com, carolfulton@xfirechurch.com, lmcduffee@nchomeless.org, Tim West timw@cityofws.org, Laura Lama LAURAL@cityofws.org, Linda Jackson Barnes lindajb@cityofws.org, Wanda Nichols wandan@cityofws.org, Mellin Parker mellinp@cityofws.org, jeffriley75@yahoo.com, david.harold@gmail.com, ginnybritt@gmail.com, bevans2525@gmail.com, pgoodine64@yahoo.com, Nanhgris@aol.com, ronhairston5@gmail.com, jainumesh@hotmail.com, cfwilson1@triad.rr.com, michiellecutter55@gmail.com, ghundt@triad.rr.com, melliott@crisiscontrol.org, ojohnson@wakehealth.edu, sdrice@wakehealth.edu, eureka@eurekahouse.org, Johnnie.Johnson@eisir.org, twana.roebuck@eisir.org, pamelaingram@eisir.org, jet1teach@aol.com, bfeikema@fsifamily.org, bholmes@fsifamily.org, jshepherd@fsifamily.org, dsandnbc@bellsouth.net, peteyc@1stpres.com, mcdouglt@forsyth.cc, greenbl@forsyth.cc, korneldw@forsyth.cc, perezj2@forsyth.cc, dancygl@forsyth.cc, elizabeth@forsythfutures.org, rgeiger@goodwillnwc.org, mgray@goodwillnwc.org, ciat@harry4you.com, kristino@ywcaws.org, kdurell@haws.org, sfunderburk@haws.org, GatorPack21@gmail.com, wandabrendlemoss@gmail.com, rea27120@yahoo.com, sandra_sherrill@yahoo.com, don.timmons@hospicecarecenter.org, Crocker, Joe joe@KBR.org, YvetteS@legalaidnc.org, tracyn@legalaidnc.org, smitchell@lscarolinas.net, andy@triadmentalhealth.org, nextstepdv@gmail.com, marthashouse@embarqmail.com, steve.miller@ncommerce.com, devans@NCHSM.org, rconnor@NCHSM.org, bhahne@NCHSM.org, mthomas@goodwillnwc.org, cf46mmk@gmail.com, swaldron322@aol.com, saina@yadtel.net, sonjia.kurosky@samaritanforsyth.org, julie.harris@samaritanforsyth.org, willis.miller@samaritanforsyth.org, katie@sttimothys.ws, docwhitaker@godsrepairshop.org, david@sunnysideminsty.org, KBower@thefellowshiphome.org, thome@arcanc.org, James_Allison@uss.salvationarmy.org, Lisa.Parrish@uss.salvationarmy.org, , tashina.oladunjoye@uss.salvationarmy.org, chip.seiler@uss.salvationarmy.org, eric.aft@uwforsyth.org, Kristle.coble@uwforsyth.org, Kenneth.koontz@uwforsyth.org, andrea.kurtz@uwforsyth.org, rose.fisher@uwforsyth.org, Kathleen.wiener@uwforsyth.org, dominica.hewett@uwforsyth.org, bhahne@NCHSM.org, pmoorman@NCHSM.org, annette.bowles@va.gov, jennifer.herb@va.gov, sahirah.hobes@va.gov, John.Fennell@va.gov, earnold@wakehealth.edu, sscoggin@wakehealth.edu, mmoseley@wakehealth.edu, kholly@wholemanministries.com, barryswashington@yahoo.com, lpferguson@wsfcs.k12.nc.us, tpoquinn@wsfcs.k12.nc.us, Pam Peoples-Joyner PJOYNER@WSPD.ORG, greg.cooney@wsrescue.org, ken.heater@wsrescue.org, ksimington@wsfcs.k12.nc.us, DBMOC7@gmail.com, womenofwisdomfellowship@yahoo.com, alex@youthintransition.org, David Holston david@sunnysideminsty.org

To: Winston-Salem/Forsyth County Continuum of Care Members:

On behalf of the WS/FC Continuum of Care (CoC) Ratings Panel and in accordance with the 2015 HUD Continuum of Care (CoC) Program Notice of Funding Availability (NOFA), this email and the details and links included serve as the official notification of the WS/FC (NC-500) CoC's public posting of the 2015 project rating and review process.

This message is to notify 2015 Continuum of Care (CoC) project applicants of acceptance of their projects for inclusion in the 2015 CoC Consolidated Application submission. The accepted projects are shown on the 2015 Project Priority Listing found at the link below. No projects were rejected and no funds were reallocated. The 2015 Project Priority Listing of Continuum of Care projects is posted today at the following web address:

<http://www.cityofws.org/departments/community-and-business-development/planning/reports>
(scroll down to "2015 Continuum of Care Grants" when you get to the web page)

Also posted on the web page are:

1. The 2015 Project Performance Rating Factors Rubric used to prioritize projects for the 2015 submission;
2. The WSFC Continuum of Care Governance Charter, which describes the funding process, including the CoC Ratings Panel process.

The 2015 CoC Consolidated Application will be posted at the same web address no later than November 16, 2015.

Please let me know any questions that you may have, and thanks to everyone for making our local system one of the strongest there is in addressing and ending homelessness.

Tim West, Planning Program Supervisor
Community and Business Development Department
City of Winston-Salem

PO Box 2511

Winston-Salem, NC 27102

Phone (336) 734-1305

Cell Phone (336) 403-2599

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Winston-Salem

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All e-mails including attachments sent to and from this address are subject to being released to the media and the public in accordance with the North Carolina Public Records Law.

From: Tim West timw@cityofws.org
Subject: FW: 10.20.15 CoC Operating Cabinet minutes and policies
Date: November 12, 2015 at 1:39 PM



To: JDuncan@aidscare-service.org, rmeder@aidscare-service.org, Richard@RLCassidy.net, russ@anthonyplot.org, eblake@bethesda-center.org, dmontgomery@bethesda-center.org, rsmith@bethesda-center.org, jmack@bethesda-center.org, cpotter@bethesda-center.org, bjdubois@charlottediocese.org, djohnson@cphs.org, lwilliams@cphs.org, tjemwanta@cphs.org, drmax@nopodiums.com, carolfulton@xfirechurch.com, lmcduffee@nchomeless.org, **Tim West** timw@cityofws.org, **Laura Lama LAURAL** @cityofws.org, **Linda Jackson Barnes** lindajb@cityofws.org, **Wanda Nichols** wandan@cityofws.org, **Mellin Parker** mellinp@cityofws.org, jeffriley75@yahoo.com, david.harold@gmail.com, ginnybritt@gmail.com, bevans2525@gmail.com, pgoodine64@yahoo.com, Nanhgris@aol.com, ronhairston5@gmail.com, jainumesh@hotmail.com, cfwilson1@triad.rr.com, michiellecutter55@gmail.com, ghundt@triad.rr.com, melliott@crisiscontrol.org, ojohnson@wakehealth.edu, sdrice@wakehealth.edu, eureka@eureka-house.org, Johnnie.Johnson@eisr.org, twana.roebuck@eisr.org, pamelaingram@eisr.org, jet1teach@aol.com, bfeikema@fsifamily.org, bholmes@fsifamily.org, jshepherd@fsifamily.org, dsandnbc@bellsouth.net, peteyc@1stpres.com, mcdougltl@forsyth.cc, greenbl@forsyth.cc, korneldw@forsyth.cc, perezj2@forsyth.cc, dancygl@forsyth.cc, elizabeth@forsyth-futures.org, rgeiger@goodwillnwc.org, mgray@goodwillnwc.org, ciat@harry4you.com, kristino@ywcaws.org, kdurell@haws.org, GatorPack21@gmail.com, wandabrendlemoss@gmail.com, rea27120@yahoo.com, sandra_sherrill@yahoo.com, don.timmons@hospicecarecenter.org, **Crocker, Joe** joe@KBR.org, YvetteS@legalaidnc.org, tracyn@legalaidnc.org, smitchell@lscarolinas.net, andy@triadmentalhealth.org, nextstepdv@gmail.com, marthashouse@embarqmail.com, steve.miller@ncommerce.com, devans@NCHSM.org, rconnor@NCHSM.org, bhahne@NCHSM.org, mthomas@goodwillnwc.org, cf46mmk@gmail.com, swaldron322@aol.com, saina@yadtel.net, sonjia.kurosky@samaritanforsyth.org, julie.harris@samaritanforsyth.org, willis.miller@samaritanforsyth.org, katie@sttimothys.ws, docwhitaker@godsrepairshop.org, david@sunnysideminsty.org, KBower@thefellowshiphome.org, thome@arcanc.org, James_Allison@uss.salvationarmy.org, Lisa.Parrish@uss.salvationarmy.org, tashina.oladunjoye@uss.salvationarmy.org, chip.seiler@uss.salvationarmy.org, eric.aft@uwforsyth.org, Kristle.coble@uwforsyth.org, Kenneth.koontz@uwforsyth.org, andrea.kurtz@uwforsyth.org, rose.fisher@uwforsyth.org, Kathleen.wiener@uwforsyth.org, dominica.hewett@uwforsyth.org, bhahne@NCHSM.org, pmoorman@NCHSM.org, annette.bowles@va.gov, jennifer.herb@va.gov, sahirah.hobes@va.gov, John.Fennell@va.gov, earmold@wakehealth.edu, sscoggin@wakehealth.edu, mmooseley@wakehealth.edu, kholly@wholemanministries.com, barryswashington@yahoo.com, lperguson@wsfcs.k12.nc.us, tpoquinn@wsfcs.k12.nc.us, **Pam Peoples-Joyner** PJOYNER@WSPD.ORG, greg.cooney@wsrescue.org, ken.heater@wsrescue.org, ksimatington@wsfcs.k12.nc.us, DBMOC7@gmail.com, womenofwisdomfellowship@yahoo.com, alex@youthintransition.org, **David Holston** david@sunnysideminsty.org

To Winston-Salem/Forsyth County Continuum of Care Members:

The current Continuum of Care (CoC) grant application process prescribed by HUD includes sharing of minutes of the groups making the funding decisions. Attached are the minutes of the 10/20/15 CoC Operating Cabinet meeting in which the Cabinet completed steps of the rating/review process in approval of the 2015 CoC grants funding recommendation.

As a reminder, on November 2, 2015, the full CoC membership and CoC project applicants were notified of acceptance of approved projects for inclusion in the 2015 CoC Consolidated Application submission. The accepted projects are shown on the 2015 Project Priority Listing found at the link below. No projects were rejected and no funds were reallocated. The 2015 Project Priority Listing of Continuum of Care projects is posted at the following web address:

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Please let me know any questions that you may have, and thanks to everyone for making our local system one of the strongest there is in addressing and ending homelessness.

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www.cityofws.org



Winston-Salem

From: Kathleen Wiener [mailto:Kathleen.Wiener@uwforyth.org]
Sent: Thursday, October 29, 2015 10:15 AM
To: Alex Hudson; Andrea Kurtz; Bianca Green; Brian Hahne; Dan Kornelis; Derwin Montgomery - Bethesda Center (dmontgomery@bethesdacenter.org); DeShanna Johnson (djohnson@cphs.org); Diane Evans; Glenda Dancy; Jackie Hundt (ghundt@triad.rr.com); Jennifer Herb; Jesse Duncan; Joette Shepherd; John Fennell; Jose Perez (perezj2@forsyth.cc); Karen Durell; Kathleen Wiener; Katie Bryant (katie@sttimothys.ws); Kenneth Heater (ken.heater@wsrescue.org); Leona Williams (lwilliams@cphs.org); Lisa Parrish; Margaret Elliott; Max Goelling; Mellin Parker; Obie Johnson (ojohnson@wakehealth.edu); Pam Peoples-Joyner; Paulette Dodson (nextstepdv@gmail.com); Rebecca Sauter; Reni Geiger; Rivkah meder; Rochelle Smith - Bethesda Center (rsmith@bethesdacenter.org); Rose Fisher; Russ May; Sahirah Hobes; 'Sandra Sherrill'; 'Sheila Mitchell'; Sonjia Kurosky (sonjia.kurosky@samaritanforsyth.org); Tammi O'Quinn; Tanya McDougal; Tashina Oladunjoye; Tim West; Twana Roebuck (twana.roebuck@eistr.org); Valene Franco (valenef@legallaidnc.org); Wanda Brendle- Moss (wandabrendlemoss@gmail.com)
Subject: 10.20.15 minutes and policies

Good morning,

Please find attached the minutes from the 10/20/15 Operating Cabinet Meeting and the final copies of the policies that were approved. Have a good day.

Kathleen Wiener, Program Assistant, Housing Strategies
United Way of Forsyth County, Inc.
301 N. Main Street, Suite 1700
Winston-Salem, NC 27101
Phone (336) 721-9378 Fax (336) 724-1045
kathleen.wiener@uwforyth.org
<http://www.forsythunitedway.org/get-engaged-2/invest-2/>



United Way of Forsyth County

LIVE UNITED

GIVE UNITED



From: Tim West timw@cityofws.org
Subject: FW: 10/21/15 Commission on Ending Homelessness minutes
Date: November 12, 2015 at 1:39 PM

TW

To: JDuncan@aidscareservice.org, rmeder@aidscareservice.org, Richard@RLCassidy.net, russ@anthonysplot.org, eblake@bethesdacenter.org, dmontgomery@bethesdacenter.org, rsmith@bethesdacenter.org, jmack@bethesdacenter.org, cpotter@bethesdacenter.org, bjdubois@charlottediocese.org, djohnson@cphs.org, lwilliams@cphs.org, tjemwanta@cphs.org, drmax@nopodiums.com, carolfulton@xfirechurch.com, lmcduffee@nchomeless.org, **Tim West** timw@cityofws.org, **Laura Lama LAURAL** @cityofws.org, **Linda Jackson Barnes** lindajb@cityofws.org, **Wanda Nichols** wandan@cityofws.org, **Mellin Parker** mellinp@cityofws.org, jefriley75@yahoo.com, david.harold@gmail.com, ginnybritt@gmail.com, bevans2525@gmail.com, pgoodine64@yahoo.com, Nanhgris@aol.com, ronhairston5@gmail.com, jainumesh@hotmail.com, cfwilson1@triad.rr.com, michiellecutter55@gmail.com, ghundt@triad.rr.com, melliott@crisiscontrol.org, ojohnson@wakehealth.edu, sdrice@wakehealth.edu, eureka@eurekahouse.org, Johnnie.Johnson@eisir.org, twana.roebuck@eisir.org, pamel.ingram@eisir.org, jet1teach@aol.com, bfeikema@fsifamily.org, bholmes@fsifamily.org, jshepherd@fsifamily.org, dsandnbc@bellsouth.net, peteyc@1stpres.com, mcdouglt@forsyth.cc, greenbl@forsyth.cc, korneldw@forsyth.cc, perezj2@forsyth.cc, dancygl@forsyth.cc, elizabeth@forsythfutures.org, rgeiger@goodwillnwnw.org, mgray@goodwillnwnw.org, ciat@harry4you.com, kristino@ywcaws.org, kdurell@haws.org, sfunderburk@haws.org, GatorPack21@gmail.com, wandabrendlemoss@gmail.com, rea27120@yahoo.com, sandra_sherrill@yahoo.com, don.timmons@hospicecarecenter.org, **Crocker, Joe** joe@KBR.org, YvetteS@legalaidnc.org, tracyn@legalaidnc.org, smitchell@lscarolinas.net, andy@triadmentalhealth.org, nextstepdv@gmail.com, marthashouse@embarqmail.com, steve.miller@ncommerce.com, devans@NCHSM.org, rconnor@NCHSM.org, bhahne@NCHSM.org, mthomas@goodwillnwnw.org, cf46mmk@gmail.com, swaldron322@aol.com, saina@yadtel.net, sonjia.kurosky@samaritanforsyth.org, julie.harris@samaritanforsyth.org, willis.miller@samaritanforsyth.org, katie@sttimothys.ws, docwhitaker@godsrepairshop.org, david@sunnysideminsty.org, KBower@thefellowshiphome.org, thome@arcanc.org, James_Allison@uss.salvationarmy.org, Lisa.Parrish@uss.salvationarmy.org, tashina.oladunjoye@uss.salvationarmy.org, chip.seiler@uss.salvationarmy.org, eric.aft@uwforsyth.org, Kristle.coble@uwforsyth.org, Kenneth.koontz@uwforsyth.org, andrea.kurtz@uwforsyth.org, rose.fisher@uwforsyth.org, Kathleen.wiener@uwforsyth.org, dominica.hewett@uwforsyth.org, bhahne@NCHSM.org, pmoorman@NCHSM.org, annette.bowles@va.gov, jennifer.herb@va.gov, sahirah.hobes@va.gov, John.Fennell@va.gov, earnold@wakehealth.edu, sscoggin@wakehealth.edu, mmoseley@wakehealth.edu, kholly@wholemanministries.com, barryswashington@yahoo.com, lpferguson@wsfcs.k12.nc.us, tpoquinn@wsfcs.k12.nc.us, **Pam Peoples-Joyner** PJOYNER@WSPD.ORG, greg.cooney@wsrescue.org, ken.heater@wsrescue.org, ksimington@wsfcs.k12.nc.us, DBMOC7@gmail.com, womenofwisdomfellowship@yahoo.com, alex@youthintransition.org, **David Holston** david@sunnysideminsty.org

To Winston-Salem/Forsyth County Continuum of Care Members:

The current Continuum of Care (CoC) grant application process prescribed by HUD includes sharing of minutes of the groups making the funding decisions. Attached are the minutes of the 10/21/15 Commission on Ending Homelessness meeting in which the Commission completed the final steps of the rating/review process and approved the 2015 CoC grants funding recommendation.

As a reminder, on November 2, 2015, the full CoC membership and CoC project applicants were notified of acceptance of approved projects for inclusion in the 2015 CoC Consolidated Application submission. The accepted projects are shown on the 2015 Project Priority Listing found at the link below. No projects were rejected and no funds were reallocated. The 2015 Project Priority Listing of Continuum of Care projects is posted at the following web address:

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Also posted on the web page are:

The 2015 Project Performance Rating Factors Rubric used to prioritize projects for the 2015 submission;
The WSFC Continuum of Care Governance Charter, which describes the funding process, including the CoC Ratings Panel process.

The 2015 CoC Consolidated Application will be posted at the same web address no later than November 16, 2015. As part of the 2015 CoC Consolidated Application, the full membership will have access to all application attachments, which also include detailed minutes from the Ratings Panel, Operating Cabinet and Governing Commission meetings.

Please let me know any questions that you may have, and thanks to everyone for making our local

system one of the strongest there is in addressing and ending homelessness.

Tim West, Planning Program Supervisor
Community and Business Development Department
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Cell Phone (336) 403-2599
Fax (336) 747-9312
timw@cityofws.org
www.cityofws.org



From: Kathleen Wiener [mailto:Kathleen.Wiener@uwforyth.org]
Sent: Thursday, November 12, 2015 7:35 AM
To: 'Alan Hodges'; Andrea Kurtz; Chad Nance; Chris Henson (ssnow@bandt.com); Dan Kornelis; Daniel Anthony; Diane Wimmer (wimmerds@foryth.cc); Everette Witherspoon; Gary Gunderson; Hank Marsh (hemarsh@daymarkrecovery.org); Jan Morgan; Joette Shepherd; Lisa Hinson; Max Goelling; Molly Leight; Paula Stephen; Ron Hairston (ronhairston5@gmail.com); Tim West; Vivian Joiner; Wanda Brendle- Moss (wandabrendlemoss@gmail.com)
Subject: 10/21/15 TYP Commission minutes

Good Morning,

Here are the minutes from the last TYP Commission meeting... agenda items will be sent out for the next meeting closer to the meeting date.

Kathleen Wiener, Program Assistant, Housing Strategies
United Way of Forsyth County, Inc.
301 N. Main Street, Suite 1700
Winston-Salem, NC 27101
Phone (336) 721-9378 Fax (336) 724-1045
kathleen.wiener@uwforyth.org
<http://www.forythunitedway.org/get-engaged-2/invest-2/>



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10.21.15 TYP
Commissio...nutes.docx

Winston-Salem/Forsyth County Continuum of Care Rating Panel
2015 WS/FC HUD Continuum of Care Project Ranking/Review Process
June 4, 2015 MINUTES

Present: Brenda Evans, Ron Hairston, David Harold, Jeff Riley
Staff: Mellin Parker, Tim West, Jackie Hundt

1. Some agencies should consolidate proposals.
2. The panel approved the process as outlined on the agenda.
3. Panel discussed data and report availability for rubric factors 6 and 7.
4. The panel liked dividing up the projects for review.
5. Most applications were better this year, including CPHS'.
6. The project application form needs to collect more detail up front, or break out the subparts of the question. Also, assign the points to the parts of the question.
7. Suggestion to have a workshop with a sample application; Brenda offers to provide advice.
8. Question on how to judge whether the average cost of any given project is reasonable. Need standards by type of project.
9. Discussion of projects by panel. Some need to be more specific. The new project proposal addresses health, which is good. Some of the grants—agencies seem to know what they doing in the project, but they have poor grant writing skills. Comment that proposals indicate that the agencies need education on Housing First. Some agencies seem to be on overload with the amount of work they're doing. Caseloads are too high in all agencies. The strategy question takes a lot of work on the part of agencies, compared to what we get out of the responses. Suggestion to post the proposals so agencies can learn from each other.
10. For renewals we could have short applications.
11. We need renewals to focus more on performance and less on what they propose to do.
12. The match question is confusing; we should tell them match is 20% of the total budget including HUD and other funds.

Winston-Salem/Forsyth County Continuum of Care Rating Panel
2015 WS/FC HUD Continuum of Care Project Ranking/Review Process
June 24, 2015 MINUTES

Present: Brenda Evans, Ron Hairston, Jeff Riley
Staff: Mellin Parker, Tim West, Jackie Hundt, Laura Lama

The group set some future meeting dates but decided to meet only after HUD publishes the NOFA.

Jackie distributed the scoring rubric and performance results. The panel discussed the fact that some project scores are very close. The panel decided not to make changes to the rubric.

The panel approved ranking the categories of projects as follows: System Information (HMIS), System Coordination (coordinated intake and assessment), Permanent Supportive Housing, Rapid Re-Housing, Other Supportive and Transitional services, any other projects, planning grant.

It was suggested that we will need a summary on our web site of how the process works. We also need to show this year's performance and last year's performance.

Winston-Salem/Forsyth County Continuum of Care Rating Panel
2015 WS/FC HUD Continuum of Care Project Ranking/Review Process
October 15, 2015 MINUTES

Present: Brenda Evans, Ron Hairston, Jeff Riley
Staff: Mellin Parker, Tim West, Jackie Hundt, Mellin Parker

Brenda welcome the group. This meeting is primarily to review the bonus proposals and finalize the prioritized project list recommendations.

Jackie distributed the scoring rubric and renewal project performance results and reviewed them with the panel. She distributed the proposed project list.

Tim reviewed the renewal projects, then listed the new projects. He reported that three proposals for bonus funds were received totaling \$599,205. There is \$284,453 available in bonus funds. Tim discussed how various rankings of projects in tier 2 would affect scoring, given HUD's scoring system for this year.

The Ratings Panel considered the fact that all three bonus proposals would add value to the CoC inventory. Since HUD's process for this year favors smaller projects, the panel recommended that all three bonus proposals be included in the ranked list, but at smaller amounts. The City was asked to contact the three project sponsors and to see if they agree to move forward at the reduced amounts. If any do not want the reduced amounts, the funds can be provided to the other projects. The panel confirmed that the new bonus projects should be ranked below renewals.

The panel reaffirmed ranking projects based on the following project type priorities: 1) system information (HMIS); 2) system coordination (CIC); 3) permanent supportive housing; 4) rapid re-housing; 5) transitional housing; and 6) bonus projects. The prioritized components were color-coded on the ranked project list, and on the rubric, which the Ratings Panel used to rate/rank the renewal projects based on their performance.

The panel encouraged staff to move forward seeking new panel members for next year and to consider diversity and youth in the selection.

Submitted by Tim West

WS/FC Continuum of Care Operating Cabinet Meeting
10/20/2015

Present:

Max Goelling	Katie Bryant
Tim West	Bianca Green
Andrea Kurtz	Karen Durell
Rose Fisher	Leona Williams
Jesse Duncan	Jennifer Herb
Derwin Montgomery	Obie Johnson
DeShanna Johnson	Jackie Hundt
Paulette Dodson	Brian Hahne
Lea Thullbery	Tammi O'Quinn
Sonjia Kurosky	Laura Lama
Tashina Oladunjoye	Lynn Garms
Ken Heater	Diane Evans
Katie Bryant	Reni Geiger
Mischelle Houser	Choey Gilreath
Ron Hairston	

- A. The meeting was called to order with a moment of silence
- B. The minutes from 9/15/15 meeting were reviewed. Leona made a motion to approve. The motion was seconded by Karen. All present approved.
- C. Cabinet Organizational Activities
- D. Agenda Items
 - 1. NOFA—Tim reviewed the HUD CoC grant process. The deadline is November 20th and we need to vote on approval of the prioritized project list today. Also, State ESG grants are due Nov 6. We need to vote to approve some policies today to attach to the two grants.

The CoC grant is a competitive grant. The City of WS is the CoC's Collaborative Applicant and coordinates the local funding process. The City published a local RFP for renewal and new projects in the spring and received proposals. Once HUD issued the grant notice, the city published a local RFP for the bonus funds for permanent housing. The CoC Ratings Panel reviewed applications and developed the prioritized project listing. The current members of the ratings panel are Brenda Evans, Ron Hairston, David Harold and Jeff Riley.

Ron Hairston, who is a member of the CoC Ratings Panel, explained that the panel developed a recommendation based on the following project type priorities: 1) system information (HMIS); 2) system coordination (CIC); 3) permanent supportive housing; 4) rapid re-housing; 5) transitional housing; and 6) bonus projects. The prioritized components are color-coded on the ranked project list, and on the rubric, which the Ratings Panel used to rate/rank the renewal projects based on their performance. Ron added that the Ratings Panel met last Thursday regarding permanent housing bonus funds and to finalize the prioritized project list.

Jackie Hundt presented the Ratings Panel's prioritized project list and reviewed the rating factors upon which the rankings are based. Project performance is based on data from July 1, 2014 to June 30, 2015. Jackie reviewed all of the rating factors. She explained how chronic homelessness data and data completeness scoring were handled this year, given the current status of data elements.

Jackie commented that the Ratings Panel agreed that all renewable projects were performing well. The scoring scale should not be reviewed like the traditional scale we're used to in school. The rubric is designed to handle a variety of project types, and the score for any type of project has relevance for that type. She added that most projects use the Housing First approach and have low barriers to entry. For item 9 on the rubric, Jackie explained that the term "quickly" is understood to mean housed within 30 days.

Jackie and Tim explained how the first and second tiers will work this year, which is very different from last year. The information is shown at the bottom of the Project Priority Listing. This year, our renewal projects total \$1,896,356 of which 85% or \$1,611,903 is the amount for tier 1. The remainder, plus funds for bonus projects, is the amount for tier 2, which is \$568,906. Tim added that the Planning project listed at the bottom of the project priority listing is not part of the tiering process, but is additional funds that HUD provides for planning.

In sum, the total amount of our applications for this year is \$2,237,700.

Tier 1 are the projects with highest priority for funding. Tier 2 projects will be scored by HUD based on several criteria including amount and rank order. For this reason, in general, smaller projects will score better in tier 2 than if they were larger. Tim added, that based on the priority order of projects presented, we hope that HUD will provide much of our requested funding this year.

Tim briefly review the renewal projects, then listed the new projects. He reported that three proposals for bonus funds were received totaling \$599,205. There is \$284,453 available in bonus funds. Tim said the Ratings Panel considered the fact that all three bonus proposals would add value to the CoC inventory but that since HUD's process for this year favors smaller projects, the panel recommended that all three proposals be included, but at smaller amounts. The City contacted the three project sponsors and all three agreed to move forward at the reduced amounts. The sponsors of the three new (bonus) projects briefly described their projects:

- Diane Evans reported that NC Housing Foundation seeks funding for 10 units of permanent supportive housing for chronically homeless persons, proposed to be located at The Commons, with services proposed to be provided in collaboration with Wake Forest Baptist Health.

- Derwin Montgomery reported that the Bethesda Center seeks funding to lease 10 units for permanent supportive housing for chronically homeless persons, with wrap-around case management.
- Andrea Kurtz reported that United Way seeks funding for additional financial assistance funds for the Forsyth Rapid Re-Housing Collaborative.

Andrea made a motion to accept the prioritized project listing, which was seconded by Leona and approved unanimously by the Operating Cabinet.

Derwin asked if we could have the Project rankings and percentages from previous years to compare. Jackie said she could provide this, however, it would be December before she could make it available. Max noted that the definitions have changed year to year and may not be a good comparison. In addition some projects have changed, some are consolidated and some are no longer participating in the grant funding.

2. Policies: (Documents in review were handed out at the meeting as well as sent to Operating Cabinet members prior to the 20th via email. All were presented by Tim West and reviewed by the Operating Cabinet attendees. Once questions were addressed and suggested changes made, a motion was made by Leona to accept the policies with changes. The motion was seconded by Katie and accepted by majority vote.
 - Funding Decision Appeals
 - No changes made
 - Preventing Involuntary Family Separation, accepted with changes:
 - I. Policy: “For Continuum of Care (CoC) or Emergency Solutions Grants (ESG) funded programs which serve families with children, the age and gender of a child under age 18 will not be used as a basis for denying any family’s admission to the program.”
 - 2. Appeals Procedure:1)...(First section) “If the issue is not resolved, the program participant may appeal to the Chairperson of the Operating Cabinet, through the City of Winston Salem, who shall consult with the Executive committee of the Operating Cabinet and provide a written response to the household, affected agency and City within 3 business days. “
 - Policy on Education, accepted with changes:
 - D. (last line)...”However, the decision to maintain a child’s enrollment at their school of origin will consider any history of domestic violence or child abuse within the child’s home environment.”
 - Emergency Shelter Policies, accepted with changes:
 - (2nd paragraph) “Within the CoC, emergency shelter is provided to individuals primarily in order to provide relief from weather conditions and as a place to meet basic needs of persons without other housing options. Emergency shelter should not be considered as a permanent living solution.”

- I. a. “With the provisions stated herein taken into consideration in accordance with the provider agency’s guidelines.”
 - Policies on Prevention Assistance, accepted with changes:
 - II. “Upon requests by persons seeking prevention assistance, CoC agencies will provide prompt referrals to organizations providing targeted services to address their housing barriers.”
 - III. “Veterans presenting for prevention assistance will be referred to the Supportive Services for Veterans Families (SSVF) Program. The amount, frequency and duration of assistance will follow the SSVF regulations and agency policies and procedures. Persons presenting for aids prevention assistance will be referred to HOPWA funded agency programs. The amount, frequency and duration of assistance will follow the HOPWA regulations and agency policies and procedures.
 - Permanent Supportive Housing Assistance and Prioritization
 - No changes made

3. Andrea presented the By-Laws for the NC HMIS Governance Committee

- The by-laws reflect shared responsibility by all CoC’s in NC for HMIS.
- NC HMIS, as the governance body for all CoC’s in NC, includes a representative and an alternate for each CoC, except for the larger Balance of State CoC which has 4 seats and 4 alternatives.
- This is a separate governance agreement from the CoC’s agreement with MCAH.

A motion was made by Jennifer to accept the By-Laws as written. This was seconded by Reni. All present approved.

4. Mayor’s Challenge/Zero: 2016: Andrea reported that Mayor Joines will hold a press conference on October 27, 2015 at 10AM at City Hall to announce we have met the The Mayors Challenge to End Veteran Homelessness.

E. Committee Reports

- Shelter Provider’s – Ken
 - At the last meeting, Andrea reported on the Zero: 2016 challenge. Katie Hall from Industries for the Blind also presented. Ken had task of leading the Overflow discussions, which included:
 - Issues have been addressed or are in process
 - Discussed contracts, payment and record keeping
 - Draft contracted has been submitted and is waiting city approval
 - Russ is working with the overflow data and how to deal with bouncers between shelters
 - Next Shelter Providers is Nov. 3rd The overflow committee will discuss the overflow with shelters which is beginning on Dec. 1
 - Any questions or concerns will be addressed at that meeting

- Overflow – Katie and Lea reported the status of the overflow shelter preparation:
 - Working with the City of WS to finish the contract
 - Training is in place
 - Volunteers are signing up
 - Working with Shelter Providers to get ready for opening on Dec. 1
 - City extended the zoning permit from 120 to 150 days
 - Can extend shelter by 30 days at start or end of season or some combination
 - Last year coordinated with other shelters and did not need to extend
 - Let Russ know if capacity issues if weather freezes as they can mobilize the overflow.
- CIC - Rose
 - 48 individuals at Housing Placement Day for screening but only 1 landlord showed up.
 - Housing Placement Day was successful.
- Family, Youth, and Children - Tashina
 - Met Oct. 13 for first time. There were 4 participants
 - Goal of making practices better
 - Look at CIC so all on same page
 - DSS will be part of the meetings
 - We need to include a question at intake have you been in foster care before?
 - Next meeting Nov. 10th at 1 PM at Salvation Army
- Homeless Caucus: Brenda was not present – no update
- Other Business
 - Sonjia reported that Samaritan Ministries held a 20th Anniversary celebration for Project Cornerstone. She thanked everyone for the support provided to the program.
 - Next meetings Operating Cabinet Nov. 17th; Full Council Nov. 24th

Submitted by Lynne Garms and Tim West
 10/29/15: Approved by Twana Roebuck, Secretary

10/21/15 Ten Year Plan Commission on Ending Homelessness Meeting

Present:

Chad Nance	Andrea Kurtz
Jan Morgan	Kathleen Wiener
Paula Stephen	Dan Anthony
Max Goelling	Hank Marsh
Time West	Jackie Hundt
Alan Hodges	

- Andrea opened the meeting, minutes from 8/26/15 and 9/29/15 meetings reviewed, Paula made a motion to approve and Dan seconded, all present approved
- Reviewed and discussed NC HMIS Governance Committee Bylaws, the Operating Cabinet has already reviewed and approved. Dan made a motion to approve, Paula seconded, all present approved
- CoC Funding Decision Appeals Policy: Tim presented that 2 grant applications came out at the same time (CoC Grant and ESG); City of Winston-Salem is the collaborative applicant on the grants. Any committee members that work for agencies that receive funding shall abstain from voting on matters regarding funding received (these members currently are Max Goelling, Joetta Shepherd and Lisa Hinson). Following policies were reviewed:
 - Conflict of Interest Policy: Dan made a motion to approve and add to Policy and Procedure manual, Alan seconded, all present approved
 - Funding Decision Appeals Policy: Alan made a motion to approve, Dan seconded, all present approved
- CoC NOFA: Discussion was had about the decision of the Rating Panel regarding project types, reviewed agencies and funding decisions. Paula made a motion to approve, Ron seconded, all present approved, Max abstained from the vote.
- Housing Placement Update: housed more veterans than predicted, predict to meet chronic housing goal by May 2016
- Winter Overflow Update: Anthony's Plot in conjunction with City with Dwellings will run the Overflow Shelter this year. Members from the Operating Cabinet have been meeting with Overflow and hope to have resolved the data collection and financial management issues they had last year. Overflow will run from 12/1/15-3/30/16, St. Tim's will house women and will open earlier if needed. Plan to have 80 beds this year and operate 4 shelters.
- Mayor's Challenge Announcement: press conference will be held on 10/27/15 to announce that we have met the Mayor's Challenge to end Veteran Homelessness; TYP commission members will be receiving an invitation from the Mayor's office.
- Strategic Planning: need to put together a statement to present to the city and county as to why we need another plan in place for the next 10 years. Discussed a timeline to follow:
 - September 2016: have a plan to present to the city and county
 - August 2016: present plan to Operating Cabinet and TYP Commission
 - June/July 2016: consultant here

ASAP: create a working committee made up of OC and TYP Commission members

There being no other business the meeting was adjourned

Respectfully submitted by Kathleen Wiener, United Way

Attachment 5

CoC's Process for Reallocating

WS/FC CoC (NC-500) - No Reallocation in FY 2015 CoC Program Competition

The WS/FC CoC (NC-500) did not use a reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects. Thus, evidence of the public posting of the reallocation process is not required as stated in Screen 1F, Question 5, "If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached."

The WS/FC CoC communicated to its full CoC membership on November 2, 2015, that no projects were rejected and all renewal projects were requesting funds as indicated in the HUD-approved GIW. The notification included all project applicants whose project applications were accepted. At that same time, the WS/FC CoC communicated to its full CoC membership the website where the CoC rating and review procedures and final project ranking were publicly posted. (See CoC Application Screen 4C. Attachments 3 and 4 or see next page for evidence of written notification.)

From: Tim West

Sent: Monday, November 02, 2015 4:30 PM

To: 'JDuncan@aidscareservice.org'; 'rmeder@aidscareservice.org'; 'Richard@RLCassidy.net'; 'russ@anthonysplot.org'; 'eblake@bethesdacenter.org'; 'dmontgomery@bethesdacenter.org'; 'rsmith@bethesdacenter.org'; 'jmack@bethesdacenter.org'; 'cpotter@bethesdacenter.org'; 'bjdubois@charlottediocese.org'; 'djohnson@cphs.org'; 'lwilliams@cphs.org'; 'tjemwanta@cphs.org'; 'drmax@nopodiums.com'; 'carolfulton@xfirechurch.com'; 'lmcduffee@nchomeless.org'; Tim West; Laura Lama; Linda Jackson Barnes; Wanda Nichols; Mellin Parker; 'jefriley75@yahoo.com'; 'david.harold@gmail.com'; 'ginnybritt@gmail.com'; 'bevans2525@gmail.com'; 'pgoodine64@yahoo.com'; 'Nanhgris@aol.com'; 'ronhairston5@gmail.com'; 'jainumesh@hotmail.com'; 'cfwilson1@triad.rr.com'; 'michiellecutter55@gmail.com'; 'ghundt@triad.rr.com'; 'melliott@crisiscontrol.org'; 'ojohnson@wakehealth.edu'; 'sdrice@wakehealth.edu'; 'eureka@eurekahouse.org'; 'Johnnie.Johnson@eistr.org'; 'twana.roebuck@eistr.org'; 'pamela.ingram@eistr.org'; 'jet1teach@aol.com'; 'bfeikema@fsifamily.org'; 'bholmes@fsifamily.org'; 'jshepherd@fsifamily.org'; 'dsandnbc@bellsouth.net'; 'peteyc@1stpres.com'; 'mcdouglt@forsyth.cc'; 'greenbl@forsyth.cc'; 'korneldw@forsyth.cc'; 'perezj2@forsyth.cc'; 'dancygl@forsyth.cc'; 'elizabeth@forsythfutures.org'; 'rgeiger@goodwillnwn.org'; 'mgray@goodwillnwn.org'; 'ciat@harry4you.com'; 'kristino@ywcaws.org'; 'kdurell@haws.org'; 'sfunderburk@haws.org'; 'GatorPack21@gmail.com'; 'wandabrendlemoss@gmail.com'; 'rea27120@yahoo.com'; 'sandra_sherrill@yahoo.com'; 'don.timmons@hospicecarecenter.org'; 'Crocker, Joe'; 'YvetteS@legalaiddnc.org'; 'tracyn@legalaiddnc.org'; 'smitchell@lscarolinas.net'; 'andy@triadmentalhealth.org'; 'nextstepdv@gmail.com'; 'marthashouse@embarqmail.com'; 'steve.miller@ncommerce.com'; 'devans@NCHSM.org'; 'rconnor@NCHSM.org'; 'bhahne@NCHSM.org'; 'mthomas@goodwillnwn.org'; 'cf46mmk@gmail.com'; 'swaldron322@aol.com'; 'saina@yadtel.net'; 'sonjia.kurosky@samaritanforsyth.org'; 'julie.harris@samaritanforsyth.org'; 'willis.miller@samaritanforsyth.org'; 'katie@sttimothys.ws'; 'docwhitaker@godsrepairshop.org'; 'david@sunnysideminsty.org'; 'KBower@thefellowshiphome.org'; 'thome@arcanc.org'; 'James_Allison@uss.salvationarmy.org'; 'Lisa.Parrish@uss.salvationarmy.org'; 'tashina.oladunjoye@uss.salvationarmy.org'; 'chip.seiler@uss.salvationarmy.org'; 'eric.aft@uwforsyth.org'; 'Kristle.coble@uwforsyth.org'; 'Kenneth.koontz@uwforsyth.org'; 'andrea.kurtz@uwforsyth.org'; 'rose.fisher@uwforsyth.org'; 'Kathleen.wiener@uwforsyth.org'; 'dominica.hewett@uwforsyth.org'; 'bhahne@NCHSM.org'; 'pmoorman@NCHSM.org'; 'annette.bowles@va.gov'; 'jennifer.herb@va.gov'; 'sahirah.hobes@va.gov'; 'John.Fennell@va.gov'; 'earnold@wakehealth.edu'; 'sscoggin@wakehealth.edu'; 'mmoseley@wakehealth.edu'; 'kholly@wholemanministries.com'; 'barryswashington@yahoo.com'; 'lpferguson@wsfcs.k12.nc.us'; 'tpoquinn@wsfcs.k12.nc.us'; Pam Peoples-Joyner; 'greg.cooney@wsrescue.org'; 'ken.heater@wsrescue.org'; 'ksimington@wsfcs.k12.nc.us'; 'DBMOC7@gmail.com'; 'womenofwisdomfellowship@yahoo.com'; 'alex@youthintransition.org'; 'David Holston'

Subject: Continuum of Care Grant Notification

To: Winston-Salem/Forsyth County Continuum of Care Members:

On behalf of the WS/FC Continuum of Care (CoC) Ratings Panel and in accordance with the 2015 HUD Continuum of Care (CoC) Program Notice of Funding Availability (NOFA), this email and the details and links included serve as the official notification of the WS/FC (NC-500) CoC's public posting of the 2015 project rating and review process.

This message is to notify 2015 Continuum of Care (CoC) project applicants of acceptance of their projects for inclusion in the 2015 CoC Consolidated Application submission. The accepted projects are shown on the 2015 Project Priority Listing found at the link below. No projects were rejected and no funds were reallocated. The 2015 Project Priority Listing of Continuum of Care projects is posted today at the following web address:

<http://www.cityofws.org/departments/community-and-business-development/planning/reports>
(scroll down to "2015 Continuum of Care Grants" when you get to the web page)

Also posted on the web page are:

1. The 2015 Project Performance Rating Factors Rubric used to prioritize projects for the 2015 submission;
2. The WSFC Continuum of Care Governance Charter, which describes the funding process, including the CoC Ratings Panel process.

The 2015 CoC Consolidated Application will be posted at the same web address no later than November 16, 2015.

Please let me know any questions that you may have, and thanks to everyone for making our local system one of the strongest there is in addressing and ending homelessness.

*Tim West, Planning Program Supervisor
Community and Business Development Department
City of Winston-Salem
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WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

This Governance Charter (the “Charter”) establishes the Winston-Salem/Forsyth County Continuum of Care (NC 500) (hereinafter “CoC”) and formalizes its governance structure. The CoC shall be a membership organization. The Charter is effective as of August 30, 2014.

I. BACKGROUND AND OBJECTIVES

Section 1: The McKinney-Vento Homeless Assistance Act formerly provided three separate homeless assistance programs—the Supportive Housing, Shelter Plus Care, and Moderate Rehabilitation/Single Room Occupancy programs. In 2009, Congress amended the McKinney-Vento Homeless Assistance Act with the Homeless Emergency Assistance and Rapid Transition to Housing Act (the “HEARTH Act”). The HEARTH Act consolidated the three separate homeless assistance programs into a single grant program. This new, consolidated grant program is known as the “Continuum of Care Program.”

Section 2: Pursuant to the HEARTH Act, the U.S. Department of Housing and Urban Development (“HUD”) promulgated regulations for the Continuum of Care Program. The regulations, known as the “interim rule,” are codified at 24 C.F.R. § 578 *et seq.* The interim rule sets forth a framework for creating a “local” continuum of care.

Section 3: HUD defines a local continuum of care as a geographically based group of representatives that carries out the planning responsibilities of the Continuum of Care Program and is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

Section 4: Now, as a requirement of the receipt of federal funding from HUD under the Continuum of Care Program, and pursuant to the HEARTH Act, this Charter establishes a local continuum of care for Winston-Salem and Forsyth County, North Carolina and formalizes its governance structure. The local continuum of care shall be known as the “Winston-Salem/Forsyth County Continuum of Care (NC-500).”

Section 5: The Winston-Salem/Forsyth County CoC shall be a homeless assistance-planning network, covering Winston-Salem (HUD geographic code 373180) and Forsyth County, North Carolina (HUD geographic code 379067). The CoC shall be designed to promote a communitywide commitment to the goal of ending homelessness. This goal will be achieved and sustained when data from the Homeless Management Information System (HMIS) confirms that homeless individuals and families are able to reenter a permanent housing situation within 30 days of becoming homeless as defined by HUD. The Winston-Salem/Forsyth County CoC is designed to: (1) advise funding decisions

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

made within the community for efforts to serve homeless individuals and families by nonprofit providers, State and local governments, and others; (2) determine service priorities for limited resources; (3) promote access to and effective utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.

II. DEFINITIONS

Administrator: The “Administrator” shall be the City of Winston-Salem, North Carolina or its representative.

Applicant: An “applicant” shall mean an “eligible applicant” designated by the Winston-Salem/Forsyth County CoC to apply for assistance. Applicants are responsible for carrying out the projects that the Winston-Salem/Forsyth County CoC identifies through its planning responsibilities.

Collaborative Applicant: A “collaborative applicant” shall mean a particular “eligible applicant” designated by the Winston-Salem/Forsyth County CoC to coordinate and submit Consolidated Continuum of Care Program funding applications to HUD. The Collaborative Applicant shall apply for any grant for HUD Continuum of Care Program planning funds on behalf of the CoC. The Collaborative Applicant designated by the CoC is the City of Winston-Salem.

Coordinated Assessment System: A “coordinated assessment system” shall mean a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals.

Eligible Applicant: An “eligible applicant” shall mean a private nonprofit organization, State, local government, or instrumentality of State and local government.

Fiscal Agent: A “fiscal agent” shall mean a tax-exempt organization in the community selected by the Governing Commission to administer charitable and other funds on behalf of the CoC.

Governing Commission: The “Governing Commission” shall mean the group of independent commissioners that provides governance to the work of the CoC.

Members: A “member” of the CoC shall mean an individual or organization which joins the Winston-Salem/Forsyth County CoC and participates in at least one membership meeting or other activity of the CoC per year.

Operating Cabinet: The “Operating Cabinet” shall be a work group designated by the full membership which performs the work of the CoC and provides advice, recommendations and support to the Governing Committee.

Program Participant: A “program participant” shall mean an individual or family who is assisted with Winston-Salem/Forsyth County CoC program funds.

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

Recipient: A “recipient” shall mean an applicant that signs a grant agreement with HUD.

Shelter or Housing Provider: A “shelter or housing provider” shall mean a provider of shelter or housing as listed in the CoC’s Housing Inventory Chart (HIC).

Subrecipient: A “subrecipient” shall mean a private nonprofit organization, State, local government, or instrumentality of State or local government that receives a subgrant from a recipient to carry out a project.

III. MEMBERS

Section 1: Definition. The Winston-Salem/Forsyth County CoC shall be composed of “Members.”

Section 2: Members. Members may include but are not limited to individuals or organizations or nonprofit agencies, including homeless service providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent that these groups are represented in the CoC’s geographic area.

Section 3: Charter Members. Those organizations or individuals who sign onto this Charter shall become members of the Winston-Salem/Forsyth County CoC by virtue of signing.

Section 4: New Members. Additional members may join the Winston-Salem/Forsyth County CoC by attending a meeting of the full CoC membership and providing contact information for meeting notices and other communications.

Section 5: Invitation for New Members. At least annually, the Operating Cabinet shall publicly invite new members to join the Winston-Salem/Forsyth County CoC. This invitation shall be issued in September each year.

Section 6: Resignation and Removal. Members may resign from the CoC at any time by giving written or oral notice to the Chairperson. In addition, members may be removed from the CoC by a two-thirds vote of Cabinet Members for repeated absence, misconduct, failure to participate, disruptive or obstructive conduct, or violation of CoC policies.

Section 7: Meetings of the Full Membership. Meeting of the full membership of the CoC shall be held at least four times per year, with regular published agendas. Meetings shall be open meetings.

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

IV. GOVERNING COMMISSION

Section 1: Definition. The Winston-Salem/Forsyth County CoC shall be governed by the Winston-Salem/Forsyth County Commission on Ending Homelessness, hereinafter "Governing Commission" to act on behalf of the Winston-Salem/Forsyth County CoC as its decision-making body as authorized herein. The Governing Commission shall be an independent board appointed to provide oversight and governance to the Winston-Salem/Forsyth County CoC.

Section 2: Commissioners. The Commission is comprised of 16 voting commissioners. Five commissioners are appointed by the City Council, upon the recommendation of the Mayor. Five commissioners are appointed by the County Commissioners. Five commissioners shall be nominated by the Operating Cabinet and appointed by the City. The Mayor and the Chairperson of the County Commissioners shall appoint the chairperson of the Governing Commission.

- A. **Selection of Commissioners by the City Council.** The City Council shall select representatives from the community. Of the five commissioners appointed by the City Council: (1) one shall have experience in rental real estate or property management, (2) two shall be in business or professional practice, (1) one shall have an accounting, financial or CPA background, and (1) one shall be a commissioner at large;
- B. **Selection of Commissioners by Forsyth County Board of Commissioners.** Of the five commissioners appointed by the County, (1) one shall be representative of mental health services, (1) one shall be a representative from the Department of Social Services, (1) one shall be a representative from law enforcement or public safety, (1) one shall be a representative of the educational system, and (1) one shall be a commissioner at large.
- C. **Selection of Membership by the Operating Cabinet.** Of the five commissioners nominated by the Operating Cabinet, (1) one shall be an individual who is homeless or formerly homeless, (2) two shall be representatives from organizations representing facilities or programs on the Continuum of Care Housing Inventory Chart (HIC), (1) one shall be the Chair of the Operating Cabinet, and (1) one shall be a commissioner at large.
- D. **Selection of the Chair of the Governing Commission.** The Mayor and the Chairperson of the County Commissioners shall appoint the chairperson of the Governing Commission.
- E. **Ex Officio Members.** (1) One elected City and (1) one elected County official shall be appointed as ex officio, non-voting commissioners.
- F. **Staff to the Governing Commission.** The City of Winston-Salem, Forsyth County and the Fiscal Agent shall provide staff members to support the

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

operation of the Governing Commission.

Section 3: Purpose of the Governing Commission. The purpose of the Governing Commission is to implement the vision of the Winston-Salem/Forsyth County Continuum of Care by overseeing implementation of the strategic initiatives and investments of the CoC.

- A. **HMIS Lead Organization.** The Governing Commission shall designate an HMIS Lead Organization who shall be the single eligible applicant to manage the HMIS. The HMIS Lead may contract with another organization or organizations to administer the HMIS.
- B. **HMIS Governing Committee Representatives.** The Governing Commission shall designate a representative and an alternative representative from the CoC to the Statewide HMIS Governing Committee

Section 4: Funding. The Governing Commission shall provide recommendations to the Collaborative Applicant on the application for and expenditure of HUD CoC and Emergency Solutions Grant funds.

Section 5: Community Vision. The Governing Commission shall at least once every five years evaluate the system-wide response to the needs of residents who experience homelessness or a housing crisis and develop a plan of addressing identified needs or gaps.

Section 6: Terms of Office. Commissioners shall serve for three-year terms and are limited to two consecutive terms. Initially, eight of the commissioners shall serve two-year terms, and eight of the commissioners shall serve three-year terms.

Section 7: Resignation and Removal. Commissioners may resign at any time by giving written or oral notice to the Chairperson and the Government body which appointed them to the Commission.

Section 8: Vacancies. When a commissioner resigns or is removed from the Governing Commission or cannot serve his or her full term for any other reason, the position may be filled in the manner in which it was originally appointed.

Section 8: Quorum. The commissioners present at any properly announced meeting shall constitute a quorum.

Section 10: Voting. Issues presented to the commissioners for a vote will be decided by a simple majority of votes cast. Commissioners may vote by voice in person or by submitting their vote by email or in writing to the Chairperson at least 24 hours before a vote is scheduled to be conducted.

Section 11: Policies and Procedures. The Governing Commission shall adopt such policies which are necessary to effectuate the governance, operation and management

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

of the CoC. Such policies shall include, but are not limited to a Conflict of Interest Policy.

Section 12: Code of Conduct. Commissioners must exercise care, diligence, and prudence when acting on behalf of the Winston-Salem/Forsyth County CoC. These individuals must complete on time the work they have agreed to undertake. Repeated failure to participate thoughtfully and respectfully in meetings or persistent disruptive or obstructive conduct during meetings will be grounds for removal.

Section 13: Other Administrative Duties. The Governing Commission may designate a tax-exempt organization in the community to administer charitable and other funds on behalf of the CoC.

Section 14: Meetings. The Governing Commission shall establish a published meeting schedule.

V. OPERATING CABINET

Section 1: Definition. The Winston-Salem/Forsyth County CoC shall establish an “Operating Cabinet” to manage the work of the CoC on behalf of the Winston-Salem/Forsyth County CoC. The Operating Cabinet shall be representative of the relevant organizations and projects serving homeless subpopulations. The Winston-Salem/Forsyth County CoC shall adopt a written process to select Operating Cabinet Members that shall be reviewed and updated at least once every 5 years.

Section 2: Chairperson. A “Chairperson” shall be appointed by the Administrator to preside over the Operating Cabinet. The Chairperson shall be a Winston-Salem/Forsyth County community member and shall serve on a volunteer basis.

- A. **Duties.** The Chairperson shall preside over meetings of the Operating Cabinet and meetings of the full CoC membership. The Chairperson shall also represent the CoC at other public meetings, publicly speak on behalf of the CoC and advocate for the interests of the CoC and shall be a voting commissioner.
- B. **Term.** The Chairperson shall serve a three-year term with the option of one term renewal. Terms shall begin on October 1.

Section 3: Vice-Chairperson. The Cabinet Members shall elect a Vice-Chairperson.

- A. The Vice Chair shall perform the duties of the chair, as needed in the absence of the chair.
- B. **Term:** The Vice-chair shall serve a one-year term. Elections shall occur at the next Operating Cabinet meeting following the ratification of the at-large Cabinet Member positions

Section 4: Secretary. The Cabinet Members shall elect a Secretary.

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

- A. **Duties.** The Secretary shall ensure that minutes are taken for each meeting, review minutes for completeness and accuracy prior to each meeting, and ensure that all CoC documents are maintained and published as needed.
- B. **Term.** The Secretary shall serve a one-year term. Elections shall occur at the next Operating Cabinet meeting following the ratification of the at-large Cabinet Member positions.

Section 5. Treasurer. The Directors shall elect a Treasurer.

- A. **Duties.** The Treasurer shall ensure that adequate, accurate, and up-to-date financial records are kept for any financial business undertaken by the Operating Cabinet.
- B. **Term.** The Treasurer shall serve a one-year term. Elections shall occur at the next Operating Cabinet meeting following the ratification of the at-large Cabinet Member positions.

Section 6. Number of Cabinet Members. In addition to a chairperson and ex officio members, there shall be between 20 and 35 Cabinet Members.

Section 7: Ex Officio Members. The Operating Cabinet shall include the following non-voting Ex Officio Cabinet Members:

- 1) The Administrator or its representative;
- 2) The Fiscal Agent or its representative;
- 3) Representatives from the Collaborative Applicant; and
- 4) Director of Coordinated Assessment System.

Section 8: At-Large Cabinet Members. The Operating Cabinet shall include at-large Cabinet Members. To the extent that representation is available, members shall be selected from the full membership to include:

- 1) One representative from each organization listed in the Housing Inventory Chart;
- 2) One representative from a street outreach program;
- 3) One representative each from the City of Winston-Salem and/or Forsyth County;
- 4) One representative from the U.S. Department of Veterans Affairs (VA);
- 5) One representative from the Veterans Administration Salisbury Medical Center;

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

- 6) Two representatives from providers of services to homeless persons not listed in the Housing Inventory Chart;
- 7) One representative from the Local Education Agency;
- 8) One representative from Local Management Entity (for mental health, substance abuse, and developmental disability services);
- 9) One representative from the Housing Authority of Winston-Salem
- 10) One homeless or formerly homeless Individual;
- 11) Two representatives from faith-based organizations;
- 12) One representative from health care services;
- 13) One representative from affordable housing developers;
- 14) One representative from local law enforcement; and
- 15) One to sixteen other at-large Cabinet Members.

Section 9: Selection of Cabinet Members.

- A. **Cabinet Member Serving in More Than One Capacity.** Nothing shall preclude an individual serving in more than one capacity listed in Section 8. However if an individual represents more than one category, that individual shall have only one vote on the Cabinet.
- B. **Population Representation.** To the extent possible representatives shall be selected to fill the Operating Cabinet which represent the key homeless sub-populations including substance use disorders, persons who are HIV+, veterans, chronically homeless, families with children, unaccompanied youth, seriously mentally ill, ex-offenders, victims of domestic violence, dating violence, sexual assault, stalking and trafficking.
- C. **Nomination.** The at-large Operating Cabinet Members shall be selected by nomination and ratification by the full CoC membership every two years (from the start date of the ratification of this Charter). This process shall occur at the second full council meeting of the calendar year.

Section 10: Regular Meetings. The Operating Cabinet shall hold at least ten meetings per year.

Section 11: Code of Conduct. Cabinet Members must exercise care, diligence, and prudence when acting on behalf of the Winston-Salem/Forsyth County CoC. These

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

individuals must complete on time the work they have agreed to undertake. Repeated failure to participate thoughtfully and respectfully in meetings or persistent disruptive or obstructive conduct during meetings will be grounds for removal.

Section 12: Attendance. Cabinet Members must attend Operating Cabinet meetings and be prepared to discuss matters presented for their deliberation. Absence without notice or explanation for three meetings within a calendar year or repeated failure to complete work assignments will be grounds for removal from the Operating Cabinet.

- A. **Absences and Proxies.** Cabinet Members who are unable to attend a regular or special meeting may designate a proxy to attend in their absence. Such proxies for the duration of the meeting designated shall be authorized to participate in discussions or voting for the duration of the proxy with all the power and authority of a regular Cabinet Member. Designation of a proxy must be communicated to the Chair.

Section 13: Resignation and Removal. Cabinet Members may resign from the Operating Cabinet at any time by giving written or oral notice to the Chairperson. In addition, Cabinet Members may be removed by a majority vote of remaining Cabinet Members for repeated absence, misconduct, failure to participate, disruptive or obstructive conduct, or violation of CoC policies.

Section 14: Vacancies. When a Cabinet Member resigns or is removed from the Operating Cabinet or cannot serve his or her full term for any other reason, the Operating Cabinet may appoint another member to fill the unexpired term.

Section 15: Quorum. The Cabinet Members present at any properly announced meeting shall constitute a quorum.

Section 16: Voting. Issues presented to the Cabinet Members for a vote will be decided by a simple majority of votes cast. Cabinet Members may vote by voice in person or by submitting their vote by email or in writing to the Chairperson at least 24 hours before a vote is scheduled to be conducted.

VI. RESPONSIBILITIES

Section 1: Meetings. The Operating Cabinet shall hold at least four meetings annually of the full membership of the Winston-Salem/Forsyth County CoC, with published agendas. The Chairperson may call additional meetings of the Operating Cabinet or full CoC membership by providing notice of such meetings at least ten days in advance, including the time, place and agenda of the meeting.

Section 2: Committees. The Operating Cabinet may appoint committees, subcommittees, or workgroups to assist the Winston-Salem/Forsyth County CoC in fulfilling its objectives.

Section 3: Charter Review. The Governing Commission and Operating Cabinet shall, in consultation with the Collaborative Applicant and the HMIS Lead, annually review this

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

Charter.

Section 4: Consultation and Monitoring. The Operating Cabinet, in partnership with the Administrator and Collaborative Applicant, shall consult with recipients and subrecipients of federal funding for homeless programs to establish performance measures and targets appropriate for the population and program type. The Governing Commission, in partnership with the Collaborative Applicant, shall also monitor recipient and sub-recipient performance on these measures, evaluate outcomes, and develop performance improvement plans for those programs that are underperforming on the established targets.

Section 5: Outcome Evaluation. The Governing Commission, in partnership with the Administrator, shall evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care Program.

Section 6: Assessment System. The CoC shall, in consultation with recipients of Continuum of Care and Emergency Solutions Grants program funds within Winston-Salem/Forsyth County, establish and operate a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Operating Cabinet shall also develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers.

Section 7: Prioritization Standards. The Operating Cabinet shall establish and follow written standards for system wide prioritization of supportive housing services. These standards shall include policies and procedures for: (1) evaluating individuals' and families' eligibility for assistance; (2) determining and prioritizing which eligible individuals and families will receive transitional housing assistance; (3) determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance; (4) determining what percentage or amount of rent each program participant shall pay while receiving rapid re-housing assistance; and (5) determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

Section 8: Written Plan. The Operating Cabinet shall develop a written plan that includes: (1) coordinating the implementation of a housing and service system within Winston-Salem/Forsyth County that meets the needs of the homeless individuals and families; (2) planning for and conducting, at least biennially, a point-in-time count of homeless persons within Winston-Salem/Forsyth County; (3) conducting an annual gaps analysis of the homeless needs and services available within Winston-Salem/Forsyth County; (4) providing information required to complete the Winston-Salem/Forsyth County Consolidated Housing and Community Development Plan(s); and (5) consulting with State and local government Emergency Solutions Grants program recipients within Winston-Salem/Forsyth County on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

performance of Emergency Solutions Grants program recipients and sub-recipients.

Section 9. Funding Decisions. The Governance Commission shall review Continuum of Care and Emergency Solutions Grant funding recommendations made by the Community Ratings Panel prior to such recommendations being submitted to the Collaborative Applicant for consideration of submission to HUD. The Operating Cabinet must approve any proposed grant agreement amendments before any Applicant submits such a request for an amendment to HUD.

VII. HOMELESS MANAGEMENT INFORMATION SYSTEM

Section 1: Definition. The Operating Cabinet shall designate a single Homeless Management Information System (“HMIS”) Administrator for Winston-Salem/Forsyth County.

Section 2: HMIS Lead. The Governing Commission shall designate an eligible applicant to manage the Winston-Salem/Forsyth County CoC’s HMIS. This eligible applicant shall be known as the “HMIS Lead.”

Section 3: HMIS Plan Review. The Operating Cabinet shall review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS. The Operating Cabinet shall also ensure consistent participation of recipients and sub-recipients in the HMIS, and ensure the HMIS is administered in compliance with requirements prescribed by HUD.

Section 4: Database. The Operating Cabinet shall, in partnership with local domestic violence service providers, support their participation in a database that meets the HUD standards for an HMIS system, but is secure and separate from the general community HMIS system.

VIII. COMMUNITY RATINGS PANEL

Section 1: Definition. A “Community Ratings Panel” (also hereinafter “panel”) shall be established to review funding applications and make funding recommendations for review by the Operating Cabinet.

Section 2: Composition. The Community Ratings Panel shall consist of a minimum of 5 members and maximum of 7 members. Members of the Community Ratings Panel may be members of the Winston-Salem/Forsyth County CoC, but shall not be staff or board members of agencies which receive HUD Continuum of Care or Emergency Solutions Grants (ESG) Program funding.

Section 3: Officers. The officers of the panel shall include a chairperson and a vice chairperson. Officers shall be elected by the panel. Officers shall serve one-year terms, but shall hold office until September or until a successor has been elected. Officers may be re-elected to a particular office for a maximum of two consecutive terms.

A. **Chairperson of the Operating Cabinet Involvement.** Term limits to panel

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

membership notwithstanding, the Chairperson of the Operating Cabinet shall be a standing member of the Community Ratings Panel, shall not serve as an officer of the rating panel, and shall preside over the election of officers for the panel.

Section 4: Community Ratings Panel Members.

- A. **Selection of Panel Members.** The Community Ratings Panel membership will be nominated and approved by the Operating Cabinet. The initial election shall result in election of at least 5 panel members. At the initial election, the first three panel members shall be elected for a one-year term, and the remaining panel members shall be elected for a two-year term.
- B. **Subsequent Community Ratings Panel Elections.** After the initial election, panel members shall be elected for a three-year term. Elections shall be held in September each year as needed, and panel members' expiring terms shall be extended through the end of September. New panel members shall take office in October after election, subject to the provisions of Section I below.
- C. **Specific Member Provisions.** If the Chairperson of the Operating Cabinet is a staff or board member of a CoC or ESG funded agency, the Operating Cabinet shall select another Operating Cabinet Member to serve on the panel.
- D. **Term Length.** Each panel member shall be elected or re-elected for a three-year term. A panel member shall serve no more than two full, consecutive terms. Any panel member having served six consecutive years shall be ineligible for panel membership for at least one year.
- E. **Attendance.** When a panel member is absent for two meetings, the panel chairperson or Operating Cabinet Chairperson shall advise the Operating Cabinet, which may vote to retain or remove the panel member from the panel.
- F. **Resignation.** A panel member may resign at any time by giving written notice to the panel chairperson or the Operating Cabinet Chairperson.
- G. **Removal.** Any panel member may be removed by vote of the Operating Cabinet, subject to determination by the Operating Cabinet that the best interests of the Winston-Salem/Forsyth County CoC will be served thereby.
- H. **Vacancies.** The remaining term of any terminating panel member may be filled through the elections process, or may remain vacant, at the discretion of the Chairperson of the Operating Cabinet, so long as there is a minimum of 5 panel members.
- I. The panel term limits and election schedules described above notwithstanding, the Operating Cabinet may extend Panel Member term lengths and may delay elections to accommodate a Continuum of Care or Emergency Solutions Grants funding cycle.

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER

Section 4: Funding Recommendation Procedure. The Community Ratings Panel shall schedule meetings as needed to develop funding recommendations in a timely manner to meet funding deadlines. Upon development of funding recommendations, the panel chair or vice chair shall provide such recommendations to the Operating Cabinet for review prior to submission to the Governance Commission for approval. Once approved by the Governance Commission, the funding recommendations shall be presented to the Collaborative Applicant for its consideration and submission to HUD. Staff support for the Community Ratings Panel shall be provided by the agency serving as the Collaborative Applicant on behalf of the Continuum of Care.

- A. **Quorum.** A quorum shall be comprised of a majority of the panel members presenting and voting within the time period specified by the panel chairperson.
- B. **Voting.** Decisions shall be based on a majority of votes.
- C. **Minutes.** Minutes and attendance shall be recorded and maintained by the Collaborative Applicant for all Community Ratings Panel meetings.

IX. Amendments Section 1: Charter Amendment Process.

- A. This Governance Charter shall be reviewed annually and amended as necessary.
- B. This Governance Charter may be amended by two-thirds vote of Cabinet Members present.
- C. Notice of any amendment of the charter must be presented in writing to the Operating Cabinet ten days before the meeting at which the said amendment will be voted upon.

X. Records and Notices.

Section 1. Records. The charter, records of membership, meeting minutes, policies, and other records of the CoC shall be maintained by the Collaborative Applicant or other party designated by the Administrator. The records shall be maintained at such party's offices and through its resources.

Section 2. Contacts. The official contact for any business of the CoC, unless otherwise specified in this charter, shall be the Chairperson of the Operating Cabinet. Notices may be sent to Chairperson, Winston-Salem/Forsyth County Continuum of Care, c/o City of Winston-Salem, Post Office Box 2511, Winston-Salem, North Carolina, 27102.

Section 3. Notices. Unless otherwise designated through this charter or by CoC action, official notices required under this charter shall be sent by the Collaborative Applicant or other party designated by the Administrator.

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
CHARTER

XI. Ratification

NOW, THEREFORE, the parties named below have caused their duly authorized representatives to execute this Winston-Salem/Forsyth County Continuum of Care Governance Charter effective on its commencement date.

IN WITNESS WHEREOF, this Winston-Salem/Forsyth County Continuum of Care Governance Charter is signed under seal effective as of the date of commencement.

AIDS Care Service, Inc.

By: Lisa S. Sykes (SEAL)
Signature of Authorized Representative

Typed Name: Lisa S. Sykes

Title: Board Chair

ATTEST:

Marlin Yoder (SEAL)
Signature of Person Attesting

By (typed name): Marlin Yoder

Title: Treasurer

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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Addiction Recovery Care Association, Inc.

By: Thom Elmore [SEAL]
Signature of Authorized Representative

Typed Name: THOM ELMORE

Title: EXECUTIVE DIRECTOR

ATTEST:

Lisa Goins (SEAL)
Signature of Person Attesting

By (typed name): Lisa Goins

Title: Interim Assistant Director

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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Bethesda Center for the Homeless, Inc.

By: Kathryn Milam
Kathryn Milam, President



ATTEST:

Ben Schwab
Ben Schwab, Vice President

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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Catholic Charities Diocese of Charlotte

By Gerard A. Carter (SEAL)
Signature of Authorized Representative

Typed Name: Gerard A. Carter, Ph.D.

Title: Executive Director/CEO

ATTEST:

Linda M. Franks (SEAL)
Signature of Person Attesting

By (typed name): Linda M. Franks

Title: Business Director

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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Centerpoint Human Services

By: Betty P. Taylor (SEAL)
Signature of Authorized Representative

Typed Name: Betty P. Taylor

Title: CEO

ATTEST:

Gracie Woody (SEAL)
Signature of Person Attesting

By (typed name): Gracie Woody

Title: Exec Asst. to CEO

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
CHARTER

XI. Ratification

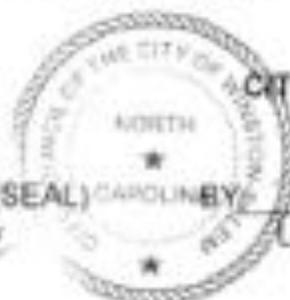
NOW, THEREFORE, the parties named below have caused their duly authorized representatives to execute this Winston-Salem/Forsyth County Continuum of Care Governance Charter effective on its commencement date.

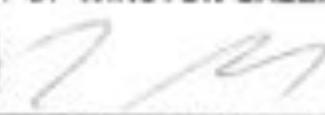
IN WITNESS WHEREOF, this Winston-Salem/Forsyth County Continuum of Care Governance Charter is signed under seal effective as of the date of commencement.

ATTEST



Renee L. Phillips, City Secretary



CITY OF WINSTON-SALEM


Lee Garrity, City Manager

Approved as to form and legality

This the 2nd day of January 2015



Angela I. Carmon, City Attorney

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
CHARTER

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NOW, THEREFORE, the parties named below have caused their duly authorized representatives to execute this Winston-Salem/Forsyth County Continuum of Care Governance Charter effective on its commencement date.

IN WITNESS WHEREOF, this Winston-Salem/Forsyth County Continuum of Care Governance Charter is signed under seal effective as of the date of commencement.

Richard L. Cassidy
City With Dwellings

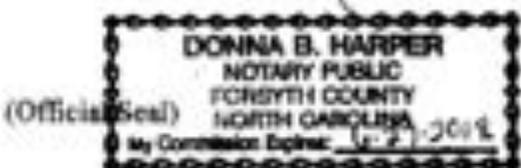
By: [Signature]
Signature of Authorized Representative

North Carolina

Forsyth County

I, Donna B. Harper, a Notary Public for said County and State, do hereby certify that Richard L. Cassidy personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal,

this the 15th day of March, 2015.



[Signature]

Notary Public

My commission expires June 27, 2018.

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
CHARTER

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Crisis Control Ministry, Inc.

By Corena Norris-McCluney (SEAL)
Signature of Authorized Representative

Typed Name: Corena Norris-McCluney

Title: Board Chair

ATTEST:

Margaret P. Elliott (SEAL)
Signature of Person Attesting

By (typed name): Margaret P. Elliott

Title: Executive Director

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
CHARTER

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Eureka Ministry, Inc.

By Harold Smith (SEAL)
Signature of Authorized Representative

Typed Name: Harold Smith
Title: PRESIDENT

ATTEST:

Fonda Strickland (SEAL)
Signature of Person Attesting

By (typed name): Fonda Strickland
Title: Secretary

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
CHARTER

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Experiment in Self Reliance, Inc.

By: *Twana Wellman Reebuck* (SEAL)
Signature of Authorized Representative

Typed Name: Twana Wellman Reebuck
Title: Executive Director

ATTEST:
Debra N. Perkins (SEAL)
Signature of Person Attesting

By (typed name): Debra N. Perkins
Title: Sr. Finance Director

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
CHARTER

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Family Services, Inc.

By:  (SEAL)
Signature of Authorized Representative

Typed Name: Robert J. Feikema
Title: President - CEO

ATTEST:

 (SEAL)
Signature of Person Attesting

By (typed name): CLIFFORD F. CAMPBELL
Title: CFO

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
CHARTER

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ATTEST

FORSYTH COUNTY

Carla D. Holt



BY Dudley W. Jr. (SEAL)
Dudley W. Jr., County Manager

Name: Carla D. Holt

Title: Clerk to the Board

Approved as to form and legality.

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

This the 3rd day of Feb, 2015

This the ___ day of _____, 20__

Gloria L. Woods

Gloria L. Woods, Assistant County Attorney

Paul L. Fulton, Jr., Director of Finance

See attached
Finance Director
signature page 9/w

2-3-15

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

11/27/2014


Director of Finance

Date

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
CHARTER

XI. Ratification

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Forsyth Futures

By [Signature]
Signature of Authorized Representative



Typed Name: MARI KRAWE

Title: INTERIM EXECUTIVE DIRECTOR

ATTEST:

[Signature] (SEAL)
Signature of Person Attesting



By (typed name): MARIAN MONSON BELL

Title: Executive Board of Forsyth Futures, Secretary

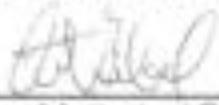
WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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Goodwill Industries of Northwest North Carolina, Inc.

By  [SEAL]
Signature of Authorized Representative

Typed Name: At Gbel

Title: CEO

ATTEST:

 (SEAL)
Signature of Person Attesting

By (typed name): Robert V. Ford, Jr.

Title: Secretary/Treasurer



WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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H2A2R2R4Y Veterans Community Outreach Services, Inc.

By: *Pat Shabazz* (SEAL)
Signature of Authorized Representative

Typed Name: *Pat Shabazz*

Title: *Executive Director/President*

ATTEST:

Audrey J. Davis (SEAL)
Signature of Person Attesting

By (typed name): *Audrey J. Davis*

Title: *Secretary/Treasurer*

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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Hosanna House of Transition, Inc.

By Sandra Sherrill [SEAL]
Signature of Authorized Representative

Typed Name: Sandra Sherrill

Title: CEO

ATTEST:

Larry Spates (SEAL)
Signature of Person Attesting

By (typed name): Larry Spates

Title: Chairman

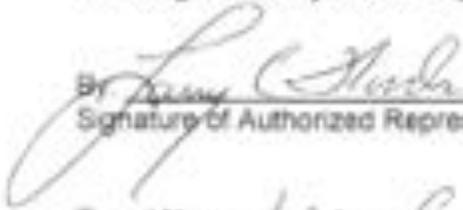
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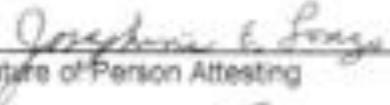
Housing Authority of the City of Winston-Salem

By  [SEAL]
Signature of Authorized Representative

Typed Name: LARRY C. WOODS

Title: CEO

ATTEST:

 (SEAL)
Signature of Person Attesting

By (typed name): Josephine E. Lodge

Title: EA & CEO

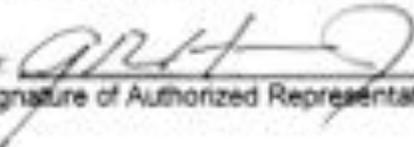
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Legal Aid of North Carolina, Inc.

By 
Signature of Authorized Representative



Typed Name: George R. Hausen, Jr.

Title: Executive Director

ATTEST:


Signature of Person Attesting



By (typed name): Tonya Pruitt-Lyons

Title: Office Manager

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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Next Step Ministries, Inc.

By [Signature] [SEAL]
Signature of Authorized Representative

Typed Name: Don Paul H. Jones

Title: Board President



ATTEST:

[Signature] (SEAL)
Signature of Person Attesting

By (typed name): LYNNE W. GARMES

Title: Executive Director

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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North Carolina Housing Foundation, Inc.

By *John Nichols* [SEAL]
Signature of Authorized Representative

Typed Name: *John Nichols*

Title: *Asst. V.P.*

ATTEST:

Tammy Vernon [SEAL]
Signature of Person Attesting

By (typed name): *Tammy Vernon*

Title: *Treasurer*

STATE OF NORTH CAROLINA

FORSYTH COUNTY

I, *Katie Ivester*, a Notary Public of Forsyth County, NC, do hereby certify that *Tammy Vernon* personally came before me this day, and acknowledged that he or she is the *Treasurer* of *NCHF, Inc.* and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its *Asst. V.P., John Nichols* with its corporate seal, and attested by him or her as the *Treasurer*.

WITNESS my hand and official seal, this the *5th* day of *February*, 2015

KATIE IVESTER
NOTARY PUBLIC
FORSYTH COUNTY, NC
My Commission Expires 9-25-2016

Katie Ivester
Notary Public

My commission expires *9/25/2016*



WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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Samaritan Ministries

By Debbie Hunter (SEAL)
Signature of Authorized Representative

Typed Name: Debbie Hunter

Title: Board Chair

ATTEST:

Sonja Kurosky (SEAL)
Signature of Person Attesting

By (typed name): Sonja Kurosky

Title: Executive Director

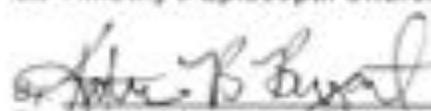
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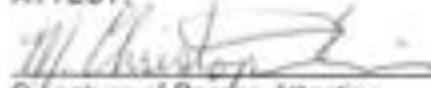
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St. Timothy's Episcopal Church

 (SEAL)
Signature of Authorized Representative

Typed Name: Katie B. Bryant
Title: Minister of Outreach, St. Timothy's

ATTEST:

 (SEAL)
Signature of Person Attesting

By (typed name): Michael Christopher Ervin
Title: Ministry Administrator, St. Timothy's

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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Stepping Stones Ministries of the Triad, Inc.

By:  [SEAL]
Signature of Authorized Representative

Typed Name: Robert C. Lewis

Title: Board Chair Stepping Stones Ministries of the Triad, Inc.

ATTEST:

 (SEAL)
Signature of Person Attesting

By (typed name): Susan W. Denton

Title: Notary Public



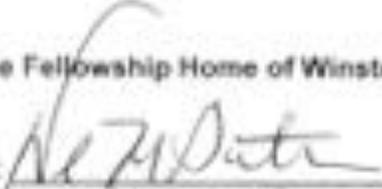
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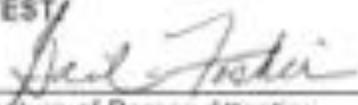
The Fellowship Home of Winston-Salem, North Carolina, Inc.

By:  [SEAL]
Signature of Authorized Representative

Typed Name: Dennis M. Gunde

Title: Board Member

ATTEST

 (SEAL)
Signature of Person Attesting

By (typed name): GAIL FISHER

Title: BOARD MEMBER

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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The Salvation Army, A Georgia Corporation for TSP Winston Salem

By:  [SEAL]
Signature of Authorized Representative

Typed Name: STEPHEN ELLIS

Title: ASSISTANT SECRETARY

ATTEST:
 (SEAL)
Signature of Person Attesting

By (typed name): LARRY W. BORING

Title: SECRETARY

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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The United Way of Forsyth County, Inc.

By: C. D. Gardner [SEAL]
Signature of Authorized Representative

Typed Name: Cynthia S. Gardner

Title: President & CEO

ATTEST:

[Signature] (SEAL)
Signature of Person Attesting

By (typed name): Andrea Kutz

Title: Senior Director, Human Strategies

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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VHVH, Inc.

By [Signature] (SEAL)
Signature of Authorized Representative

Typed Name: John Nichols

Title: Asst. V.P.

ATTEST:

[Signature] (SEAL)
Signature of Person Attesting

By (typed name): Tommy Vernon

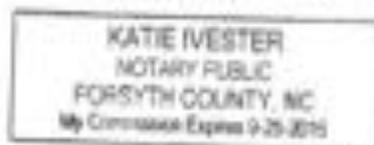
Title: Treasurer

STATE OF NORTH CAROLINA

FORSYTH COUNTY

I, Katie Ivester, a Notary Public of Forsyth County, NC, do hereby certify that Tommy Vernon personally came before me this day, and acknowledged that he or she is the Treasurer of VHVH, Inc. and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its Asst. V.P. John Nichols with its corporate seal, and attested by him or her as the Treasurer.

WITNESS my hand and official seal, this the 4th day of February, 2010



[Signature]
Notary Public



My commission expires 9/29/2015

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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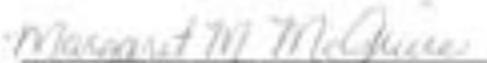
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W.G. (Bill) Hefner VA Medical Center

By  [SEAL] 8-27-15
Kaye Green, FACHE
Medical Center Director

ATTEST:

 (SEAL)
Signature of Person Attesting

By (typed name): Margaret M McGuire

Title: Notary Public, State of North Carolina



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Whole Man Ministries of NC, Inc.


By _____ (SEAL)
Signature of Authorized Representative

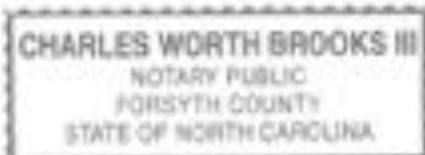
Typed Name: Barry S. Washington
Title: Pastor / Ex. Director

ATTEST:



Signature of Person Attesting (SEAL)

By (typed name): Charles Worth Brooks III
Title: Public Notary
Commission Expires: 12/27/2016



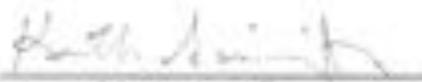
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Winston-Salem/Forsyth County Schools

By  (SEAL)
Signature of Authorized Representative

Typed Name: Kenneth Simington

Title: Chief Academic Officer

ATTEST:
 (SEAL)
Signature of Person Attesting

By (typed name): Theo R. Ikle, Jr.

Title: Chief of Staff

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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The Winston-Salem Rescue Mission, Inc.

By Kenneth E. Heater (SEAL)
Signature of Authorized Representative

Typed Name: Kenneth E Heater

Title: Executive Director

ATTEST:

Alexis Lane (SEAL)
Signature of Person Attesting

By (typed name): Alexis Lane

Title: Director of Finance

WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE
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W.O.W. Women of Wisdom

By Mischelle Houser [SEAL]
Signature of Authorized Representative



Typed Name: Mischelle Houser

Title: Executive Director

ATTEST:

Terri Young (SEAL)
Signature of Person Attesting

By (typed name): Terri Young

Title: Chairman of Board

STATE OF NORTH CAROLINA

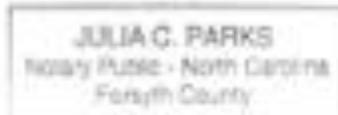
FORSYTH COUNTY

I, Julia C. Parks, a Notary Public of Forsyth County, NC, do hereby certify that Terri Young personally came before me this day, and acknowledged that he or she is the Chairman of Board of W.O.W. Women of Wisdom and that by authority duly given and in the act of the corporation, the foregoing instrument was signed in its name by its Mischelle Houser, sealed with its corporate seal, and attested by him or her as the Executive Director.

WITNESS my hand and official seal, this the 5 day of February, 2015

Julia C. Parks
Notary Public

My commission expires February 22, 2016



North Carolina Statewide Homeless Management System (NC HMIS) Operating Policy and Procedure

The purpose of HMIS is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services, to produce an unduplicated count of homeless persons for each Continuum of Care; to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service usage and measure the effectiveness of programs and systems of care. These are minimum standards, additional Policies and Procedures may be added by the local Continuum of Care. **The following operating policies and procedures apply to all designated HMIS Lead Agencies and participating Agencies (Contributing HMIS Organizations – CHOs).**

PRIVACY STATEMENT

NC HMIS is committed to make North Carolina's HMIS safe for all types of programs and the clients whose information is recorded, and to maximize the opportunities to improve services through automation.

Toward that end:

- Sharing is a planned activity guided by Sharing Agreements between agencies (QSOBAAs). The agency may elect to keep private some or all of the client record including all identifying data.
- All organizations will screen for safety issues related to the use of the automation. NC HMIS has systematized the risk assessment related to clients through the NC HMIS Release, offered options in terms of the Search Screen, and provided guidance around the use of Un-Named Records and how the Privacy Notice is explained.
- NC HMIS has adopted a Privacy Notice that was developed in North Carolina to cover both HIPAA covered and non-covered organizations.
- The NC HMIS System runs in compliance with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to insure that the broadest range of providers may participate in the Project.
- Privacy Training is a requirement for all agencies and users on the NC HMIS system. We view our Privacy Training as an opportunity for all participating organizations to revisit and improve their overall privacy practice. Agencies are encouraged to put all of their staff through the training curricula – not just those with user access to the system and/or those that collect information from clients.
- All those issued user access to the system must successfully complete privacy training and sign a User's Agreement and Code of Ethics, and agencies must sign a NC HMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an agreement that defines sharing practice (the Sharing QSOBAA).
- Policies have been developed that protect not only client's privacy, but also agency's privacy. Practice Principles around the use and publication of agency or CoC specific data have been developed and included in both the Policies and Procedures.
- The NC HMIS System allows programs with multiple components/locations that serve the same client to operate on the a single case plan, reducing the amount of staff and client's time

spent in documentation activities and ensuring that care is coordinated and messages to clients are reinforced and consistent.

□ It is understood that 2015 represents a development period as participants in NC HMIS adopt a new approach to System operation as well as privacy. Agencies will take some time to effect the changes identified in this Policy and mid-course adjustments may occur. As such, the policies and procedures identified in this document represent basic standards and all participating agencies will be given adequate time and support to come into compliance. Local CoCs may adapt this document to apply a stricter standard and may establish local timelines for full implementation.

Key Terms and Acronyms:

Term	Acronym (if used)	Brief Definition
Homeless Management Information System	HMIS	Data systems that meet HUD requirements and are used throughout the nation to measure homelessness and the effectiveness of related service delivery systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as other public money's related to homelessness.
Continuum of Care	CoC	Planning body charged with guiding the local response to homelessness.
North Carolina HMIS	NC HMIS	Title given to the North Carolina statewide implementation of the HMIS.
Michigan Coalition Against Homelessness	MCAH	The North Carolina Governance Committee and participating CoCs has employed MCAH to act as the Lead HMIS administrator.
ServicePoint	SP	The database used by North Carolina to record and report HMIS information.
Bowman System, Inc		North Carolina's Vendor for HMIS. They provide the technology (ServicePoint) and software and server support for the System.
Independent Jurisdictions	IJs	CoCs that are recognized by HUD usually organized around the higher population counties. Detroit is its own IJ.
North Carolina HMIS Governance Committee	GC	The NC Governance Committee composed of representatives from all CoC provides direct oversight on the Statewide HMIS project.
MCAH Interim Memorandum of Understanding	MOU	The Interim MOU enables MCAH to serve as the HMIS Lead Agency and administer the statewide HMIS implementation on behalf of the North Carolina CoCs.
Contributing HMIS Organizations	CHO	An organization that participates on the HMIS.
Participation Agreement		The Agreement between all participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies.
NC Administrative Data Use Agreement / QSOBAA	Admin. QSOBAA	The Agreement signed by each Agency, local Lead HMIS Agency, and MCAH that governs the privacy standards for all those with administrative responsibility for the database
NC Sharing Agreement / QSOBAA	Sharing QSOBAA	The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing.
User Agreement & Code of Ethics		The document each HMIS User signs agreeing to the HMIS standards of conduct.
Release of Information (Electronic)	ROI	An electronic ROI must be completed to share any person's data within the HMIS.
Privacy Notice		A document that details the Privacy rules applied to the System. It includes a description of the HMIS, the rights of clients, why we collect data and the legal uses of data/disclosures. It must be available to clients and be present on the agencies WEB Site.
HUD Public Notice		A description of why HUD requires grantees to collect information. It must be posted where-ever information is collected.
Privacy Script		Adapted by agencies based on what they collect and their sharing practice, the

		“script” is used by intake staff to standardize the privacy discussion with every client and is a critical part of the informed consent process.
NC HMIS Release of Information and Sharing Agreement	Release	A signed (paper) Release that specifies how the Search Screen will be configured and details each agencies sharing plan to support an “informed consent” process. A signed Release allows for reciprocal sharing between agencies/programs identified in the Release.
Sharing		Sharing refers to the sharing of data between agencies. It does not refer to basic entry into the HMIS. Sharing data between agencies requires a signed client Release of Information. Basic entry does not require an ROI as there is implied consent for the agency to keep records when a client provides information.
Visibility		Refers to the ability to see a client’s data between provider pages on the HMIS. Visibility is configured on the HMIS system in each Provider Page.
Visibility Groups		Visibility Groups are defined groups of Provider Pages where data is shared. Internal Visibility Groups control internal sharing. External Visibility Groups control sharing with other agencies and are defined with a Sharing QSOBAA.
Coverage Rate		The percent of the homeless population that is measured on the HMIS. Coverage estimates are used to project to a total homeless count that includes those served in Domestic Violence Providers or other non-participating Shelters or Outreach Programs. Coverage Memos provide guidance for estimating coverage. HUD also defines Bed Coverage (beds covered on the HMIS) and Service Coverage (person coverage for none residential programs).
Program Types		HUD defines 9 basic Program Types
		<ul style="list-style-type: none"> • ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than 3 months. • TH: Transitional Housing- Transitional environments with a planned LOS of not more than 2 years and provide supportive services. • PH-PSH: Permanent Supportive Housing- Permanent Housing for the formerly homeless with services attached to persons served under this program. • PH-PH: Permanent Housing- Permanent housing that may be supported by a voucher but does not have services attached to the housing. • PH- RRH: Rapid Rehousing- A program that rapidly rehuses those that are identified as Literally Homeless. • HP: Homeless Prevention- A program that helps those who are at imminent risk of losing housing, to retain their housing. • SOP: Street Outreach Program- A program that serves homeless persons that are living on the street or other places not meant for habitation. • SSO: Services Only Program- A program that serves only with no residential component. These programs often provide case management and other forms of support and meet with clients in an office, at the household’s home, or in a shelter. • Safe Haven: A program that provides low-demand shelter for hard-to-serve persons with severe disabilities. The clients have often failed in other sheltering environments.
Length of Stay	LOS	The number of days between the beginning of services and the end of services. It is calculated using entry and exit dates or shelter stay dates. The HMIS offer calculations for discrete stays as well as the total stays across multiple sheltering events.
Point in Time Count	PIT	An annual count during the last week in January that is required for all CoCs. Every other year, that count also includes an “unsheltered” or street count.
Housing Inventory Chart	HIC	All residential programs (both HMIS and non-participating) must specify the number of beds and units available to homeless persons. The numbers are logged into related Provider Pages where the corresponding person data is recorded (for participating programs).

SOAR Across North Carolina	SOAR	Using the national “best practice” curriculum, the SOAR project reduces barriers to and supports the application for Supplemental Security Income or Supplemental Security Disability Insurance (SSI/SSDI) for North Carolina’s disabled homeless people.
Emergency Assistance Network	EAN	EAN agencies provide a mix of emergency services for people in need and report to funding organizations through NC HMIS.
Homeless Definition		<p>See Homeless Definition Crosswalk.</p> <p>HEARTH defines 4 categories of homelessness. Not all programs can serve all categories and some may utilize a different definition when delivering services. NC HMIS has adopted the HUD definition for counting the homeless.</p> <ul style="list-style-type: none"> • Category 1: Literally Homeless • Category 2: Imminent Risk of Homelessness • Category 3: Homeless under other Federal Statute • Category 4: Fleeing/Attempting to Flee DV
Projects for Assistance in Transition from Homelessness	PATH	PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It provides services to mentally ill homeless people, primarily through street outreach, to link them to permanent community housing. This program has different reporting requirements than HUD funded programs and uses HMIS to collect this information.
Shelter Plus Care	S+C	Refers to a federal program that provides Permanent Supportive Housing to disabled persons throughout the State of North Carolina. With the new HEARTH Regulation S+C was folded into CoC programming.
Housing Opportunities for Persons with AIDS	HOPWA	HOPWA provides housing assistance and related supportive services for persons with HIV/AIDs and family members who are homeless or at risk of homelessness. This program has different program reporting requirements than the other HUD-funded programs in this document.
Runaway and Homeless Youth Programs	RHY	RHY provides a range of services to youth up to age 21 experiencing homelessness. This federal program is required to participate on the HMIS effective 10/1/2014 and has specific operating rules.
Coordinated Assessment Programs	CA	North Carolina has implemented plans to better coordinate services to homeless persons. Each CoC must develop a plan based on their local providers and resources. The shared objective of these locally defined processes is to insure that access to homeless resources is optimized and based on a standardized assessment of need.

Policy Disclaimers and Updates

Operating Procedures defined in this document represent the minimum standards of participation on NC HMIS and general “best practice” operation procedures. Local Lead Agencies in coordination with their CoCs may include additional standards.

The Standards described in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. PATH, HOPWA, RHY and VA providers have operating rules specific to HHS and the VA.

The NC HMIS Operating Policies and Procedures are updated routinely as HUD publishes additional guidance or as part of the annual review. Updates will be reviewed at the Monthly System Administrator Call-In and included in the Meeting Minutes distribution email. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in previously published Policies and Procedures or

Agreements. Any changes from the previous year will be highlighted. A current copy of the Procedures may also be found on the NC HMIS WEB Site www.nchmis.org.

Agreements and Training Certifications:

- 1) All CoCs participating on the NC HMIS must sign the MCAH Interim MOU that designates the use of the North Carolina Statewide HMIS Vendor and identifies the Michigan Coalition Against Homelessness (MCAH) as the Statewide Lead Agency for administration of the statewide database. Each Jurisdiction will also identify a local Lead Agency that coordinates with MCAH and is responsible for specific tasks. The MOU supports the ability for multiple jurisdictions to participate on a single statewide HMIS information system.
- 2) Training is required for all users of the System. Agencies must provide new staff with a list of training requirements and assure that basic training has been completed. A basic overview of required training is presented below, however details of specific Web Casts and Live Training for new and existing Users may be found at www.nchmis.org Training Certifications must be maintained on file for all licensed users. Privacy and Definitions Training is also required for those staff that interview clients and collect information.
- 3) All Agencies must have fully executed and be in compliance with the following Agreements. An Implementation Agency Checklist may be found at www.nchmis.org
 - a) Administrative QSOBAA governing administrative access to the System.
 - b) Participation Agreement governing the basic operating principals of the System and rules of membership.
 - c) Sharing QSOBAA's (if applicable) governing the nature of the sharing and the re-release of data.
 - d) A board certified Confidentiality Policy governing the over Privacy and Security standards for the Agency.
 - e) User Agreement and Code of Ethics governing the individual's participation in the System.
- 4) Agencies must have an assigned Agency Administrator. The Agency Administrator is required to support the agency's use of the System including insuring that all users are properly trained. Training categories include:
 - a) Privacy and annual privacy updates (all users and those that collect data from clients)
 - b) Provider Page Training to understand the System Configuration for each provider (Local System Administrators and Agency Administrators).
 - c) Updated Workflow training (The steps to completing data entry. There may be multiple workflows depending on the fund sources and the services provided by the agency.)

- d) Reports Training (agency users and leadership tasked with supporting data quality as well as monitoring outcome and other performance issues.

Privacy and Security Plan:

All records entered into the HMIS and downloaded from the HMIS are required to be kept in a confidential and secure manner.

Oversight:

- 1) Agency Administrators with support from agency Leadership must:
 - a) Insure that all staff using the System complete annual privacy & security training. Training must be provided by NC HMIS Certified Trainers and based on the NC HMIS Privacy/Security Training Curriculums.
 - b) Adapt the Privacy Script Template and Client Release of Information and Sharing Plan to reflect their sharing choices.
 - c) Conduct a quarterly review of the Providers Visibility Set up and an annual security review of the agency that includes reviewing compliance with the Privacy and Security sections of this document. Finding from the review should be available upon request.
 - d) Insure the prompt removal of licenses to the HMIS when a staff person leaves the organization or revision of the user's access level as job responsibilities change.
 - e) Report any security or privacy incidents immediately to the Local Lead HMIS System Administrator (LSA) for the CoC Jurisdiction to insure that the record is closed as soon as possible. The Local System Administrator investigates the incident including running applicable audit reports. If the LSA determines that a possible breach has occurred and/or the staff involved violated privacy or security guidelines, the LSA will report to the chair of the CoC and NC HMIS Lead Director within 5 working days. A Corrective Action Plan will be negotiated. Components of the Plan must include at minimum supervision and retraining. It may also include removal of HMIS license, client notification if a breach has occurred, and any appropriate legal action. All confirmed breaches must be reported to the Governance Committee Executive Committee.
- 2) Criminal background checks must be completed on all System Administrators. All agencies should be aware of the risks associated with any persons given access to the System and limit access as necessary.
- 3) Local System Administrators conduct routine audits to insure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. MCAH staff will also participate in local audits from time to time. Audits are designed to facilitate use of the System and agencies will be given adequate time to implement any required changes.
- 4) Agencies must have a formal grievance process. A copy of any HMIS-related grievance, and the Agency's response, must be submitted to the MCAH Project Manager, and CoC Lead within 5 days of completion of the agencies response.

Privacy:

- 1) All Agencies are required to have the **HUD Public Notice** posted and visible to clients where information is collected. See Appendix A for link to the Notice.
- 2) All Agencies must have a **Privacy Notice**. They may adopt the NC HMIS sample notice or integrate NC HMIS into their existing Notice. See Appendix A for a link to the sample Notice. All Privacy Notices must define the uses and disclosures of data collected on HMIS including:
 - a) The purpose for collection of client information.
 - b) A brief description of policies & procedures governing privacy including protections for vulnerable populations.
 - c) Data collection, use and purpose limitations. The Uses of Data must include uses related to de-identified data.
 - d) The client’s rights to copy/inspect/correct their record based on agency policy. Agencies may establish reasonable norms for the time and cost related to producing a copy of the report. The agency may say “no” to the request to correct information, but the agency must inform the client of its reasons in writing within 60 days of the request.
 - e) The client complaint procedure
 - f) Notice to the consumer that the Privacy Notice may be updated overtime and applies to all client information held by the Agency.
 - g) All Notices must be posted on the Agencies WEB Site.
- 3) All Agencies are required to have a **Privacy and Security Policy**. Agencies may elect to integrate the Privacy Policies defined in this document into an existing Privacy Policy. See Appendix A for link. All Privacy Policies must include:
 - a) Procedures defined in the Agencies Privacy Notice
 - b) Protections afforded those with increased privacy risks such as protections for victims of domestic violence, dating violence, sexual assault, and stalking. Protection include at minimum:
 - i) Closing of the profile search screen so that only the serving agency may see the record.
 - ii) The right to refuse sharing if the agency has established an external sharing plan.
 - iii) The right to be entered under an Un-Named Record Protocol where identifying information is not recorded in the System and the record is located through a randomly generated number (note: this

interface does allow for un-duplication because the components of the Unique Client Id are generated).

- iv) The right to have a record marked as inactive.
- v) The right to remove their record from the System.
- c) Agencies may create a paper record by printing the Assessment screens located within the HMIS. These records must be kept in accordance with the procedures that govern all hard copy information (see below).
- d) Client Information Storage and Disposal. Users may not store information from the System on personal portable storage devices. The Agency will retain the client record for a period of 7 years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
- e) Remote Access and Usage: The Agency must establish a policy that governs use of the System when access is approved from remote locations. The policy must address:
 - i) The use of portable storage devices.
 - ii) The environments where use is approved.
 - iii) All browsers used to connect to the System must be secure. No user is allowed to access the database from a public or none-secured private network such as an airport, hotel, library, or internet café.
- 4) Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access.
 - a) Client files are locked in a drawer/file cabinet
 - b) Offices that contain files are locked when not occupied.
 - c) Files are not left visible for unauthorized individuals.
- 5) Agency provides a **Privacy Script** to all staff charged with explaining privacy to standardize the explanation of agency privacy rules. The Script must:
 - a) The Script must be developed to reflect the agencies sharing agreements and the level of risk associated with the type of data the Agency collects and shares.
 - b) The Script should be appropriate to the general education / literacy level of the Agencies clients.
 - c) A copy of the Script should be available to clients as they complete the intake interview.
- 6) Agencies that plan to share information through the System must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).
 - a) Sharing QSOBAAs are managed by the CoC's LSA and negotiated within the CoC planning process.
 - b) The Agreement proscribes the re-release of information shared under the terms of the Agreement.
 - c) The Agreement specifies what is shared with whom.

- d) Agencies may share different information with different partners and may sign multiple Sharing QSOBAA's to define a layered sharing practice.
 - e) The signatories on the Agreement include authorized representatives from all Agencies covered by the Agreement.
 - f) All members of a Sharing QSOBAA are informed that by sharing the electronic record they are creating a common record that can impact the data reflected on Reports. Members of the sharing group agree to negotiate data conflicts.
 - g) No Agency may be added to the Agreement without the approval of all other participating agencies.
 - i) Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.
 - h) When a new member is added to the Sharing QSOBAA, the related Visibility Group is end-dated and a new Visibility Group is begun. **A new member may not be added to an existing Visibility Group.**
- 7) Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency's plan to share.
- a) The Agency adapts the NC HMIS Release of Information and Sharing Plan to reflect their sharing decisions and include a list of sharing partners and a description of the information to be shared.
 - b) If the Agency integrates the NC HMIS Release into their existing Releases, the Release must include the following components:
 - i) A brief description of NC HMIS and a discussion of why we collect information.
 - ii) A specific description of the Client Profile Search Screen and an opportunity for the client to request that the Screen be closed.
 - iii) A description of the Agency's sharing partners (if any) and a description of what is shared. **It must reflect items negotiated in the Agency's Sharing QSOBAA.**
 - iv) A defined term of the Agreement.
 - v) The NC HMIS Release is intended to allow for the exchange of information between all agencies included within the Sharing QSOBAA and may be completed one time to cover all entities.
- 8) An **automated ROI** is required to enable the sharing of any particular client's information between any Provider Pages on the System.
- i) Agencies should establish internal sharing by creating a Visibility Group(s) that includes all Agency provider pages where sharing is planned and allowed by law.
 - (1) **Internal sharing** does not require a signed Client Release of Information unless otherwise specified by law.

- (2) If new provider pages are added to the Agency tree, they may be included in the existing Visibility Group. The information available to that Provider Page will include all information covered by the Visibility Group from the beginning date of the Group – sharing will be retrospective.
 - ii) Agencies may elect to share information with other Agencies – **External Sharing** - by negotiating a Sharing QSOBAA (see 7 above).
 - (1) A signed and dated Client Release of Information(s) must be stored in the Client Record (paper or scanned onto the System) for all Automated ROIs that release data between different agencies – external sharing.
 - (2) To prevent retrospective sharing, a new Visibility Group is constructed whenever a new sharing partner is added to the agencies existing sharing plan / QSOBAA.
- 9) The Agency must have a procedure to assist clients that are hearing impaired or do not speak English as a primary language. For example:
- a) Provisions for Braille or audio
 - b) Available in multiple languages
 - c) Available in large print
- 10) **Agencies are required to maintain a culture that supports privacy.**
- a) Staff do not discuss client information in the presence of others without a need to know.
 - b) Staff eliminate unique client identifiers or any information that would allow the public to re-identify the client before releasing data to the public.
 - c) The Agency configures workspaces for intake that supports privacy of client interaction and data entry.
 - d) User accounts and passwords are not shared between users, or visible for others to see.
 - e) Program staff are educated to not save reports with client identifying data on portable media as evidenced through written training procedures or meeting minutes.
 - f) Staff are trained regarding use of email communication.
- 11) All staff using the System must complete Privacy and Security Training annually. Certificates documenting completion of training must be stored for review upon audit.
- 12) Victim Service Providers are precluded from entering client level data on the HMIS or providing client identified data to the HMIS. These providers will maintain a comparable database to respond to grant contracts.

Data Security:

- 1) All licensed Users of the System must be assigned **Access Levels** that are consistent with their job responsibilities and their business “need to know”.
- 2) All computers must have **virus protection with automatic updates**.
 - a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
 - i) The Anti-Virus Software is using the up-to-date virus database.
 - ii) That updates are automatic.
 - iii) OS Updates are also run regularly.
- 3) All computers are protected by a Firewall.
 - a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
 - i) For Single Computers, the Software and Version is current.
 - ii) For Network Computers, the Firewall Model and Version is current.
 - iii) That updates are automatic.
- 4) Physical access to computers that connect to the HMIS is controlled.
 - a) All workstations in secured locations (locked offices).
 - b) Workstations are logged off when not manned.
 - c) All workstations are password protected.
 - d) **All HMIS Users are proscribed from using a computer that is available to the public or from access the System from a public location through an internet connect that is not secured.** That is, staff are not allowed to use Internet Cafes, Libraries, Airport Wi-Fi or other non-secure internet connections.
- 5) A plan for remote access if staff will be using the NC HMIS System outside of the office such as doing entry from home. Concerns addressed in this plan should include the privacy surrounding the off-site entry.
 - a) The computer and environment of entry must meet all the standards defined above.
 - b) Downloads from the computer may not include client identifying information.
 - c) Staff must use an agency-owned computer.
 - d) System access settings should reflect the job responsibilities of the person using the System. Certain Access levels do not allow for downloads.

Remember that information security is never better than the trustworthiness of the staff licensed to use the System. The data at risk is the agency’s own and that of its sharing partners. If an accidental or purposeful breach occurs, the agency is required to notify MCAH. A full accounting of access to the record can be completed.

Disaster Recovery Plan:

The HMIS can be a critically important tool in the response to catastrophic events. The HMIS data is housed in a secure server bank in Shreveport, LA with nightly off-site backup. The solution means that data is immediately available via Internet connection if the catastrophe is in North Carolina and can be restored within 4 hours if the catastrophe is in Louisiana.

- 1) HMIS Data System (see “Bowman Systems Securing Client Data” for a detailed description of data security and Bowman’s Disaster Response Plan):
 - a) NC HMIS is required to maintain the highest level disaster recovery service by contracting with Bowman Systems for Premium Disaster Recovery that includes:
 - i) Off site, out-of state, on a different Internet provider and on a separate electrical grid backups of the application server via a secured Virtual Private Network (VPN) connection.
 - ii) Near-Instantaneous backups of application site (no files older than 5 minutes).
 - iii) Nightly off site replication of database in case of a primary data center failure.
 - iv) Priority level response (ensures downtime will not exceed 4 hours).
- 2) HMIS Lead Agencies:
 - a) HMIS Lead Agencies are required to back-up internal management data system’s nightly.
 - b) Data back-ups will include a solution for off-site storage for internal data systems.
- 3) Communication between staff of the Lead Agency, the CoC, and the Agencies in the event of a disaster is a shared responsibility and will be based on location and type of disaster.
 - a) Agency Emergency Protocols must include:
 - i) Emergency contact information including the names / organizations and numbers of local responders and key internal organization staff., designated representative of the CoCs, local HMIS Lead Agency, and the NC HMIS Project Director.
 - ii) Persons responsible for notification and the timeline of notification.
 - b) In the event of System Failure:
 - i) The NC HMIS Project Director or designee will notify all participating CoCs and local System Administrators should a disaster occur at Bowman System’s or in the NC HMIS Administrative Offices. Notification will include a description of the recovery plan related time lines. Local/assigned System Administrators are responsible for notifying Agencies.
 - ii) After business hours, NC HMIS staff report System Failures to Bowman System using the Emergency Contact protocol. An email is also launched to Local System Administrators and Emergency Shelter designated staff no later than one hour following identification of the failure.

- c) NC HMIS Project Director or designated staff will notify the HMIS Vendor if additional database services are required.
- 4) In the event of a local disaster:
 - a) NC HMIS in partnership with the local Lead Agency will provide access to additional hardware and user licenses to allow the CHO(s) to reconnect to the database as soon as possible.
 - b) NC HMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.
 - c) NC HMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

System Administration and Data Quality Plan:

1) Provider Page Set-Up:

- a) Provider Page are appropriately named per the NC HMIS naming standards **<agency name> - <county> - <program> - <project/funding>**. Example: “The Salvation Army – Wake County – Housing for Veterans - ESG”. Identification of funding stream is critical to completing required reporting to funding organization.
- b) Inactive Provider Pages are properly identified with “XXXCLOSED”> followed by the year of the last program exit >Provider Page Name. For example: XXXCLOSED2015 – The Salvation Army...
- c) HUD Data Standards are fully completed on all Provider Pages:
 - i) CoC code is correctly set.
 - ii) Program type codes are correctly set.
 - iii) Geocodes are set correctly for Principal Site provider pages.
 - iv) Bed and Unit Inventories are set for applicable residential programs.
 - v) The Federal Partner Funding Source section is completed for all projects receiving funding from one of the federal partners.
- d) User licenses are set up to “Enter Data As” (EDA) and users are trained to use EDA to navigate provider pages.
- e) All Agency Administrators and System Administrators complete Provider Page Set-Up Training. Set-up instructions will vary by funding and/or Provider type. Agency Administrators and System Administrators update instruction and respective Providers as new instructions are published.

2) Data Quality Plan:

- a) Agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The “order of priority” for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and (3) certification from the

person. Lack of third party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local central intake/coordinated assessment agencies to establish the homeless designation and maintain related documentation.

- b) 100% of clients must be entered into the System no more than 15 days after the information is collected from the client. If the information is not entered on the same day it is collected, the agency must assure that date associated with the information be the collection date by:
 - i) Entering entry/exit data including the UDEs on the Entry/Exit Tab of ServicePoint or
 - ii) Backdating the information into the System.
- c) All staff are required to be trained on the definition of Homelessness.¹
 - i) NC HMIS will provide a Homeless Definition Cross-Walk to support agency level training.
 - ii) Documentation of training must be available for audit. This should be maintained in the agency's HMIS binder.
 - iii) There is congruity between the following NC HMIS case record responses, based on the applicable homeless definition: (Housing Status and Residence Prior to Project Entry are being properly completed).
- d) Agency has a process to ensure the First and Last Names are spelled properly and the DOB is accurate.
 - i) An ID is requested at intake to support proper spelling of the client's name as well as the recording of the DOB.
 - ii) If no ID is available, staff request the legal spelling of the person's name.
 - iii) Programs that serve the chronic and higher risk populations are encouraged to use the Scan Card process within ServicePoint to improve un-duplication and to improve the efficiency of recording services.
 - iv) Data for clients with significant privacy needs may be entered under the "Un-Named Record" feature of the System. However, while identifiers are not stored using this feature, great care should be taken in creating the Un-Named Algorithm by carefully entering the first and last name and the DOB. Names and ServicePoint Id #s Cross-Walks (that are required to find the record again) must be maintained off-line in a secure location.
- e) Income, non-cash benefits and health insurance information are being updated at least annually and at exit.
- f) Agencies have an organized exit process that includes:
 - i) Clients and staff are educated on the importance of planning and communicating regarding discharge. This is evidenced through staff meeting minutes or other training logs and records.
 - ii) Discharge Destinations are properly mapped to the HUD Destination Categories.

¹ Specific instruction is available for PATH and HOPWA programs at www.dyns-services.com

- (1) NC HMIS provides a Destination Definition Document to support proper completion of exits (see Appendix A for link).
- iii) There is a procedure for communicating exit information to the person responsible for data entry.
- g) Agency Administrator/Staff regularly run data quality reports.
 - i) Report frequency should reflect the volume of data entered into the System. Frequency for funded programs will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume programs such as shelters and services only programs must review and correct data at least monthly. In low volume longer stay programs, reports should be run following all intakes and exits and quarterly to monitor the recording of services and other required data elements.
 - ii) The program entry and exit dates should be recorded upon program entry or exit of all participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence before the participant leaves the shelter/housing program or the last day a service was provided.
 - iii) Data quality screening and correction activities must include the following:
 - (1) Missing or inaccurate information in (red) Universal Data Element Fields.
 - (2) If funded through a Federal Partner Funding Source, missing program specific elements are also audited.
 - (3) Un-exited clients using the Length of Stay and Un-exited Client Data Quality Reports.
 - (4) Count reports for proper ratio of children to adults in families. (at least 1.25)
 - (5) Provider Page Completion Reports with an Annual update of the HUD Standards Information.
 - (6) Close all inactive provider pages within the agency tree. Audit of inactive pages includes closing all open services and exiting all un-exited clients.
 - (7) Insure that PH RRH providers have recorded a “Move In” date reflecting when the client was actually housed.
- h) CoCs and Agencies are required to review Outcome Performance Reports. Targets are adjusted by Project Type. The CoC’s HMIS Lead Agency, in collaboration with the CoC Reports Committee or designated CQI Committee, establishes local benchmark targets. See Appendix A for links and “Setting Targets” training podcast.
- i) NC HMIS publishes regional benchmarks on all defined measures annually (see Appendix A).
- j) Agencies are expected to participate in the CoCs Continuous Quality Improvement Plan as they are developed locally. See CQI materials designed to support Data Quality through Continuous Quality Improvement (see Appendix A).

3) Workflow Requirements:

- a) Assessments set in the Provider Page Configuration are appropriate for the funding stream.
- b) Users performing data entry have latest copies of the workflow guidance documents.
- c) If using paper, the intake data collection forms correctly align with the workflow.
- d) 100% of clients are entered into the System within 15 days of data collection.
- e) Agencies are actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise.
- f) All required program information is being collected.
 - i) All HMIS participants are required to enter at minimum the Universal Data Elements and if completing entries and exits, the HUD CoC and ESG Exit (NC HMIS) Form.
 - ii) Programs that serve over time are required to complete additional program elements as defined by the funding stream. If the Agency is not reporting to a funding stream, they are encouraged to use the HUD CoC Entry (NC HMIS) and HUD CoC and ESG Exit (NC HMIS) forms.
- g) Data sharing is properly configured for sharing information internally between the agency's programs, including use of visibility groups.
- h) External data sharing aligns with any Sharing QSOBAA's including use of visibility groups.
- i) Visibility groups are managed appropriately (see Privacy 9).

4) Electronic Data Exchanges:

- a) Agencies electing to either import or export data from the NC HMIS must assure:
 - i) The quality of data being loaded onto the System meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all required reports including but not limited to the APR and the North Carolina Basic Counting Report.
 - ii) Agencies exporting data from NC HMIS must certify the privacy and security rights promised participants on the HMIS are met on the destination System. If the destination System operates under less restrictive rules, the client must be fully informed and approve the transfer during the intake process. The agency must have the ability to restrict transfers to those clients that do not approve the exchange.

5) Publication and Research:

- a) MCAH, another statewide entity or your local CoC may sponsor de-identified research to improve the understanding of homelessness and the effectiveness of homeless services.

- i) De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, SS#, DOB, address, agency name, and agency location.
- ii) Geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics or combination of characteristics.
- iii) Programs used to match and/or remove identifying information will not allow a re-identification process to occur. If retention of identifying information is maintained by a “trusted party” to allow for updates of an otherwise de-identified data set, the organization/person charged with retaining that data set will certify that they meet medical/behavior health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.
- iv) CoCs will be provided a description of each Study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCHA or the Study Owner.
- b) MCAH, another statewide entity or the local CoC may sponsor identified research to improve the understanding of homelessness and the effectiveness of homeless services.
 - i) All identified research must be governed through an Institutional Research Board including requirements for client informed consent.
 - ii) CoCs will be provided a description of each Study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCHA or the Study Owner.
- c) Annually MCAH in conjunction with other State and local partners may publish information about the scope and causes of homelessness as well North Carolina’s response to end homelessness. The following strategies will guide publication of statewide data sets:
 - i) Content, qualifiers and message will be guided by the Statewide Reports Committee as well as other key stakeholders such as the local Interagency Council on Homelessness/the Campaign to End Homelessness or representatives from public and private organizations that fund homeless services.
 - ii) Identified CoC data may only be included with written CoC approval.
 - iii) CoCs will be provided for review and approval CoC data sets planned for inclusion in the statewide aggregate data (without CoC identification). The review process will include at least two cycles of the data with time between for any data or report correction activities.
 - iv) The cycles of data review can begin no sooner than two months following the close of the report period to all for routine data quality activities to be completed.
- d) MCAH, another statewide entity or the local CoC may sponsor Point in Time or publication of specialized data sets.
 - i) Development of the plan for publication including the frequency, data types, analytics and publication media type will be guided by the relevant entity.

- ii) CoCs will be provided a description of each proposed publication.
- iii) Agencies or CoCs may opt out of the publication through a written notice to MCHA or the Study Owner.

6) Staff Training and Required Meetings:

- a) All Users and those that collect information from clients are recertified in Privacy Training Annually.
- b) All Users participate in Workflow Training and Training Updates for their assigned Workflows.
- c) All Users and those that collect data from clients are trained in Data Standard data element definitions.

d) All Agency Administrators participate in:

- i) Provider Page Set-Up Training.
- ii) Workflow Training sponsored by the funding agency or NC HMIS.
- iii) Reports Training
 - (1) Data Quality
 - (2) Required funding Reports
 - (3) Outcome Reporting.
- iv) Other training specified by the CoC.
- v) CoC Agency Administrator Meetings and Trainings.
- vi) Agency specific User Meetings or preside over an HMIS specific topic during routine staff meetings.
- vii) A local Reports Committee that governs the publication of information as requested.

e) All System Administrators participate in:

- i) All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.
- ii) System Administrator Orientation (Live sessions with MCAH to overview the basic rules and provide a place for dialogue and questions – conducted in the second or third month after assuming the role).
- iii) Provider Page Set-Up Training (prior to licensure and routinely as changes occur).
- iv) Workflow Training sponsored by the funding agency or NC HMIS.
- v) Reports Training
 - (1) Data Quality
 - (2) Required Funding Reports
 - (3) Outcome Reporting.
- vi) CQI Training.
- vii) HUD Initiative Training (AHAR, PIT, APR, etc.).
- viii) On Site and System Audits of Agency compliance of Data Privacy, Security and Oversight standards as well as item 1 through 4 under System Administration and Data Quality.

- ix) The Monthly System Administrator Call-In.
- x) The CoC Reports Committee or CoC Meeting where data use and release is discussed.
- xi) North Carolina's Campaign to End Homelessness Work Groups and Regional Meetings as assigned.

Appendix A: Links to Documents referred to in this Policy

<http://mihomeless.org/index.php/north-carolina-documents>

System Administration:

- HUD HMIS Data Standards 2014
- HMIS Requirements Proposed Rules Federal Registered (Hearth)
- HMIS Homeless Definition Crosswalk
- HUD Homeless Definition Matrix
- HMIS Discharge Destination Guidance

Administrative

- Participation Agreement
- Administration QSOBAA
- Sharing QSBAA
- HMIS Operating Policies and Procedures
- Interim MOU

Privacy

- Privacy and Security Training PP or PDFs
- Privacy Certification Questionnaire
- Overview of Agency Requirements
- User Access Levels in ServicePoint
- HUD Public Notice
- User Agreement and Code of Ethics
- Privacy Script Suggestions
- Privacy Notice Sample
- NC HMIS Release of Information and Sharing Plan

Training

- All technical workflow and training documents and podcasts
- Provider Page Training
- Reports Training

6/1/2015v5

- Securing Client Records and establishing Visibility

System Administrator and User Meeting Minutes

- Minutes from Required System Administrator Meetings (current year/recent)

Adopted June 8, 3015

NC HMIS Project

INTEROFFICE MEMORANDUM

TO: MELLIN PARKER, CITY OF WINSTON-SALEM
FROM: KAREN DURELL, COO
SUBJECT: PUBLIC HOUSING PREFERENCES
DATE: 10/28/2015
CC: TIM WEST, CITY OF WINSTON-SALEM

Please be advised that the Authority's Public Housing Program provides the following preferences:

Section of ACOP Regarding Preferences:

- a. Preference: The Authority gives a preference for housing to applicants who meet certain criteria. Only the status of the head of household or spouse will be considered in determining whether the preference is applicable. The preferences are as follows:
- (i) Working Individual/Family – must verify that applicant is working at least 20 hours per week.
 - (ii) Elderly, Disabled, or Handicapped – must provide verification that applicant receives payments in lieu of working.
 - (iii) Chronic Homeless Person or Chronic Homeless Family – must be receiving documented supportive services and referred by an approved Homeless Council Agency. The Authority will limit the number of applicants that qualify for this preference to the number that does not allow for more than 10 percent of the units in each development to be occupied by this applicant preference group. After two years in good standing, the unit is no longer considered as part of the 10 percent cap.

Please let me know if you require any additional information.

So Much More

**Memorandum of Understanding
North Carolina Statewide HMIS
North Carolina Continua of Care and the Michigan Coalition Against Homelessness
October 1, 2015 – June 30, 2016**

Objective: This MOU is designed to provide a frame for North Carolina’s multi-jurisdiction HMIS implementation as presented in Section 508.7 of the Federal Register / Vol. 76, No. 237 Homeless Management System Requirements. It is recognized that operation of the Statewide HMIS requires ongoing collaboration from member Continua of Care.

Continuum of Care (CoC): Winston-Salem/Forsyth County Continuum of Care (NC-500) agrees to adopt the North Carolina Statewide shared HMIS platform vendor, Bowman Systems Inc. ServicePoint. The CoC agrees that administration of the shared platform will be provided by the North Carolina HMIS Project, operated by the Michigan Coalition Against Homelessness. The CoC further agrees to operate the local CoC Implementation in compliance with HUD Data Standards and the North Carolina Statewide Operating Policies and Procedures.

Roles and Responsibilities:

Michigan Coalition Against Homelessness:

1. Management of the Statewide Vendor Contract with Bowman Systems, Inc.
2. Host the Statewide coordination meeting – the Monthly SA Call-In.
3. Define privacy and security protocols that allow for the broadest possible participation.
4. Provide Statewide Operating Policies and Procedures that represent the minimum standards for participation. Local CoCs may add additional requirements as negotiated locally.
5. Designate ex-officio staff member for NC HMIS Governance Committee.
6. Provide for system administration and analyst staffing of help desk services between 9am and 5pm workdays and after-hours emergency response.
7. Negotiate the cost for local licenses to the Statewide System via contracts with Bowman Systems.
8. Provide training and ongoing collaboration regarding cross-jurisdiction system operation, measurement and research activities including:
 - a. Negotiation and training basic workflows for all users and specialized workflows for cross-jurisdiction funding streams.
 - b. HUD mandated activities including Point In Time, Housing Inventory Count, Annual Performance Report and the Annual Homelessness Assessment Report.
 - c. Provide data for Statewide and CoC-specific unduplicated homeless counts.
 - d. Research projects that involve statewide data sets.
 - e. Maintain a suite of data quality, demographics, and outcome reports available to all CoCs on the System.
 - f. Support for local Continuous Quality Improvement efforts.
9. Execute Contract for Services with CoC-designated fiduciary entities.
10. Provide the NCHMIS Governance Committee monthly reports updating the status and accomplishments of the NC HMIS Project

North Carolina Continua of Care:

1. Designate HMIS system.
2. Designate CoC members and CoC alternates to NC HMIS Governance Committee.
3. Ensure consistent participation of recipients and sub recipients in the HMIS.
4. Uphold cost-sharing agreement set by Governance Committee, including no/late-payment consequences.
5. Plan the local HMIS implementation to maximize the greatest possible participation from homeless service providers.
6. Comply with North Carolina Statewide Privacy Protocols as specified in the Administrative and Sharing Qualified Services Organization Business Associates Agreements (QSOBAAs), Participation Agreements and the User Agreement Code of Ethics.
7. Adopt any additional standards of practice beyond those identified in the Statewide HMIS Operating Procedures.
8. Staff at least one local System Administrator and assure that each participating agency has identified an Agency Administrator. The System Administrator will:
 - a. Demonstrate competence in required training in privacy, security and system operation (e.g. provider page, workflows and reports).
 - b. License local users and support data organization and completion of Provider Pages for participating agencies.
 - c. Assign licenses to Agency Administrators and/or users.
 - d. Host local HMIS operations meeting(s) and/or assure that Agency Administrators are attending the Statewide User Meetings.
 - e. Assure that all users are trained in privacy, security and system operation.
 - f. Participate in HUD mandated measurement including PIT, HIC, APRs and the AHAR as appropriate.
 - g. Participate in the annual PIT count process and support publication of local reports.
 - h. Support the CoC's Continuous Quality Improvement efforts.
9. Through the Governance Committee, CoCs will:
 - a. Review, revise and approve Privacy, Security and Data Quality Plans.
 - b. Ensure HMIS is administered to meet HUD standards.
 - c. Approve MCAH budget and technical agreements.
10. Designate fiduciary responsible for entering into a Contract for Services with HMIS Lead Agency.
11. Designate eligible applicants to receive HMIS funds that will best allow them to participate in the statewide HMIS.

HMIS Lead Agency:

MICHIGAN COALITION AGAINST HOMELESSNESS, INC.

BY:  (SEAL)
Eric Hufnagel, Executive Director

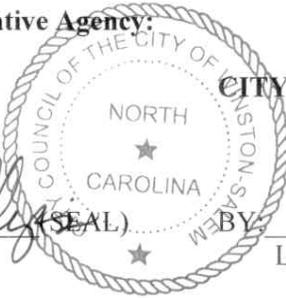
Continuum of Care Governance Body:

WINSTON-SALEM/FORSYTH COUNTY COMMISSION ON ENDING HOMELESSNESS

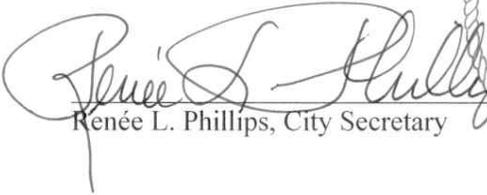
BY:  (SEAL)
Christopher L. Henson, Chair

HMIS Local System Administrative Agency:

ATTEST



CITY OF WINSTON-SALEM

 (SEAL)
Renée L. Phillips, City Secretary

BY:  (SEAL)
Lee Garrity, City Manager

Approved as to form and legality.

This the 9th day of October, 2015.


Angela I. Carmon, City Attorney

Acknowledged by Jennifer M. Arnett before me on the ~~9/28/15~~ 9/28/15 ^{JMA}
28 day of September, 20 15.

Signature Jennifer M. Arnett

Printed name Jennifer M. Arnett

Notary public, State of Michigan, County of Ingham

My commission expires 05/13/2021

**STATE OF NORTH CAROLINA
FORSYTH COUNTY**

I, TRACY F. BURDETTE, a Notary Public of Forsyth County, NC, do hereby certify that CHRISTOPHER L. HEWSON personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and official seal, this the 7th day of October, 2015.



Notary Public TRACY F. BURDETTE

My commission expires: 10/25/2016

**Winston-Salem/Forsyth County Continuum of Care (CoC)
CoC Permanent Supportive Housing (PSH) Assistance and Prioritization
Policies and Procedures**

These policies and procedures shall apply to CoC Program-funded PSH programs, which also include programs previously known as Shelter Plus Care. CoC-funded PSH programs shall operate in compliance with HUD's CoC Rule at 24 CFR 578.

I. Policies:

The following policies shall apply to HUD-funded CoC PSH programs in Winston-Salem/Forsyth County:

- A. All CoC PSH beds shall be dedicated or prioritized to chronically homeless persons through the CoC grant application process, until the program year after which the CoC declares that chronic homelessness has effectively been ended in the CoC.
- B. CoC PSH programs will be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing rather than on a "first-come, first-serve" basis and/or based on selection of those who are deemed most likely to succeed.
- C. CoC PSH shall be operated as a Housing First model and will not place preconditions or eligibility requirements beyond HUD's eligibility requirements and will not require participants to participate in supportive services or be subject to other rules such as sobriety as a condition of housing.
- D. All CoC Program-funded PSH programs will accept referrals only through a single prioritized list of potential participants maintained by the Community Intake Center (CIC).
- E. As required by the HUD CoC Rule at 24 CFR 578.3, the CoC will use a standardized assessment tool for coordinated intake and assessment, including use for initial assessment PSH referrals; however, as the basis for CoC PSH tenant selection, the CoC shall use the order of priority encouraged in HUD Notice CPD-14-012, which is summarized in Table 1, which is found at the end of this document.
- F. If two households present for assistance and fall under the same order of priority, but one is a veteran household, the veteran household should be prioritized first.

II. Key Definitions

A. Housing First. Housing First is an approach in which housing is offered to homeless people without imposing preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.

B. Chronically Homeless persons are defined in the HUD CoC Rule at 578.3. In summary, chronically homeless persons are individuals or families who meet all of the following criteria:

1. Are coming from the streets or emergency shelter

2. Have been homeless in the streets or in shelter 1 year continuously or 4 times in the last 3 years
3. Are diagnosed with a disabling condition

C. Severe Service Needs—Persons with severe service needs are described in HUD Notice CPD-14-012. In summary, persons having the most severe service needs:

1. Have a history of high use of crisis services such as emergency rooms, jails, and psychiatric facilities
2. Have significant health or behavioral health challenges that require support to stay in housing
3. Can have their severe service needs identified and verified through administrative data of the CoC or other systems (e.g. the mental health system, hospitals or jails) and/or the use of the standardized assessment tool used for coordinated intake and assessment

D. Permanent Supportive Housing means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

E. Dedicated PSH Bed—A bed in a unit in a CoC PSH program which has been funded specifically by HUD as a bed dedicated for use only by chronically homeless persons.

F. Prioritized PSH Bed—A bed in a unit in a CoC PSH program for which the CoC has made an annual commitment to prioritize the program for chronically homeless persons, even though the program was not originally dedicated to chronically homeless persons.

III. Eligibility

Subject to the prioritization requirements described in this document, eligible persons for CoC PSH may include homeless, disabled persons coming directly from emergency shelter or places not meant for human habitation. Persons coming from other locations shall not be eligible.

IV. Services

Under the HUD CoC Rule, PSH projects must provide supportive services for the residents to enable them to live as independently as is practicable throughout the duration of their residence in the project.

V. Special Populations

CoC Program-funded PSH shall follow the order of priority shown in Table 1 while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is funded to target homeless persons with HIV/AIDS will prioritize its turnover beds to persons as shown in Table 1 to the extent to which persons with HIV/AIDS meet the criteria in Table 1. If no homeless persons with HIV/AIDS are on the CIC priority list and meet priorities 1 to 4, then the program may select a homeless participant from the CIC priority list who has HIV/AIDS and who does not meet any of priorities 1 to 4.

VI. Documentation

PSH programs must collect, maintain and retain documentation to substantiate each participant's status in relation to the criteria in Table 1. Programs must include a summary statement of eligibility determination in each participant file.

- A. Homelessness**—Evidence must be documented to show that the head of household is currently homeless and is living in an emergency shelter or a place not meant for human habitation. To properly document the length of time homeless, it is important to document the start and end date of each occasion of homelessness.
- B. One Year Homeless**--To document chronic homeless status for homeless occasions that were continuous for at least one year, an individual or head of household must have been living in emergency shelters or in places not meant for human habitation for one year without a break. A “break” is considered to be at least seven or more consecutive nights not in an emergency shelter or place not meant for human habitation. At least 9 months of the year must be documented by (1) HMIS data, (2) a written referral or (3) a written observation by an outreach worker.
- C. Homeless Four Times in Three Years**-To document chronic homeless status based on at least four episodes of homelessness in three years, at least three of the occasions must be documented by either (1) HMIS data, (2) a written referral or (3) a written observation by an outreach worker.

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

D. Disabling Condition—Evidence of a disabling condition may include:

1. Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
2. Written verification from the Social Security Administration, such as an award letter;
3. Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation).

E. Prioritization—PSH programs must document that the CoC's prioritization policy and procedures have been incorporated into program intake procedures. Furthermore, intake records for each participant must show that the prioritization procedures have been followed.

VII. Housing Placement and Eligibility

Once a chronically homeless household has been determined to be eligible and is accepted into a CoC PSH program, the household remains eligible even if they do not remain in emergency shelter or places not meant for human habitation while awaiting housing placement. Such persons may stay with friends or family or in hotels and retain eligibility for the PSH program. They may also stay in transitional housing temporarily, as long as no transitional housing requirements are placed on the program participants and as long as the PSH program is actively assisting the participant to be permanently housed as soon as possible. This provision does not extend to persons enrolled in transitional housing that were considered chronically homeless prior to entry into the transitional housing program. Such persons lose their chronic homeless status by staying in transitional housing.

VIII. Ending Chronic Homelessness

If at any time there are no chronically homeless persons in the CoC, priorities for selection of participants for dedicated and prioritized PSH beds will be revisited in the context of HUD Notice CPD-14-012 and other HUD guidance.

Table 1: CoC Permanent Supportive Housing Priorities

Priority Order	Chronically Homeless	Severe Service Needs	Other Requirement
1	Yes	Yes	At least 12 months continuous or at least 12 months cumulative across 4 episodes in three years
2	Yes	No	At least 12 months continuous or at least 12 months cumulative across 4 episodes in three years
3	Yes	Yes	Less than 12 months cumulative across 4 episodes in three years
4	Yes	No	Less than 12 months cumulative across 4 episodes in three years



October 7, 2015

The Honorable Allen Joines
Mayor, City of Winston-Salem, NC
Suite 150, City Hall
101 North Main Street
Winston-Salem, NC 27101

Dear Mayor Joines,

Thank you for joining First Lady Michelle Obama's call to end Veteran homelessness. Your leadership—and that of your colleagues in Winston-Salem and Forsyth County—has been instrumental as we work together to ensure that every Veteran in our country has a home.

The United States Interagency Council on Homelessness, Department of Housing and Urban Development, and Department of Veterans Affairs are pleased to confirm that Winston-Salem and Forsyth County have ended homelessness among Veterans. We are confident that the infrastructure you have built will ensure that any Veteran experiencing a housing crisis in Winston-Salem or Forsyth County will get the support they need to quickly obtain a permanent home.

We recognize and appreciate your extraordinary team, and look forward to continuing our collaboration as we work to end homelessness for all Americans.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Doherty".

Matthew Doherty
Executive Director

Cc: Ann Marie Oliva, Deputy Assistant Secretary for Special Needs, HUD
Lisa M. Pape, Executive Director, VHA Homeless Programs, VA

Winston-Salem/Forsyth County Continuum of Care

Policies and Procedures

**Winston-Salem/Forsyth County Continuum of Care
Policies and Procedures**

Contents
In Order of Appearance

Document	Approval Date	Approval Body
Policy on Appeals of Funding Decisions	10-20-2015	CoC Operating Cabinet
Policy on Education	10-20-2015	CoC Operating Cabinet
Policy on Emergency Shelter	10-20-2015	CoC Operating Cabinet
Policy on Family Separation	10-20-2015	CoC Operating Cabinet
Policy on Prevention Assistance	10-20-2015	CoC Operating Cabinet
PSH Assistance and Prioritization Policy and Procedures	10-20-2015	CoC Operating Cabinet
Policy on Conflict of Interest	10-21-2015	WS/FC Commission on Ending Homelessness
Rapid Re-Housing Program Policies and Procedures	6-16-2015	CoC Operating Cabinet
Community Intake Center Policies and Procedures	7-16-2013	Former CoC Executive Committee (<i>which after Governance Charter became CoC Operating Cabinet</i>)

**Winston-Salem/Forsyth County Continuum of Care (CoC)
Policy on Funding Decision Appeals**

Article VIII, Section 4 of the **WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE GOVERNANCE CHARTER** states:

“Section 4: Funding Recommendation Procedure. The Community Ratings Panel shall schedule meetings as needed to develop funding recommendations in a timely manner to meet funding deadlines. Upon development of funding recommendations, the panel chair or vice chair shall provide such recommendations to the Operating Cabinet for review prior to submission to the Governance Commission for approval. Once approved by the Governance Commission, the funding recommendations shall be presented to the Collaborative Applicant for its consideration and submission to HUD. Staff support for the Community Ratings Panel shall be provided by the agency serving as the Collaborative Applicant on behalf of the Continuum of Care.”

The Collaborative Applicant will notify in writing all applicants of funding decisions made by the CoC for CoC grant funds and ESG grant funds. Appeals of funding decisions may be made in writing to the Collaborative Applicant within 10 days of the date of the Collaborative Applicant’s notification to the applicant of the funding decision. Appeals may include a request to meet with the CoC Ratings Panel. The Collaborative Applicant will schedule any such meeting to be held within 15 days of receipt of the request to meet. The Collaborative Applicant will notify the applicant of the Ratings Panel’s decision on the appeal within 30 days of receipt of the appeal or within 30 days of the meeting with the applicant, whichever comes later.

**Winston-Salem/Forsyth County Continuum of Care
Policy on Education**

Policies:

- A. Educational needs of children shall be taken into account when families with children are placed into emergency shelter, transitional housing and permanent housing programs.
- B. Programs funded by Continuum of Care (CoC) and Emergency Solutions Grants (ESG) programs shall have policies and procedures that are consistent with and which do not restrict the exercise of rights provided by subtitle B of title VII of the the McKinney-Vento Homeless Assistance Act as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness.
- C. In the case of programs that provide housing or services to families with children, CoC and ESG funded providers will designate a staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of title VII of the HEARTH Act.
- D. When families are placed in emergency shelter, transitional housing and permanent housing, CoC and ESG funded programs will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education. However, the decision to maintain a child's enrollment at their school of origin will consider any history of domestic violence or child abuse within the child's home environment.

**Winston-Salem/Forsyth County Continuum of Care (CoC)
Emergency Shelter (ES) Policies**

It is the priority of the WSFC Continuum of Care to assist every person experiencing homelessness and either living on the streets or in need of emergency shelter to move into permanent housing as quickly as possible.

Within the CoC, emergency shelter is provided to individuals primarily in order to provide relief from weather conditions and as a place to meet basic needs of persons without other housing options. Emergency shelter should not be considered as a permanent living solution.

I. Prioritization of individuals needing Emergency Shelter Services

- a. With the provisions stated herein taken into consideration, emergency shelter shall be provided in accordance with the provider agency's guidelines."
- b. Individual agencies providing emergency shelter may limit service in their facility to designated subpopulations of homeless households. Providers of emergency shelter operating within Forsyth County shall work with other CoC member agencies to ensure that there are adequate shelter beds for all subpopulations needing shelter within our community.
- c. Any shelter may reserve beds for existing and incoming clients consistent with the shelter's written policies.
- d. Agencies providing emergency shelter shall assess individual's safety, and take all reasonable steps to ensure the safety of all guests. If an individual seeking shelter is a victim of domestic violence, sexual assault, or stalking, or other situation in which they are at increased risk of harm from others, the shelter shall work with the client to develop a safety plan which may include referral to law enforcement, a domestic violence shelter, shelter outside of the community, or other service to assist the client.
- e. ES facilities will coordinate intake procedures to optimize bed availability and bed utilization. If an ES facility is full, it will refer persons to other shelters, if available and appropriate.
- f. As needed, the CoC will support the operation of an overflow shelter during the time of the year in which demand is the greatest and weather conditions are most dangerous to those sleeping outside.
- g. The CoC's goal in ES is that every person needing shelter may avoid sleeping in places not meant for human habitation. However, persons not complying with shelter rules and policies, or with a history of noncompliance, may be refused service by any ES facility.

II. *Policy on Moving Homeless Persons to Permanent Housing as Quickly as Possible*

- a. ES programs shall move homeless persons to permanent housing as quickly as possible. ES programs in the CoC shall have a goal of returning people who become homeless to permanent housing within 30 days.
- b. Diversion: For households with a safe option for housing for the night besides ES, the ES program will assist the households to return to those options rather than entering ES.
- c. Coordinated Intake and Assessment: The CoC shall support the operation of a coordinated intake and assessment program which is available to all individuals utilizing emergency shelter or sleeping on the streets or other places not meant for human habitation. ES programs receiving funding from the U.S. Department of Housing and Urban Development (HUD) shall participate in coordinated intake and assessment. Coordinated intake and assessment will coordinate access and prioritization to specified housing resources, including HUD-funded rapid re-housing and permanent supportive housing.
- d. Tracking system outcomes: The CoC shall track the number of people entering and leaving ES, transitional housing, and permanent housing. The CoC will seek to identify system gaps and invest resources such that ES programs may quickly move homeless households into permanent housing.

**Winston-Salem/Forsyth County Continuum of Care
PREVENTING INVOLUNTARY FAMILY SEPARATION
Policies and Procedures**

I. Policy: For Continuum of Care (CoC) or Emergency Solutions Grants (ESG) funded programs which serve families with children, the age and gender of a child under age 18 will not be used as a basis for denying any family's admission to the program

II. Procedures:

1. ***Documentation of Requirement*** The prohibition against involuntary family separation shall be incorporated into all local funding agreements for CoC or ESG funds.
2. ***Appeals Procedure*** Every organization receiving CoC or ESG funding and which serves households with children shall provide each household head with contact information for the City of Winston-Salem to enable the household to alert the City of any involuntary family separation. The City shall convey any alerts received to the Vice Chairperson of the Continuum of Care Operating Cabinet, who shall attempt to resolve the issue within 3 business days and who shall communicate a response in writing to the household, affected agency and the City. If the issue is not resolved, the program participant may appeal, through the City of Winston-Salem, to the Chairperson of the Operating Cabinet, who shall consult with the Executive Committee of the Operating Cabinet and provide a written response to the household, affected agency and City within 3 business days.
3. ***Training*** The Continuum of Care shall provide annual training on preventing involuntary family separation.

III. Reference:

1. HEARTH Act 'SEC. 404. PREVENTING INVOLUNTARY FAMILY SEPARATION. "(a) IN GENERAL.—... any project sponsor receiving funds under this title to provide emergency shelter, transitional housing, or permanent housing to families with children under age 18 shall not deny admission to any family based on the age of any child under age 18.
2. ESG Interim Rule: "(b) Prohibition against involuntary family separation. The age, of a child under age 18 must not be used as a basis for denying any family's admission to an emergency shelter that uses Emergency Solutions Grant (ESG) funding or services and provides shelter to families with children under age 18."
3. Continuum of Care Program Interim Rule: Section 578.93 (e) Prohibition against involuntary family separation. The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives funds under this part.

**Winston-Salem/Forsyth County Continuum of Care (CoC)
Policies on Prevention Assistance**

- I. No Continuum of Care grant-funded or Emergency Solutions Grant-funded prevention programs currently operate in the CoC. However, specific CoC member agencies provide financial assistance and services to prevent homelessness through non-HUD-funded resources.
- II. Upon requests by persons seeking prevention assistance, CoC agencies will provide prompt referrals to organizations providing targeted assistance to address their housing barriers. Typically, clients receive referral through other agencies or 2-1-1 and assistance is provided on a first-eligible, first served basis. Clients must follow the procedures and meet the requirements of the programs providing the prevention assistance and services. The amount, frequency and duration of assistance will follow the policies and procedures of the agency providing the assistance.
- III. Veterans presenting for prevention assistance will be referred to the Supportive Services for Veterans Families (SSVF) Program. The amount, frequency and duration of assistance will follow the SSVF regulations and agency policies and procedures. Persons with HIV/AIDS will be referred to the Housing Opportunities for Persons with AIDS (HOPWA) program, and assistance will be subject to the guidelines for the program. The amount, frequency and duration of assistance will follow the HOPWA regulations and agency policies and procedures.

**Winston-Salem/Forsyth County Continuum of Care (CoC)
CoC Permanent Supportive Housing (PSH) Assistance and Prioritization
Policies and Procedures**

These policies and procedures shall apply to CoC Program-funded PSH programs, which also include programs previously known as Shelter Plus Care. CoC-funded PSH programs shall operate in compliance with HUD's CoC Rule at 24 CFR 578.

I. Policies:

The following policies shall apply to HUD-funded CoC PSH programs in Winston-Salem/Forsyth County:

- A. All CoC PSH beds shall be dedicated or prioritized to chronically homeless persons through the CoC grant application process, until the program year after which the CoC declares that chronic homelessness has effectively been ended in the CoC.
- B. CoC PSH programs will be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing rather than on a "first-come, first-serve" basis and/or based on selection of those who are deemed most likely to succeed.
- C. CoC PSH shall be operated as a Housing First model and will not place preconditions or eligibility requirements beyond HUD's eligibility requirements and will not require participants to participate in supportive services or be subject to other rules such as sobriety as a condition of housing.
- D. All CoC Program-funded PSH programs will accept referrals only through a single prioritized list of potential participants maintained by the Community Intake Center (CIC).
- E. As required by the HUD CoC Rule at 24 CFR 578.3, the CoC will use a standardized assessment tool for coordinated intake and assessment, including use for initial assessment PSH referrals; however, as the basis for CoC PSH tenant selection, the CoC shall use the order of priority encouraged in HUD Notice CPD-14-012, which is summarized in Table 1, which is found at the end of this document.
- F. If two households present for assistance and fall under the same order of priority, but one is a veteran household, the veteran household should be prioritized first.

II. Key Definitions

- A. Housing First.** Housing First is an approach in which housing is offered to homeless people without imposing preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.
- B. Chronically Homeless** persons are defined in the HUD CoC Rule at 578.3. In summary, chronically homeless persons are individuals or families who meet all of the following criteria:
 1. Are coming from the streets or emergency shelter

2. Have been homeless in the streets or in shelter 1 year continuously or 4 times in the last 3 years
3. Are diagnosed with a disabling condition

C. Severe Service Needs—Persons with severe service needs are described in HUD Notice CPD-14-012. In summary, persons having the most severe service needs:

1. Have a history of high use of crisis services such as emergency rooms, jails, and psychiatric facilities
2. Have significant health or behavioral health challenges that require support to stay in housing
3. Can have their severe service needs identified and verified through administrative data of the CoC or other systems (e.g. the mental health system, hospitals or jails) and/or the use of the standardized assessment tool used for coordinated intake and assessment

D. Permanent Supportive Housing means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

E. Dedicated PSH Bed—A bed in a unit in a CoC PSH program which has been funded specifically by HUD as a bed dedicated for use only by chronically homeless persons.

F. Prioritized PSH Bed—A bed in a unit in a CoC PSH program for which the CoC has made an annual commitment to prioritize the program for chronically homeless persons, even though the program was not originally dedicated to chronically homeless persons.

III. Eligibility

Subject to the prioritization requirements described in this document, eligible persons for CoC PSH may include homeless, disabled persons coming directly from emergency shelter or places not meant for human habitation. Persons coming from other locations shall not be eligible.

IV. Services

Under the HUD CoC Rule, PSH projects must provide supportive services for the residents to enable them to live as independently as is practicable throughout the duration of their residence in the project.

V. Special Populations

CoC Program-funded PSH shall follow the order of priority shown in Table 1 while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is funded to target homeless persons with HIV/AIDS will prioritize its turnover beds to persons as shown in Table 1 to the extent to which persons with HIV/AIDS meet the criteria in Table 1. If no homeless persons with HIV/AIDS are on the CIC priority list and meet priorities 1 to 4, then the program may select a homeless participant from the CIC priority list who has HIV/AIDS and who does not meet any of priorities 1 to 4.

VI. Documentation

PSH programs must collect, maintain and retain documentation to substantiate each participant's status in relation to the criteria in Table 1. Programs must include a summary statement of eligibility determination in each participant file.

- A. Homelessness**—Evidence must be documented to show that the head of household is currently homeless and is living in an emergency shelter or a place not meant for human habitation. To properly document the length of time homeless, it is important to document the start and end date of each occasion of homelessness.
- B. One Year Homeless**--To document chronic homeless status for homeless occasions that were continuous for at least one year, an individual or head of household must have been living in emergency shelters or in places not meant for human habitation for one year without a break. A “break” is considered to be at least seven or more consecutive nights not in an emergency shelter or place not meant for human habitation. At least 9 months of the year must be documented by (1) HMIS data, (2) a written referral or (3) a written observation by an outreach worker.
- C. Homeless Four Times in Three Years**-To document chronic homeless status based on at least four episodes of homelessness in three years, at least three of the occasions must be documented by either (1) HMIS data, (2) a written referral or (3) a written observation by an outreach worker.

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

- D. Disabling Condition**—Evidence of a disabling condition may include:
 1. Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
 2. Written verification from the Social Security Administration, such as an award letter;
 3. Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation).
- E. Prioritization**—PSH programs must document that the CoC's prioritization policy and procedures have been incorporated into program intake procedures. Furthermore, intake records for each participant must show that the prioritization procedures have been followed.

VII. Housing Placement and Eligibility

Once a chronically homeless household has been determined to be eligible and is accepted into a CoC PSH program, the household remains eligible even if they do not remain in emergency shelter or places not meant for human habitation while awaiting housing placement. Such persons may stay with friends or family or in hotels and retain eligibility for the PSH program. They may also stay in transitional housing temporarily, as long as no transitional housing requirements are placed on the program participants and as long as the PSH program is actively assisting the participant to be permanently housed as soon as possible. This provision does not extend to persons enrolled in transitional housing that were considered chronically homeless prior to entry into the transitional housing program. Such persons lose their chronic homeless status by staying in transitional housing.

VIII. Ending Chronic Homelessness

If at any time there are no chronically homeless persons in the CoC, priorities for selection of participants for dedicated and prioritized PSH beds will be revisited in the context of HUD Notice CPD-14-012 and other HUD guidance.

Table 1: CoC Permanent Supportive Housing Priorities

Priority Order	Chronically Homeless	Severe Service Needs	Other Requirement
1	Yes	Yes	At least 12 months continuous or at least 12 months cumulative across 4 episodes in three years
2	Yes	No	At least 12 months continuous or at least 12 months cumulative across 4 episodes in three years
3	Yes	Yes	Less than 12 months cumulative across 4 episodes in three years
4	Yes	No	Less than 12 months cumulative across 4 episodes in three years

**Winston-Salem/Forsyth County Continuum of Care
Policy on Conflict of Interest**

No member of the Winston-Salem/Forsyth County Commission on Ending Homelessness may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to an organization that the member represents as a staff person or board member.

Forsyth County Rapid Re-Housing Program Policies and Procedures

Summer 2015

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Program Overview

PROGRAM GOAL

The Forsyth Rapid Re-Housing Collaborative (FRRC) is a partnership between the City of Winston-Salem, United Way of Forsyth County, Housing Authority of Winston-Salem (HAWs), Goodwill Industries of NWNC, Experiment in Self-Reliance (ESR), Samaritan Ministries, Bethesda Center for the Homeless, The Salvation Army of Winston-Salem, Family Services and Next Step Ministries and other members of the Winston-Salem Forsyth County Continuum of Care (COC) to provide rapid re-housing assistance to households in Forsyth County who become homeless and but for this assistance would not be able to re-enter permanent housing.

The FRRCs vision is that it will support the Winston-Salem/Forsyth County Continuum of Care achieve it's three primary goals:

- 1) End Homelessness in our community, by creating the service system to support individuals and families who have lost permanent housing to re-enter permanent housing within 30 day;
- 2) Reduce the number of people who have been homeless who return to homelessness; and
- 3) Decrease the number of people who become newly homeless.

Program Vision

That all people experiencing homelessness within the service area of the Winston-Salem/Forsyth County Continuum of Care will receive the support and services necessary to re-enter permanent housing within 30 days of becoming homeless and to maintain permanent housing for the long term.

Partnership Roles and Responsibilities

The City of Winston-Salem is the Collaborative Applicant for the Winston-Salem/Forsyth County COC. It also receives funding from the Emergency Solutions Grant both as an entitlement community (ESG City) and through the State of North Carolina (ESG State). Through these sources the City helps provide funding for both case management and temporary financial assistance (TFA). The City also provides technical assistance on best practices, policies and procedures for program implementation.

United Way of Forsyth provides backbone support for the collaborative. Its role includes:

- a) Coordinate the overall Forsyth Rapid Re-Housing Collaborative, including the sub-programs REACH and the Veterans Re-Housing Program. These responsibilities will include processing and tracking referrals from the Community Intake Center to the Agency.
- b) Provide CoC, Emergency Solutions Grants and other funds for utility deposits, moving cost assistance, rental application fees, security deposits, rental arrears, utility payments and utility arrears to facilitate housing placement of RRH Program participants referred to the Agency, as appropriate to each participant's case, as determined by United Way.
- c) Provide housing placement and stabilization consultation services to the Agency, which shall be defined as assisting the Agency in identifying appropriate housing for program participants, and advising the Agency to help resolve housing issues affecting the ongoing tenure of participants in permanent housing under the RRH Program.
- d) Coordinate training, support and coordination between all CoC member agencies participating in the FRRC.

The United Way of Forsyth County's role includes

- a) Execute rental assistance contracts with property owners.
- b) Administer security deposits and rental assistance payments.
- c) Administer the Housing Quality Standards inspections process.
- d) Participate in training and coordination activities between all partners of the FRRC.

Goodwill Industries of Northwest North Carolina role includes:

- a) the Program Director for the Collaborative is housed at Goodwill Industries. The Program Director provides training and support to case managers offering rapid re-housing services. She is responsible for monitoring that all rapid re-housing client files contain the appropriate required documentation for both state and federal funding. The Program Director will also provide mentoring and on-going training for all case managers offering rapid re-housing assistance.

Homeless Service Providers with Rapid Re-Housing Case Management Staff will:

- a) Accept RRH Program referrals from the Community Intake Center which is administered by United Way.
- b) Process RRH Program participant applications in a timely manner upon receipt of referral.
- c) Ensure that all case management staff providing rapid re-housing services receives appropriate training in best practices in providing rapid re-housing services.
- d) Assist participants in identifying and securing permanent housing as the primary service. .
- e) Provide case management, which shall be defined as assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of RRH program participant(s) who are living in permanent housing, with the goal of assisting the participant to maintain stability in permanent housing.
- f) Maintain all required documentation for rapid re-housing services
- g) Provide information to United Way, HAWS, the City and the participant in a timely manner to facilitate program and participant success.
- h) Enter all required data in the Homeless Management Information System.
- i) Participate in training and coordination activities between all partners of the FRRC.
- j) Comply with all other policy and procedures in the FRRC Policy and Procedure manual.

PROGRAM IMPLEMENTATION STRATAGY OVERVIEW

Program participants will receive, as direct services from the Forsyth Rapid Re-Housing Collaborative and through referrals to other community providers, assistance with case management, housing counseling, disability advocacy, financial planning services, transportation, income support, legal services, child care, housing counseling and housing service as necessary to achieve housing stability for the identified household. All services which are offered by this program or by referral shall be focused on helping homeless families achieve housing stability.

Services from the FRRC are meant to provide short to medium term intervention services. One of the keys to long term success will be insuring that during the program participation, households develop a network of support in the community outside of the FRRC program. Case Mangers will work with the household to connect the participant households to key mainstream services, including the Veterans Administration, Department of Social Services, Social Security and other local service providers and support providers for long term support where necessary.

PROGRAM AUTHORITY

All program decisions will be made in accordance in with this policy and procedure manual, the grant agreement between United Way of Forsyth County and the City of Winston-Salem, grant agreements between the Collaborative partners and the City of Winston-Salem and other funders and by the memorandums of understanding within the collaborative.

Where any conflict or lack of clarity between these policies and procedures, the grant agreements, and existing memorandums of understanding exist, federal policy as set forth in the COC and ESG regulations shall control.

Conflict of Policies- Policy Priority

The purpose of this manual is to assist agencies partnering with the United Way of Forsyth County on the Forsyth Rapid Re-Housing Collaborative (FRRC). Where policies in this document conflict with either agency policies or procedures, as it pertains to clients participating in the FRRC the policies from this manual will take precedence.

If there is a conflict between these policies and federal regulations, the federal regulations will take priority.

Key Definitions

Area Median Income (AMI): Midpoint in the family-income range for a metropolitan statistical area or for the non-metro parts of a state. The figure often is used as a basis to stratify incomes into low, moderate and upper ranges. The AMI for each metropolitan statistical area is published each year by the Department of Housing and Urban Development. These data will be used at the determining income guidelines for the program and will be updated on an annual basis.

Homeless: The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), enacted into law on May 20, 2009 amends the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) consolidates three of the separate homeless assistance programs administered by HUD under the McKinney-Vento Homeless Assistance Act into a single grant program, revises the Emergency Shelter Grants program and renames the program the Emergency Solutions Grants program. The amendment and final rule integrates the regulation for the definition of "homeless," and the corresponding recordkeeping requirements, for the Emergency Solutions Grant program. In December 2011, the Homeless Definition Final Rule was published in the Federal Register that revises the definition of "homeless." This is the definition of homeless to be used by the FRRC for all rapid re-housing services:

Homeless:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- i. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- ii. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
- iii. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

- (2) An individual or family who will imminently lose their primary nighttime residence provided that:
- i. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - ii. No subsequent residence has been identified; and
 - iii. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing;
- (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
- i. Are defined as homeless under section 387 of the Runaway and Homeless Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - iii. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
 - iv. Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- (4) Any individual or family who:
- i. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 - ii. Has no other residence; and
 - iii. Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

Household or Family: All persons as identified by the head of household who present together for services and identify themselves as being part of the same household. For purposes of this manual household and family are used interchangeably. A household or family may be as small as an individual or as large as the household defines itself. There is no requirement that the household be related by blood or marriage for the participation in this program.

Literally Homeless: An individual or family is defined as “literally homeless” if:

- (1) living in a public or private place not meant for human habitation,
- (2) living in temporary shelter, which includes congregate shelters and transitional housing, or

(3) exiting an institution where the individual or family has resided for 90 or fewer days and was living in shelter or in a place not meant for habitation before entering the institution. Rapid Re-Housing: ESG vs. CoC Page 4 3-12-13

Participant: a family or household that has been identified as homeless or chronically homeless pursuant to the definition of homeless herein, and has been assigned to rapid re-housing services by the Community Intake Center.

Permanent housing: Community-based housing without a designated length of stay which can include both permanent supportive housing and rapid re-housing. The tenant must have a lease, in their name which lasts at least one year that is renewable and terminable only for cause. . Examples of permanent housing include, but are not limited to, a house or apartment with a month-to-month or annual lease term or home ownership. Permanent Housing is determined by the terms on the length of tenancy, not the form of payment for the right of tenancy. Thus, the provision of a housing voucher such as a section 8 voucher, shelter plus care voucher, or similar support does not define whether or not the housing is permanent housing.

Supportive services: Any of the following provided to address the needs of a participant:

- (1) Outreach services
- (2) Case management services
- (3) Assisting participants in obtaining public benefits, such as Social Security benefits, Veteran Administration Benefits, housing voucher, supplemental food assistance, educational supports for school age children
- (4) Assisting participants in obtaining and coordinating other public benefits
- (5) Other services which improve the households housing stability

Veteran: A person who served in the active military, naval, air service, National Guard, or Merchant Marines, and who was discharged or released wherefrom under conditions other than dishonorable.

Fair Housing

The FRRC complies with the letter and spirit of the Fair Housing Act, and as such no person shall be denied housing or services from this program based upon their race, color, religion, national origin, sex, sexual orientation, gender identity, veteran status, familial status, and disability. No otherwise qualified person will be denied housing or otherwise discouraged from obtaining housing through this program because of his/her race, color, religion, national origin, sex, sexual orientation, gender identity, veteran status, familial status, or disability.

Pursuant to Section 504 of the Rehabilitation Act, no qualified individual with disabilities will be excluded, solely on the basis of disability from participation in or the benefits of the program or activities administered by FRRC. FRRC will provide reasonable accommodations to all applicants, residents, and employees, who need such accommodations to be able to enjoy the benefits of the services provided by the FRRC.

In assisting households in identifying and securing housing, FRRC representatives will assist clients and provide guidance in requesting reasonable accommodations from current or prospective landlords to address any disabilities of household members.

Program Eligibility

To become a participant under the FRRC the following conditions must be met:

- 1) To receive ESG rapid re-housing (ESG-RRH) assistance, an individual or family must demonstrate at initial evaluation that it is literally homeless (referred to as Category 1 in the Homeless Definition Final Rule). RRH assistance is also available to people fleeing or attempting to flee domestic violence if they are also literally homeless (24 CFR part 576.104).
- 2) To receive COC rapid re-housing (CoC-RRH) assistance, individuals and families may be defined as homeless under any of the four categories included in the Homeless Definition Final Rule:
 - Literally homeless (Category 1).
 - Imminently losing their primary night-time residence (Category 2).
 - Unaccompanied youth under 25 years of age or families with children and youth who do not otherwise qualify as homeless under this definition but who are defined as homeless under another Federal statute and meet additional specified criteria (Category 3). Note: For CoC-RRH assistance to be provided to persons defined as homeless under Category 3, the project must be located within the geographic area of a CoC that has received
 - HUD approval to serve this population.
 - Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (Category 4).
- 4) To participate in the REACH program the household must meet the definition of, and there must be documentation in the file that the household is Chronically Homeless.
- 5) For all households, except households in the SSVF program, the Household income must be equal to or below 30% AMI.
- 6) The Household lacks resources and support networks sufficient to help them enter and maintain permanent housing. The program participant's household must continue to lack sufficient resources and support networks to retain housing without FRRC program assistance.

Housing First Philosophy

The FRRC shall operate using a Housing First Philosophy. While the household and members thereof may have many challenges and needs, the primary service of the FRRC is the identification of and moving into permanent housing. Support from the FRRC and its staff for housing location and for moving into an identified permanent housing unit which otherwise meets program specifications shall not be contingent on the household or members of the household meeting or achieving any specific goals or requirements, other than those set out in the terms of the lease with the landlord/ property manager.

Supportive Services Provided

The goal of the FRRC is to increase the housing stability of homeless families. In order to achieve this goal the program will provide outreach and case management services, and will assist participants to develop a personal safety net so that when the FRRC services have ended the household and its members will have access to community supports and mainstream services which can assist the household and its members in the event of additional challenges to their housing stability.

At the core of the services offered by FRRC is a housing stability case plan which will be developed between the case manager and the household participants. The case plan shall set reasonable, time oriented goals for the household members and case manager which will improve the housing stability of the household. The goals should be focused on achieving housing stability.

Housing location and assistance with moving into permanent housing shall not be conditioned on achieving any specific goals in the housing case plan.

Because of the limited nature of the rapid re-housing intervention, not all services that the household may need will be provided by the FRRC. Needs which may need to be addressed in a housing stability plan, but for which services may need to be delivered by a provider other than the FRRC staff include:

Vocational and rehabilitation counseling; Employment and training services; Educational assistance; Health care services; Daily living services; Personal financial planning services; Transportation services; Income support services; Fiduciary and representative payee services; Legal services; Child care services; Housing counseling services; Other supportive services, including time-limited payments to third parties (e.g., temporary financial assistance payments on behalf of Veteran families to landlords, utility companies, moving companies, and eligible child care providers) provided these payments help Veteran families remain in permanent housing or obtain permanent housing and meet the other requirements in 38 CFR 62.33 or 38 CFR 62.34.

Case Management Services

1. Description of Services

To effectively assist participants in achieving housing stability, program participants shall receive ongoing case management services. The primary objective of case management is to ensure that participants receive the assistance needed to promote housing stability. Case management services may include consulting with participants to conduct needs assessments, working with participants to create individualized housing stability plans that include participant specific goals, monitoring participants from the time of intake until they exit the program, and ensuring that participants obtain needed supportive services.

2. Outreach Services

Case Managers may engage in activities to engage persons for the purpose of providing immediate support and intervention and for identifying potential program participants.

3. Intake

A. Needs Assessment

Once the participant's eligibility has been confirmed, the case manager will begin by consulting with the participant to determine his/her household's needs and priorities and performing an assessment of the participant's needs. Participants entering the grantee's program will be experiencing varying degrees of housing instability, from those who require temporary support in getting through a difficult period to those who require long-term support in overcoming a combination of challenges. As such, case managers should gather as much information as possible about the participant's health, income, eligibility for public benefits,

employment skills, background, family relationships and support, and living situation in order to identify and coordinate those services that will be most effective and acceptable to the participant in improving housing stability. Some of this information will also be required for HMIS data collection.

B. Housing Stability Planning

To maximize the effectiveness of services provided to or coordinated on behalf of the participant, the case manager will work with the participant household to develop an individualized housing stabilization plan that will be based upon the household's strengths, weaknesses and priorities, as identified through the needs assessment. In some situations, the participant will have entered the program with a well-defined idea of their discrete needs and goals. In other situations, the participant may not understand how the options available through this program might contribute to housing stability. The case manager should explain the services available from not only this program, but also other community services that are available and, with the participant, establish reasonable milestones for obtaining greater housing stability. These milestones will become a set of actionable goals intended to address the participant's obstacles to housing stability. Goals should be appropriate, timely and reasonable. Once goals have been set, the case manager and participant will monitor the progress toward achieving the established goals, including requesting updates from the participant's service providers, as necessary. Case managers shall document all case plans and goals in the participants file.

Note: the provision of temporary financial assistance is an optional service. If a household does not have access to the financial means to achieve their housing stability goals, the Case Manager may authorize the expenditure of TFA, consistent with the program guidelines. In the event that TFA is provided, the case manager will document the reason for the needs, and the anticipated need of the household in the case notes.

C. Housing Search and Placement

Housing Search and Placement is the key component of the case management services. Case Managers will work with the household members to identify the needs they have in a housing unit, including bedroom size, location and amenities as well as other characteristic which impact habitability. Case Managers will actively assist households in identifying units which meet the household's needs, and will assist in negotiating a lease with the land lord/property manager.

This service shall be offered with no other conditions on the client's participation in service.

D. Housing Inspections & re-inspections

Unit inspections for all units which will receive temporary rental assistance from the COC funds shall have schedule inspection by Rapid Rehousing or Supportive Services for Veteran Families Housing Quality Standards (HQS) certified staff within 48 hours of receiving referral. Units must meet the Housing Quality Standards (HQS) before FRRC TFA will be provided to cover the cost of the unit.

If a unit fails the initial inspection, the land lord/property manager shall be provided reasonable length of time to make the repairs. RRH or SSVF certified staff will re-inspect the unit within 48 hours of notice that the improvements have been made.

If the repairs are expected to take more than 7 days to complete, the participant household may be encouraged to seek a different unit.

If a client is entering into a housing unit and will not be using COC, SSVF or ESG rental assistance, the case manager or housing specialist may perform the inspection using the Housing Quality Standards (HQS) inspections standards.

4. Role of Case Manager in Coordinating Provision of Supportive Services

The case manager will be the participant's primary point of contact within the FRRC. In addition to assisting the participant to assess his/her needs, the case manager will be responsible for coordinating the provision of supportive services. The case manager will coordinate supportive services that are offered by the FRRC and provide referrals for other supportive services not offered by the FRRC (or more efficiently or effectively provided elsewhere.)

A. Education Services

Case managers may assist the client in identifying and pursuing educational opportunities which will improve their opportunities in the local work force. When ever feasible for the household, the case manager should help the household member access educational services within the community which will improve the household members' ability to secure stable housing. .

Services which may assist clients improve their education include but are not limited to services at Goodwill Industries, Forsyth Technical Community College and other local institutions of high learning. Case managers should encourage those participants who are interested in pursuing further education to speak with a financial counselor at those institutions about educational benefits which may assist in paying for their education. All veterans who wish to further their education should be encouraged to explore educational benefits available to veterans.

B. Employment Assistance and Job Training

Case Managers shall assist participants who identify seeking employment or improving current employment situation with connecting to employment services appropriate to meet the individual's skills and goals. The Case Manager does not need to provide these services directly, but may connect the participant to other providers in the community including but not limited to the Public Library, The Prosperity Center, Urban League and Goodwill Industries.

C. Food

Case managers shall assist participants' access food assistance including Supplemental Nutrition Assistance Program Benefits, and other food assistance programs.

D. Life Skills Training

Case Managers shall assist clients in learning critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness but that are necessary to function independently in the community

E. Mental Health Services/ Substance Abuse Services

For clients who have a mental health or substance abuse issues, that affects their ability to either enter or maintain housing, the case manager shall assist the clients to identify appropriate treatment of mental health and/or substance abuse conditions by licensed professionals.

If the mental health condition impairs the participant's ability to work, the case manager will evaluate the participant for disability income. If it is determined that the individual is more likely than not eligible for

disability income, they will assist the client in applying for disability either directly or by referring them to a service within the community which will support them in their application for disability income. If the client is chronically homeless, they should be referred to a SOAR case manager to assist with the application.

Participants housing shall not be conditioned upon using or following through with treatment of any form. However, if a household is not able to maintain their permanent housing because of a lack of treatment, the case manager is encouraged to discuss the causal relationship between the mental health or substance abuse issues and housing stability and encourage the client to participate in treatment.

F. Outpatient Health Services

For clients whom have a physical health need or disability, including dental care, the case manager will assist the client in identifying and accessing appropriate services.

If the health condition impairs the participant's ability to work, the case manager will evaluate the participant for disability income. If it is determined that the individual is possibly likely for disability income, they will assist the client in applying for disability. If the client is chronically homeless, they should be referred to a SOAR case manager to assist with the application.

G. Transportation

The participants and the case manager should develop a transportation plan for the client that factors in the neighborhood where the client wishes to reside and the other areas of the community to which the client frequently travels including access to food, school, work, faith community of choice and other social services.

H. School Age Children- Coordination with Local School System

If the participating household has members who are school age children, including children who may be eligible for pre-school assistance, the case manager will assist the family in coordinating with the local school homeless liaison to ensure that the children are receiving adequate support for their educational needs.

In Forsyth County, this is Project Hope with the Winston-Salem/Forsyth County Schools.

All reasonable efforts will be made to ensure that children do not have to be removed from their school because of the families housing instability.

5. Assistance in Obtaining other Public Benefits

A. Description of Benefits/Services

As part of participant intake, the case manager should determine whether the participant is already receiving services from other sources including Social Security or the Veteran's Administration. If the participant is already receiving services, the case manager's assessment should focus on what additional services the participant may need, want and be eligible for, to refer the participant to the appropriate office for assistance. If the participant is not already receiving other services the case manager should make the participant aware of the services for which he or she may be eligible and offer to refer the participant to the nearest access point. Potential benefits may include, but are not limited to:

- Income Assistance;
- Supplemental Food Assistance;
- Vocational and rehabilitation counseling;
- Employment and training service;

- Educational assistance;
- Health care services including Medicare, Medicaid or other assistance with health insurance.

Income assistance, employment, training, and educational resources are especially important for the target population of the FRRC. Participants will need to establish regular incomes to support the program's primary goal of housing stability. Health care benefits will offer participants mental and physical health services that are not currently being addressed and may be able to help address on-going needs when case management services have ended.

Case Managers should attempt to maximize the number of participants served by using FRRC supportive services grant funds only when necessary. By leveraging available public resources to keep participants in housing, the grantee will ensure that participants are given the highest level of support possible while efficiently utilizing FRRC resources.

Temporary Financial Assistance

Eligible Temporary Financial Assistance

Case Managers may choose to provide temporary financial assistance to participants, but it is not a required service. Supportive services grant funds should only be used as direct financial assistance as a last resort, after first exploring the available homeless and mainstream financial. Case Managers may choose to provide temporary financial assistance as a supplement to services provided to a participant as part of a plan to increase the participant's housing stability.

Available types of TFA, frequency and duration of TFA and available funds may vary by grants, year, and source of funding. The United Way of Forsyth County, the City of Winston-Salem and the Program Director will provide guidance and support on TFA funds available on a regular basis.

TFA funds may assist with

- Rental assistance;
- Utility-fee payment assistance;
- Deposits (security or utility);
- Moving costs;
- Transportation; and

Participants in this program who are veterans and participating in the FRRC: Veteran's Program may be eligible for additional categories of TFA including emergency supplies, child care, and general housing stability. If a case manager identifies a household with a veteran member of the household that is not otherwise being served by the FRRC: Veterans Program, they should connect the veteran family with this program to see if it is a better fit or if additional resources are available.

Furniture

In general, except for veterans participating in SSVF funded programs, furniture IS NOT an eligible expense under most temporary financial assistance programs. However, from time to time private funds are available to assist with vouchers for furniture from the Barnabas Network or similar non profit organizations. If a household has no other options for furniture, case managers may check with the Director of the Rapid Re-housing program to see if furniture vouchers are available.

Temporary Financial Assistance Eligibility Test

When deciding whether to provide temporary financial assistance, consider this:
“Would this household be homeless *but for* this assistance?”

Minimum level of Temporary Financial Assistance

Case Managers should focus on the most critical threats to the participant’s housing stability in providing the “minimum necessary” level of assistance. Case Managers should keep in mind that FRRC funds for temporary financial assistance are limited. Providing a disproportionate amount of temporary financial assistance to one participant will limit the total number of participants able to serve. As stated in the previous section, (‘Assistance in Obtaining and Coordinating Other Public Benefits’), all participants should be referred to mainstream income supports for which they may qualify. By leveraging and utilizing public sources of emergency and ongoing financial assistance, case managers can minimize the temporary financial assistance payments made with FRRC grant funds, and maximize our system’s ability to serve many households.

Household Caps on Temporary Financial Assistance

Pursuant to the Federal Regulations and the local Consolidated Plan for Winston-Salem/Forsyth County, payments of temporary financial assistance for households participating in the Forsyth Rapid Re-housing Collaborative programs for rapid re-housing assistance shall be made within the following guidelines:

- 1) As a condition of receiving temporary financial assistance (but not on housing search assistance) the head of household must consent to receive case management services and comply with their housing stabilization action plan. This plan shall be created as a contract between the case manager and the head of household. Rapid re-Housing case management services may be provided without providing temporary financial services.
- 2) Temporary Financial Assistance for housing related expenses shall only be provided when the household’s income is insufficient to cover their basic living expenses as determined during case management assessments.
- 3) When a household is accepted into a FRRC program the household shall be eligible for temporary financial assistance covering 100% of housing related expenses (rent, utilities and related deposits) depending on established TFA limits and funding availability.

Temporary Financial Assistance determinations by household size and chronic status: Households of 1-2 individuals can receive TFA of up to \$2900

Households of 3 or more individuals can receive TFA of up to \$3800

Households documented as chronically homeless can receive TFA of up to \$6900

Households deemed as highly vulnerable families can receive TFA of up to \$8300

If the Rapid Re-Housing Case Manager determines that the household needs additional temporary financial assistance to achieve housing stability they must obtain an exception through the Senior Director of Housing Strategies to increase temporary financial assistance

- 4) . In no case shall a household be authorized for more than 12 months of any rapid re-housing services. If a household can not achieve housing stability within this time frame they must be re-assessed by the Coordinated Assessment Team for additional services.
- 5) If a household needs additional case management services beyond the time in which they are receiving temporary financial services, they may continue to receive case management only services without additional authorizations, up to 24 months of total services.

Requests for authorization of Extension of Temporary Financial Service

Requests for an extension of service shall provide documentation identifying the barriers to housing stability and the plan to address them. Factors to be considered for an extension shall include:

- 1) Status of any pending disability claim;
- 2) Household progress on securing employment;
- 3) Health conditions of wage earners in household which affect employment status;
- 4) Health conditions of other household members which impact wage earners employment status;
- 5) Other factors which significantly impact the households' ability to be financially self-sufficient.

Restrictions on Payments

Temporary financial assistance payments **cannot** be paid to the participant and must be paid directly to a third party vendor on behalf of a participant.

Prior to a check being cut to a vendor, United Way of Forsyth County or the must have on file a W-9 form. Refusal to submit the W-9 shall delay or prohibit payment, and may be grounds for The United Way to report the vendor to the IRS.

Documentation Required

Case Managers must maintain records that justify the provision of temporary financial assistance in the client files. All temporary financial assistance which is to be paid for with COC, ESG or SSVF funds will be paid by either United Way of Forsyth County and not by the participating agency, unless prior written permission is given by the Program Director.

Case managers may request checks for eligible temporary financial assistance by submitting the required spreadsheet and supporting documentation to the Program Assistant, Housing Strategies at United Way or the Director of Housing Services at United Way. All requests for financial assistance must contain the Case Manager's signature and that of a supervisor at the case managers' home agency. The requests must include accurate information about the amounts of funds requested, the amount and duration of funds received by the household in prior months, and have adequate supporting documentation. Without this information their will be delays in processing the payments.

Prior to issuing checks for TFA the Finance Assistant and Program Director will review the request for all documentation and expense eligibility.

Check Request Schedule

For checks from ESG, SSVF and other funds managed by United Way:

In order to expedite the process of issuing TFA checks to vendors, it is requested that case managers submit completed requests to the assigned staff on designated days. Checks will be issued within 24 hours.

<u>Agency / Program</u>	<u>Staff</u>	<u>Day</u>
ESR	Program Assistant, Housing Strategies	close of business Thursday
SSVF	Director of Housing Services	close of business Friday
Bethesda Center	Program Assistant, Housing Strategies	close of business Monday
Goodwill, Family Services, Salvation Army	Director of Housing Services	close of business Tuesday

In case of emergency, case managers can request permission for checks at other times from the Program Director.

Participant Eligibility Determination and Documentation Requirements

It is important that each participant file includes documentation that verifies the participant meets Program eligibility and that each expenditure of TFA is clearly within the program guidelines. Case Managers will be required to keep records documenting household eligibility and supporting each TFA request, as well as documentation on case plans and progress.

The Director of the Rapid Re-Housing Collaborative shall provide guidance and monitoring on file maintenance and documentation. In order to insure all participating agencies are meeting the State and Federal standards, she will request on occasion to inspect files.

In addition, all files are subject to monitoring by City, State and Federal officials upon request.

In order to ensure that all collaborative partners meet the expected standards, files are to be kept updated on at least a weekly, preferably daily basis.

Household Eligibility

In order to be eligible for participation in the Forsyth Rapid Re-Housing Collaborative programs a household must meet the threshold requirements. These requirements include:

- 1) The Household's total income must not exceed 30% of the area median income;
- 2) The Household must lack sufficient economic and social resources to obtain and maintain permanent housing ("but for" test- But for this assistance, would this household remain homeless)
- 3) Meet the requisite definition of literally homeless, equivalent to HUD's category 1 Homeless, including victims of domestic violence.

Residency Requirements

There shall be no requirements for a literally homeless household to reside in either Forsyth County or a Forsyth County shelter prior to admission to the program. Households that intend for Forsyth County to be their permanent residence are eligible for assistance. If a household is residing at a shelter outside of Forsyth County either for purposes of safety or because no appropriate shelter was available in Forsyth, but intends for Forsyth County to be their permanent residence may be eligible for services.

Determining Income Eligibility

The FRRC Program defines an eligible household as one whose annual income, as determined in accordance with 24 CFR 5.609, **does not exceed 30 percent of the median income** for an area or community.

The median income for an area or community will be determined using the income limits most recently published by HUD for programs under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f). HUD's current income limits can be found at <http://www.huduser.org/portal/datasets/il.html>. The case manager must establish the size of household to verify that the household meets the income eligibility requirement.

Income Definition

The income definition contains income "inclusions" (types of income to be counted) and "exclusions" (types of income that are not to be counted as income) for determining eligibility. Case Managers should follow the income guidelines for the Housing Choice Voucher Program found at 24 CFR Part 982.

The following types of income must be counted (inclusions) when calculating annual income:

- Earned Income --Wages, Salaries, etc. for any adult member of the household (note: wages that are garnished are included as earned income)
- Self-Employment/Business Income
- Interest & Dividend Income
- Pension/Retirement Income
- Unemployment & Disability Income (excluding lump sum payments)
- TANF / Public Assistance, including the portion of the grant designated for child(ren)
- Alimony and Child Support Income
- Armed Forces Income
- G.I. Bill Housing Stipend

The following types of income are NOT counted (exclusions) when calculating current gross income:

- Income of Children
- Inheritance and Insurance Income
- Medical Expense Reimbursements
- Income of Live-in Aides
- Student Financial Aid, including G.I. Bill Student Financial Aid
- Armed Forces Hostile Fire Pay
- Self-Sufficiency Program Income
- Other Income (i.e., temporary, non-recurring or sporadic income)

- Reparations
- Income from full-time students
- Foster Care Income
- Adoption Assistance Payments
- Deferred and Lump Sum Social Security & SSI payments
- Income Tax and Property Tax refunds
- Home Care Assistance
- Veterans Retraining Assistance Program (VRAP) assistance
- Other Federal Exclusions
- Food Stamps

Some types of excluded income, such as tax refunds, could be counted by grantees to be household assets. Grantees are required to include in the calculation of annual income any interest or dividends earned on assets held by the family. For additional information on determining income from assets, please see the below “Determining Income from Assets” section.

Income Calculation

After determining and documenting specific sources of income that must be included in the income calculation for each household, grantee then calculate the household’s (not just the Veteran’s) annual income.

Annualizing Wages and Periodic Payments

When calculating income based on hourly, weekly or monthly payment information, add the gross amount earned in each pay period for which there is documentation and divide by the number of pay periods. This provides an average wage per payment period. Depending on pay periods used by the employer or the schedule of periodic payments, the following calculations convert the average wage into annual income:

- Hourly Wage multiplied by hours worked per week multiplied by 52 weeks
- Weekly Wage multiplied by 52 weeks
- Bi-Weekly (every other week) Wage multiplied by 26 bi-weekly periods
- Semi-Monthly Wage (twice a month) multiplied by 24 semi-monthly periods
- Monthly Wage multiplied by 12 months

Case Managers may choose among the following two methods of calculating annual income:

Calculating projected annual income by annualizing *current* income

OR

Using information available to average *anticipated income* from all known sources when the sources are expected to change during the year.

For example, a person who works as a teacher’s assistant nine months annually and receives \$1,300 per month. During the summer recess, the person works for the Parks and Recreation Department for \$600 per month. Grantees may calculate the Forsyth Rapid Rehousing Collaborative family’s income using either of the following two methods:

Calculate Annual Income Based on Current Income:

\$15,600 (\$1300 x 12 months). If recertification falls during summer recess, the grantee would recalculate the family’s income during the summer months at a reduced annualized amount of \$7200 (\$600 x 12 months).

Calculate Annual Income Based on Average Experience:

\$11,700	(\$1300 x 9 months)
+ 1,800	(\$ 600 x 3 months)
<hr/>	
\$13,500	

Using the first method requires documentation of only one source of income; under the second method, the family’s intake file would include documentation of both sources of income.

If a household’s periodic benefits and/or period of employment are capped, grantees should not annualize benefits/pay beyond the maximum level of benefit/pay that can be received. For example, a client receives \$100 of unemployment per week, but unemployment is capped at \$4,000 per year. The client’s annualized unemployment benefits should be calculated at \$4,000, and not $\$100 * 52 = \$5,200$. Another example, the household is employed for a quarter and will receive \$500/week. The client’s annualized pay should be calculated at \$6,000 and not $\$500 * 52 = \$26,000$.

However, to the extent that there is certainty about expected income, future income should be taken into account when determining whether a household has other financial resources.

Remember, case managers must assess all circumstances and document that the household would be homeless ***but for*** the assistance. As such, case managers should carefully evaluate the circumstances and probability of future income. For example, while a seasonal worker may expect to earn income during an upcoming season, if s/he has no promise of future employment, the potential of future employment should not be counted as a resource. In contrast, if a school teacher has a promise of future employment (by way of a renewed employment contract), the potential of future employment should be accounted for in the assessment of other financial resources. This is not to say that the school teacher in the example would be automatically determined ineligible. Rather, grantees should determine when the employment opportunity will take effect (i.e. when the income will be earned) and create a financial assistance plans that account for an eligible Forsyth Rapid Rehousing Collaborative family’s financial resources.

Documentation of a household’s annual income and the percent of AMI that income represents (not to exceed the maximum of 30% of AMI) must be maintained in the participant’s file as documentation of eligibility.

Summary of Asset Inclusions and Exclusions

Asset Inclusions	Asset Exclusions
1. Amounts in savings and checking accounts	1. Necessary personal property, except as noted in Inclusion #9.
2. Stocks, bonds, savings certificates, money market funds and other investment accounts	2. Interest in Indian trust lands.
3. Equity in real property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the assets and reasonable costs (such as broker fees) that would be incurred in selling the assets.	3. Assets that are part of an active business or farming operation.

Asset Inclusions	Asset Exclusions
4. The cash value of trusts that may be withdrawn by the family.	4. NOTE: Rental properties are considered personal assets held as an investment rather than business assets unless real estate is the applicant's / tenant's main occupation.
5. IRA, Keogh and similar retirement savings, even though withdrawal would result in a penalty.	5. Assets not controlled by or accessible to the family and which provide no income for the family.
6. Some contributions to company retirement/ pension funds. Note the discussion below on accessibility of the funds.	6. Vehicles especially equipped for the disabled.
7. Assets, which although owned by more than one person, allow unrestricted access by the applicant.	7. Equity in owner-occupied cooperatives and manufactured homes in which the family lives.
8. Lump sum receipts such as inheritances, capital gains, lottery winnings, insurance settlements, and other claims.	
9. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.	
10. Cash value of life insurance policies.	
11. Assets disposed of for less than fair market value during the two years preceding certification or recertification.	

NOTE: A key factor in whether or not to include an asset in the calculation of annual income is whether any member of the family has access to the asset.

Assets Calculation Example

Compare Actual Income from Assets to Imputed Income from Assets

Applicant has \$7,900 in assets. (Assume passbook rate of 3.5 percent.)

Applicant actual income from assets is paid at 1.5% simple interest annually = \$119. Assets:
\$ 7,900

HUD-determined passbook rate	x .035
Imputed income from assets	\$ 277

Compare actual interest of \$119 to imputed interest of \$277. The actual interest of \$277 (the greater of the two) will be used as income from assets in the calculation of annual income.

Additional Guidance on Calculating the Value of Assets and Income from Assets

Contributions to Company Retirement/Pension Funds

While a participant is employed, count as an asset only amounts the participant could withdraw from a

company retirement or pension fund without retiring or terminating employment.

After retirement or termination of employment, count as an asset any amount the employee elects to receive as a lump sum from the company retirement/pension fund.

Include in *annual income* any retirement benefits received through periodic payments.

In order to correctly include or exclude as assets any amount now held in retirement/pension funds for employed persons, the grantee must know whether the money is accessible before retirement.

Equity in Real Property

Real property includes land or real estate owned by the participant or participant household. Equity is the portion of the market value of the asset which is owned by the participant (the amount which would be available to the household if the property were to be sold). It is equal to the market value less any mortgage or loans secured against the property (which must be paid off upon sale of the property).

Calculate equity in real property as follows:

$$\text{Market Value} - \text{Loan (Mortgage)} = \text{Equity}$$

Calculate the cash value of real property as follows:

$$\text{Equity} - \text{Expense to Convert to Cash} = \text{Cash Value}$$

Expenses to convert to cash may include costs that would be paid to liquidate the asset, such as sales commissions, settlement costs, and transfer taxes.

Assets Disposed of for less than Fair Market Value

At initial certification or reexamination, grantees must ask whether a household has disposed of an asset for less than its market value within the past two years. If the family has, the grantee must determine the difference between the cash value of the asset at time of sale or other disposal and the actual payment received of for the asset.

Some of the types of assets that must be considered include cash, real property, stocks, bonds, and certificates of deposit. They must be counted if the household gave them away or sold them for less than the market value. Note: Generally, assets disposed of as a result of a divorce, separation, foreclosure, or bankruptcies are *not* considered assets disposed of for less than fair market value.

VA does not specify a minimum threshold for counting assets disposed of for less than fair market value. A grantee may establish a threshold that will enable it to ignore small amounts such as charitable contributions. (HUD Handbook 4350.3, for multifamily subsidized housing, uses \$1,000 as a threshold.) Verification of assets disposed of for less than fair market value is generally done by participant certification. Grantees need verify only those certifications that warrant documentation.

Valuing Assets

Because of the requirement to include the greater of the actual interest/dividend income earned or a percentage based upon a HUD published passbook rate when assets are greater than \$5,000, the value of assets *may* affect the family's annual income.

Grantees must determine the *market value* of the asset and then calculate the *cash value* by subtracting the estimated expense required were the participant to convert the asset to cash.

Expense to convert to cash includes costs such as:

- Penalties for premature withdrawal (e.g. the 10% penalty paid when a retirement account is closed prior to retirement age, or a certificate of deposit is withdrawn prior to maturity);
- Broker and legal fees (e.g. a percentage of the value of the asset incurred in the sale of stocks, bonds, real estate, etc.); and
- Settlement costs incurred in real estate transactions (e.g. the typical percentage of sales price for settlement in the locality).

NOTE: Grantees must not require participants to dispose of assets in order to determine the costs to convert to cash. These amounts simply reflect a realistic estimate of costs and by deducting them from the market value of the asset, the imputed income from the asset is based on an amount the participant would have in hand if they converted their assets to cash.

Federal Tax Refunds Received within the Previous 12 Months

If Federal tax refunds received within the previous 12 months make up part of a household's cash assets, that part of the household's cash assets must not be counted among the household's financial resources when determining the household's eligibility or need for assistance. See "Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010," Pub. L. No. 111-312, § 728, 124 Stat. 3296, 3317.

For example, if a household applying for assistance in July 2011 has \$2000 in total assets that includes a \$500 federal income tax refund received in April 2011, no more than \$1500 of the household's total assets may be considered when determining whether the household has the financial resources and support networks needed to obtain immediate housing or remain in its existing housing or when determining the amount or type of assistance that household needs.

This exclusion does not apply to Federal tax refunds received prior to the previous 12 months or state tax refunds. If those tax refunds make up part of a household's cash assets, they are treated the same as the other cash assets.

Determining Housing Status Eligibility

As with income eligibility; upon entering the FRRC program and every three months thereafter, all participants applying (or being recertified) for assistance must undergo a housing status eligibility determination. The results must be documented in the case file. This section provides detailed information on housing status eligibility (in addition to requirements and instructions provided in Section VII.A. of this Program Guide).

Reassessment Areas

The following areas should be reassessed by grantees:

- Income Eligibility:** The participant must still be at or below 30% AMI. Case Managers must recalculate and document household income as they did during the original assessment, since circumstances may have changed in the intervening months. If a household is over 30% AMI at the time it is reassessed, that household is no longer eligible.

- b. Housing Status Eligibility:** staff will evaluate a participant’s progress at the initial consultation, as well as at the recertification every 3 months to determine and document whether the household remains qualified for continued services. Case Manager should evaluate the presence of ongoing barriers to stable housing and risk factors that indicate a household continues to need assistance to prevent or end homelessness. If a change in housing status has occurred since the last recertification (for example, the household moved into permanent housing from homelessness), this change is noted in the recertification paperwork. The household’s housing status category does not need to be reclassified.
- c. Other Resources/Support Networks (“But For”) Eligibility:** case managers should again assess and document whether the household lacks the financial resources and support networks needed to obtain housing or remain in their housing.
- d. Confirmation of Veteran Family Status:** The case manager should confirm whether the participant or any other member of their household is a veteran. If a member of the household is identified as a veteran, the case manager will work to ensure that the Veteran is connected to the Veteran Administration local medical center.

Adjusting Assistance at Reassessment

As explained above, the appropriate level of supportive services and temporary financial assistance, if given, should be based on a participant’s specific needs. It is important for case managers to consider during each reassessment if circumstances have changed and how much assistance a household actually needs for housing stability at that point. Assistance levels for services or financial assistance can then be adjusted to be greater or less than included in the original plan. (For more information on different types of subsidies, see “Designing and Delivering HPRP Financial Assistance”, available on the HRE at: http://www.hudhre.info/documents/HPRP_FinancialAssistance.pdf.)

If a participant becomes ineligible to receive supportive services with rapid re-housing funds during the recertification process, the grantee is required to provide the participant with information on other available programs or resources.

Case File Documentation Requirements

Case Managers are responsible for maintaining case files for each participant household. Case files are subject to inspection by representatives of the Federal Government, State official, during the monitoring visits, case files will be inspected for the following:

- Intake Screening
- Verification of participant eligibility (Veteran status, household income, and housing status)
- Housing stability plan
- Provision of the types of supportive services and, if applicable, types of financial assistance
- Recertification and reassessment (at least once every 90 days for all participants)
- Rent reasonableness determination, if applicable
- Fair Market Rate Assessment, if applicable
- Housing inspections, if applicable

Documentation Standards

Case Managers are responsible for verifying and documenting the eligibility of all households prior to providing assistance. They are also responsible for maintaining this documentation in the participant's case file once approved for assistance. Case Managers with insufficient case file documentation may be found out of compliance with program regulations..

Minimum acceptable types of documentation vary depending on the type of income or particular housing status and circumstance being documented. General documentation standards, *in order of preference*, are as follows:

- A. Written Third Party** — Verification in writing from a third party (e.g. individual employer, Social Security Administration, welfare office, emergency shelter provider, etc.) either directly to staff or via the family is most preferred. Third party verification of income, such as a deposit slip for a paycheck, might show income after deductions have been made; grantees must document gross income, before any deductions.
Written third-party documentation may include completion of a standardized form, such as a verification of income statement.
- B. Oral Third Party** — Verification from a third party (e.g. individual employer, Social Security Administration, welfare office, etc.) provided by the third party over the telephone or in-person directly to staff. Oral third party verification is acceptable only if written third party verification cannot be obtained in time to resolve the housing crisis. Staff must document reasons why third party written verification could not be obtained in the participant file, per the requirements in the tables below
- C. Participant Self-Declaration** — An affidavit of income and/or housing status as reported by the household is allowable, but is only acceptable if written or verbal third party verification cannot be obtained. Self-declaration of housing status (e.g., eviction) should be rare. Staff must document reasons why third party written or oral verification could not be obtained in the participant file, per the requirements in the tables below.

The Program Director may review program participant files and documentation through periodic monitoring and be sure it is sufficient to document the household meets all eligibility criteria. Remember, specifically for housing status, determining eligibility can be a multi-level process. Veteran families must meet ALL criteria and evidence of this must be present in the case file.

HMIS Participation requirements

All subcontractors are required to participate in the North Carolina implementation of HMIS. They must keep records of all client services in this database.

Case Managers must have client data in the CHIN system by no later than the 4th day of every month.

Data Quality Standards

NCHMIS provides monthly data quality reports for programs. All case managers are encouraged to have 100% data quality. Any subcontractor which has a data quality score from NC HMIS below 95% will receive a written warning from the Program Director. If the data quality issues are not resolved within 30 days, the Program manager may work with the subcontractor to develop a data improvement plan.

Participant Fees

Programs may not charge a fee to participants for providing supportive services that are funded using funds from a supportive services grant. *Note: this prohibition does not prevent grantees from requiring participants to cost-share, with a grantee, any expenses for which temporary financial assistance is provided.*

Participant Safety and Critical Incident Reports

A critical goal of the Program is to ensure the safety of all participants, supportive service coordinators and their staff. Case Managers are encouraged to develop a comprehensive safety plan to maintain the safety of participants and staff if a staff member of either the grantee or subcontractor becomes aware of a health or safety issue related to the participant, including unsafe accommodations, the grantee must report the issue to the appropriate authorities. Grantees and subcontractors are expected to comply with all applicable laws.

Habitability Standards

Any unit for which FRRC funds are used must meet local habitability standards, and documentation of inspection must be maintained in the clients file. Rapid Rehousing or Supportive Services for Veteran Families staff shall, on behalf of a participant moving into a new (different) housing unit conduct initial and any appropriate follow-up inspections of the housing unit into which the participant will be moving.

Confidentiality

All program staff are required to maintain confidentiality of records kept on participants. Grantees and subcontractors must comply with all applicable federal and local laws to assure the confidentiality and security of participant's physical and electronic records.

Program staff that provides family violence prevention or domestic violence treatment services must establish and implement additional procedures to protect participants by ensuring the confidentiality of:

- (1) Records pertaining to any individual provided services, and
- (2) The address or location where the services are provided.

Domestic Violence Policy

If a participant is identified at the initiation of services as a victim of domestic violence the case manager will take all necessary steps to include in their housing stability plan a domestic violence safety plan. If the participant is willing to be connected to a provider that specializes in serving victims of domestic violence the case manager shall assist the client in connecting to that provider.

If a case manager finds that a member of a participating household that they are currently working with is perpetrating domestic violence against another adult member of the household they must contact the program director immediately and the case manager and the Program Director shall determine on a case by case basis how best to serve the household, with the primary focus of creating a service plan that protects both the safety and confidentiality of all members of the household. Under no circumstances will one case manager be allowed to continue to serve both adult members of the household if there is domestic violence occurring within the family.

If there is violence or abuse which is revealed to be occurring against a child in the FRRC participant household, the case manager must report such abuse to the Department of Social Services, as required by law.

Releasing Participants from Program

Clients will be released from the program under the following conditions:

The Case Manager and participating household agree that the household has received the agreed to services and achieved housing stability.

The participating household does not respond to reasonable contact with the case manager. Prior to terminating a household for lack of contact the case manager must attempt to contact the household both in writing and in person, and give clear instructions that if the household does not contact the program staff within a reasonable time frame, which is clearly set forth in the letter, that the household will be terminated from the program.

In the event a participant violates a grantee's program requirements, a grantee may stop providing assistance to the participant. The program participant must receive written notification of the reason for termination. Case Manager may resume assistance to a participant whose assistance was previously suspended.

When a household is terminated from the program for any reason other than mutual consent, the case manager must:

- (1) Provide written notice to the participant containing a clear statement of the reasons termination
- (2) A review of the decision, in which the participant is given the opportunity to present written or oral objections to either the case manager's supervisor within their agency or the FRRC Program Director;
- (3) Prompt written notice of the final decision to the participant. Subcontractors are encouraged to follow their own internal process for reviewing terminations so long as they meet the above minimum standard.

COMPLAINTS AND APPEALS

INTRODUCTION

A. COMPLAINTS & APPEALS

Complaints may arise when an applicant or program participant disagrees with an action or inaction on the part of the program. When complaints are received from applicants, participants, landlords, or members of the public, the appropriate representative of the program will respond promptly. All complaints and responses will be documented. The Program may request that complaints be put in writing, but must allow the option of oral complaints and appeals. Complaints may include, but not be limited, to the following types:

Complaints from households: If an applicant or participating household disagrees with an action or inaction of the program, the complaint initially will be reviewed by the front-line staff. If a complaint is not resolved, it will be referred to a supervisor of the sponsor agency.

Complaints from owners: If a property owner or property manager disagrees with an action or inaction of the program or a participating household, the complaint initially will be reviewed by the front-line staff. If a complaint is not resolved, it will be referred to a supervisor of the sponsor agency.

Complaints from staff: If a program staff person reports an owner or participant either violating or not complying with program rules, the complaint will be referred to the Supervisor.

Complaints from the general public: Complaints or referrals of complaints from persons in the community in regard to the program, a participant or an owner initially will be reviewed by the front-line staff. If a complaint is not resolved, it will be referred to a supervisor of the sponsor agency.

At its discretion, after review of a complaint by the supervisor, the agency may refer a complaint to the Case Review Team for review and a recommendation.

B. DENIALS AND TERMINATIONS

Households are considered applicants once they have participated in an interview and signed required forms. Applicants who are denied assistance must be notified by the sponsor agency in writing of the denial within ten (10) days of application. The notice must include the reason for the denial, notification of the right to appeal the decision, the procedure for requesting a review of the decision, and a time limit for requesting a review. Applicants who are denied assistance may appeal the decision.

Households are considered participants when they receive any type of program assistance. Participation in the program is terminated when assistance ends. In terminating assistance to a program participant, written notification must be provided along with notification that the participant has the right to an appeal. Written notice must include the date that assistance will end, the reason for the termination, and information on how to appeal the decision.

C. NOTIFICATIONS

Notifications from Program representatives must include the reasons for any action or inaction and must describe a procedure and time limit for request of further review. Notifications shall be issued within 10 days of receipt of any complaint or appeal.

Financial Management

The United Way of Forsyth County shall maintain all financial records and accountings for this program in accordance with its standards and procedures.

Sub-contractors may submit requests for reimbursement on a monthly basis. Requests shall not exceed budgeted amounts as set forth in the approved budget.

Approved budgets shall be provided by United Way to the subcontractors within 30 days of receiving the budget from the Veterans Administration. If there is a gap between the receipt of the approved budget and the beginning of the grant period, subcontractors may rely on the proposed budget submitted with the most recent grant application until such time as the approved budget is received from the VA.

Employee Training

All FRRC Program Staff shall be provided a minimum of 5 continuing education hours per year to ensure that their skills are of the highest caliber. Program staff are encouraged to find opportunities in the community for such training. Often there are trainings by the North Carolina Coalition to End Homelessness, HUD, Veterans Administration, and other national, state and local entities.

The Program Director will authorize the expenditure of funds to cover the costs of such training as the budget allows.

Non Discrimination Policy

The aim of this policy is to ensure equal and fair access to the FRRC for all people who meet the program criteria. No FRRC participant or their family members shall be discriminated against in selection for the program because of his/her race, religion, color, sex, gender identify, age, creed, national origin, marital status, sexual orientation, family status, or disability.

Adoption and amending Policies and Procedures

These policies and procedures shall be adopted and/or amended by agreement between the United Way of Forsyth County and its subcontractors.

WS/FC CoC (NC-500) Community Intake Center Policies and Procedures

1	Intake and Assessment Procedure
2	Priority for Housing Assistance
3	CIC Agency Referral Form
4	Privacy and Confidentiality Policy
5	Authorization Disclosure for Adults
6	Authorization Disclosure for Children
7	VI-SPDAT Families
8	VI-SPDAT Single Adults
9	HMIS Intake Form
10	Assessment Summary
11	Income Declaration
12	Team Housing Plan
13	Receipt for Team Housing Plan
14	Receipt for Documents
15	Domestic Violence Policy
16	Termination Policy and Procedure
17	Complaint and Appeal Procedure

The attached documents are in the process of being updated for final approval by the WS/FC CoC Operating Cabinet. All references to CHIN found herein will be replaced with NC HMIS.

Community Intake Center (CIC)

585 Waughtown St., Winston-Salem, NC 27107 (336)788-4965

INTAKE AND ASSESSMENT PROCEDURE

GENERAL PROVISIONS

1. The majority of individuals or families will enter the homeless services network through the emergency shelters or one of the homeless service providers. However, the intake center will also accept individuals or families directly who have not previously entered the homeless services network (walk-ins).

DOMESTIC VIOLENCE AND SAFETY ISSUES

2. The safety of our clients is a first and foremost concern of the homeless services network. The Domestic Violence Policy and Procedure sets forth the steps to be taken in serving clients who are fleeing domestic violence.
3. Generally, upon a client entering the homeless services network, a safety assessment should be performed to determine whether the client is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the client or family member. If during an interview, concerns are raised about the client's immediate safety, the client should be referred to local law enforcement (911), if needed, and to a domestic violence shelter. (See Domestic Violence Policy and Procedure) Family Services Domestic Violence 24 hour Crisis Line (336-723-8125) or the Crisis Line at Next Step Ministries (336-413-5858)
4. If the client's immediate safety is not threatened the client will be processed in accordance with the Domestic Violence Policy and Procedure
5. If it is determined that the client presents an immediate safety risk to themselves or to others, the individual performing the intake should take the appropriate steps as defined by the shelter

or service provider policies. With regard to the CIC, a supervisor should immediately be contacted to assist in determining the appropriate course of action to ensure the safety of the client and those around the client. The CenterPoint 24/7 phone line is 1-888-581-9988

PRIVACY AND CONFIDENTIALITY

The CIC will execute the CHIN Consent forms for adults and children and will also obtain an Authorization for Use/Disclosure of Protected Health Information (Phi) And Other Sensitive/Confidential Information. These forms will allow the CIC to share information with the other agencies. Re-disclosure of that information by an agency will require additional consent and authorization forms by the agency.

6. THIS PROCEDURE IS INTENDED TO MAKE CERTAIN THAT AT EACH STEP OF THE PROCESS THE CLIENT CONSENTS TO THE SHARING OF THEIR INFORMATION AND THAT THE CLIENT IS AWARE OF WHAT INFORMATION WILL BE SHARED, WITH WHOM IT WILL BE SHARED, AND THE PURPOSE FOR WHICH THE INFORMATION IS BEING SHARED.

OTHER GENERAL PROVISIONS

7. The term “client” in this document refers to both individuals and families.
8. Whenever a client is given documentation such as the Complaints and Appeals Procedure, a signed receipt should be obtained from the client.
9. When the Intake Specialists and members of the Assessment Team are performing their respective duties they are considered part of the Community Intake Center.

Entering Through a Shelter:

10. When a person enters a shelter, an initial shelter intake should be performed. The initial record in CHIN should be created.
11. Prior to entering any CHIN data, the person performing shelter intake must obtain a signed written consent to having the client’s personal information entered into CHIN. In order to share protected health information and other sensitive/confidential data with the CIC, an appropriate consent should also be obtained by the shelter. With regard to families, a consent form should be signed by all adults in the household. The parent, guardian, or authorized

representative should also sign the consent forms on behalf of children in the household who are below the age of eighteen (18).

12. If the client is in urgent need of a particular service, the shelter should immediately refer the client to that service. Those needs that are not urgent should be handled through a referral to the CIC.
13. After sixteen consecutive days in the shelter, the shelter may refer a client to the Community Intake Center. Prior to the completion of the sixteen consecutive days, if extenuating circumstances exist, the shelter may in its discretion refer a client to the CIC.
14. In order to refer a client to the CIC, the shelter will perform an intake on the client and submit a copy of the intake documentation to the CIC.

Entering Through a Service Provider:

15. When a client who is homeless enters through a service provider other than a shelter, the service provider should refer the client to the CIC. If the service provider does not have access to CHIN, the CIC will create the client record in CHIN.
16. Prior to entering any CHIN data, the person performing intake of the client must obtain a signed written consent to having the client's personal information entered into CHIN. In order to share protected health information and other sensitive/confidential data with the CIC an appropriate agency consent form should also be obtained by the service provider. With regard to families, the consent forms should be executed by all adults in the household. The parent or authorized representative should also sign the consent forms on behalf of children in the household who are below the age of eighteen (18).
17. If the client is in urgent need of a particular service, the service provider should immediately refer the client to that service. Each referral should be documented in CHIN. Those needs that are not urgent should be handled through a referral to the CIC.
18. When a client exits a shelter or program, the appropriate exit data should be entered into CHIN by the shelter or service provider within 72 hours of the client leaving the services. At a minimum, exit data shall include the exit data required by the CHIN HMIS Intake Form Version 15. If the service provider does not have the minimum exit data required by the system, then

the service provider shall document what efforts were made to obtain the exit data, and communicate with the CIC to determine whether there is an alternative strategy to obtain the exit data. The purpose of this requirement is to ensure that our COC has the best possible data quality and to assist us in our analysis of system outcomes.

INTAKE

19. Clients may be referred by a service provider to the CIC or may contact the CIC directly (walk-in) Once a client is referred or contacts the CIC directly, an Intake Specialist or volunteer will perform an intake interview and complete the CHIN HMIS Intake form and the Vulnerability Index and other documents required for intake.
20. If during the intake process, concerns are raised about the client's immediate safety, the client should be referred to local law enforcement (911) if needed, and to a domestic violence shelter. Family Services Domestic Violence 24 hour Crisis Line (336-723-8125) or the Crisis Line at Next Step Ministries (336-413-5858) (See Domestic Violence Policy and Procedure)
21. If the client is fleeing domestic violence but their immediate safety is not threatened the client will be processed in accordance with the Domestic Violence Policy and Procedure.
22. Prior to beginning an intake interview the Intake Specialist must obtain a copy of the photo Id and Social Security card of the client to be interviewed. For families with minor children a copy of the Social Security card and birth certificate for each child should be obtained. At intake, the Intake Specialist will create a client case file.
23. A unique CIC ID will be assigned to each case file. The CIC ID consists of the first three letters of the client's last name and the last four digits of the client's Social Security number.
24. The Intake Specialist must obtain the appropriate signed written consent(s) to having the client's personal information entered into CHIN. The Intake Specialist must also obtain Authorizations for Use/Disclosure of Protected Health Information (Phi) And Other Sensitive/Confidential Information. With proper consent the required information from the CHIN HMIS Intake form and Vulnerability Index may be entered into CHIN.
25. If an Intake Specialist becomes aware that the client is in urgent need of a particular service, the Intake Specialist should immediately refer the client to the appropriate service provider.

Each referral should be documented in CHIN. Those needs that are not urgent should be handled through the Assessment Team.

26. The client will be provided with a copy of the Complaints and Appeals Procedure.

27. Once the Intake Specialist has completed intake, the case will be submitted to the Assessment Team.

ASSESSMENT:

28. The review by the Assessment Team is to be completely anonymous. No personal identifying information will be submitted to the Assessment Team on cases to be reviewed. Cases will be identified only by their CIC ID.

29. All assessments by the Assessment Team will be performed using established assessment standards and policies and information obtained during intake. These standards and policies must be consistently applied to all clients

30. The Assessment Team will perform an assessment on all clients submitted to it by the CIC. Except in extraordinary circumstances, the Assessment Team will meet weekly. The Assessment Team will not meet on designated holidays.

31. The Assessment Team will review each client's case and will develop an Assessment Team Housing Stability Plan.

32. The Assessment Team's decision should include a referral to what it has identified as the best housing solution for the client. The Assessment Team Housing Stability Plan may be a services only plan that includes those non-housing services that the Assessment Team feels the client should be referred to. If the Assessment Team determines that a client should not receive housing assistance, it will develop a housing plan that identifies other potential housing resources and/or referral to services that will aid the client in achieving housing stability and the client's housing goals.

33. Under the policy of progressive engagement, the Assessment Team should approve the minimum amount of services and engagement needed to place a client in stabilized permanent housing.

34. Upon completion of the assessment, if the Assessment Team has determined that the client should enter a housing program, a Case Manager will be assigned. The client will be promptly notified of the Assessment Team decision and provided with a copy of the Assessment Team Housing Plan.
35. A copy of the Assessment Team Housing Plan will be provided to the client by a CIC or other agency representative.
36. The client may make objections to and appeal the Assessment Team Housing Plan in accordance with the Complaints and Appeals Procedure previously provided to the client.

Community Intake Center

585 Waughtown St., Winston-Salem, NC 27107 (336)788-4965

Prioritization for Which Eligible Families and Individuals Will Receive Housing Assistance

Below is the priority for housing assistance of different sub-populations within the homeless community:

1. Chronically Homeless and Highly Vulnerable – Must meet definition of “chronically homeless” and/or highly vulnerable as determined using defined vulnerability index, within this category, priority will be determined by vulnerability score.
2. Unaccompanied Youth under the age of 25 or families with school age children and youth (not chronically homeless or highly vulnerable) currently in their custody.
3. Individuals/heads of households with Disabilities (not chronically homeless or highly vulnerable) – Must have a disability which interferes with clients housing stability.
4. Individuals/heads of households (without disability , not chronically homeless and not highly vulnerable)

Agency Referral Form

Name of Client: _____ CHIN ID#: _____

I certify that _____ is currently homeless and has resided at
_____ (location) for a period of
_____ days.

Signature

Date

Community Intake Center

585 Waughtown St., Winston-Salem, NC 27107 (336)788-4965

Privacy and Confidentiality Policy and Procedure

At different points in the intake, assessment, and case management procedure it will be necessary to enter data into CHIN. It may also be necessary to share sensitive information such as case notes, mental health information and HIV/AIDS status, or any substance abuse or domestic violence information. Sharing sensitive information requires a specific authorization in addition to the CHIN consent form. A consent to share sensitive information must identify the person with whom the information will be shared, the information to be shared, and the purpose for which the information is being shared. **The overriding goal of this policy is to protect the confidentiality of the client's personal information at all times.**

Any personal information that is obtained from the client must be treated as confidential. When information is shared other than through CHIN only that information that is essential to the service to be provided should be shared. Information should not be shared outside the agency gathering the information without a properly executed consent form. The process of serving the client will involve obtaining information at various stages of the process. At each stage we must determine if any of the new information will be added to CHIN or whether information will be shared with another agency. If so, consent forms will be required.

Any data entered into CHIN will require a CHIN consent form. The entry or use of CHIN data must comply with the CHIN privacy rules and policies. If information outside of CHIN is to be shared, a sensitive information consent form for that information must also be obtained. This ensures that no information has been shared without the client's consent.

This sensitive information should only be shared outside of the CIC when it is essential to providing a specific service. Even the information relating to which services a client is referred to should be treated as confidential information. For example, a referral to HOPWA reveals sensitive information. The rule of "need to know" should be applied at all times. If a person or agency does not need to know particular confidential information, it should not be shared with that person or agency.

The first point of entry into homeless services for most clients will be either admission to an emergency shelter or contact with a homeless service provider. The shelter will need to do an initial intake and create a CHIN record for the client. Prior to entering any data into CHIN, a CHIN consent form must be signed by the client. If information outside of CHIN is to be shared with the CIC or any other agency then a consent form for that information must also be obtained. If a service provider will not be entering data into CHIN and will not be sharing confidential information in the referral to the CIC, then no consent forms will be required.

Once a client is referred to the CIC for intake and assessment, additional information will be entered into CHIN. Prior to entering any additional client information into CHIN a signed CHIN consent form must be signed by the client. Since intake information will be shared with the Assessment Team, a consent form to share information with the Assessment Team must also be obtained.

The client should be informed about what the Assessment Team is, the makeup of the team, and the purpose of the team. The client should also be made aware of what information will be shared with the team and that evaluations by the Assessment Team will be done anonymously. However, the client should voluntarily consent to the use of their information by the Assessment Team even if used without any personal identifying information. Once the assessment team has completed its assessment, the client will be referred to a case manager. It will be necessary to share information with the case manager. The CIC should obtain a consent in order to share his or her information with the case manager.

If during case management it becomes necessary for the Case Manager to share information with another agency or service provider, the client should be asked to consent to the sharing of that information.

Information shared with a particular person or agency cannot be re-disclosed to another person or agency without a written consent from the client.

When a CHIN consent form or a sensitive information form is obtained from a household with more than one adult, each adult within the household should be asked to sign the consents. If there are children within the household, a separate consent form for the children must be signed by a parent, guardian, or other authorized representative.

The approved CHIN and sensitive information consent forms should be used when executing consents to share information.

Any person who feels a violation of this Privacy and Confidentiality Policy and Procedure has occurred must immediately notify their supervisor. All reasonable steps will be taken to secure the client's, applicant's or participant's personal information and to prevent any other wrongful disclosure of information. No person shall knowingly violate this Privacy and Confidentiality Policy and Procedure.

Sensitive information cannot be re-disclosed without express written consent to re-disclose the information. The following language appears as an attachment to the CHIN "Client Consent for the Release of Sensitive Information":

RE-DISCLOSURE STATEMENT
(Must accompany all signed consent forms)

Prohibition on Re-Disclosure of Sensitive/Confidential Information

This statement accompanies a disclosure of confidential health care information concerning a person and made to you with the consent of the person named. State and federal laws, including The Health Insurance Portability and Accountability Act of 1996, HIPAA, 45 C.F.R., Parts 160 and 164, and the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, 42 C.F.R., Part 2, protect the privacy of health care information and require the patient's consent prior to disclosing protected information.

The **state and federal rules prohibit an agency from making any further disclosure of this information** unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by state law, 45 C.F.R. Parts 160 and 164 or 42 C.F.R, Part 2. **A general authorization** for the release of medical information **is not sufficient for this purpose.**

The state and federal rules restrict any use of the information to criminally investigate or prosecute any patient.

DESCRIPTION OF PHI AND OTHER SENSITIVE/CONFIDENTIAL INFORMATION AND PURPOSE

Description of PHI and other sensitive/confidential information to be disclosed:

Information contained in the CHIN HMIS Intake form, medical information, mental health information, HIV/AIDS status, substance abuse information, domestic violence information, information related to a disability, demographics, financial information, current and previous addresses, social security number, proof of citizenship/legal residency, employment information and any additional information that would assist an individual to obtain housing.

Purpose of Disclosure:

My PHI and other sensitive/confidential information may be used for determination of eligibility for housing, assistance providing, locating, providing, and/or maintaining housing, and to meet all of the requirements of the housing program such as entering information into the Homeless Management Information System managed by Carolina Homeless Information Network (CHIN). This information will also be used to coordinate services and track client information and to provide me with case management and integrated and/or coordinated services.

NOTICES

We are a participating agency of the Carolina Homeless Information Network (CHIN). As a member of CHIN, we use a computerized Homeless Management Information System (HMIS) to collect and report on information about the clients we serve. We collect personal information directly from you for reasons that are discussed in the CHIN Privacy Practices. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for emergency assistance, and to better understand the needs of persons needing assistance. We only collect information that we consider to be appropriate. If you do not want your information entered into and shared through the HMIS, please put an X through this paragraph.

COPY OF THIS AUTHORIZATION: I understand that if I agree to sign this authorization, which I am not required to do, I have a right to a signed copy of the form.

CONDITIONS:

RELEASE OF LIABILITY: I agree to release the Community Intake Center, its community partners, and its agents and employees from any liability whatsoever, including for injuries, damages and losses, known or unknown, resulting from sharing the information with those agencies listed above, homeless service providers, and housing locators, with whom the Community Intake Center has relationships.

EXPIRATION DATE

This agreement shall become effective on the date provided below and will **expire one year** from the date below.

REVOCACTION OF AUTHORIZATION: I understand that I have the right to revoke this authorization at any time in writing. I may use the Revocation of Authorization Section of this form, mail or deliver the revocation to the Community Intake Center, 585 Waightown Street, Suite B-101, Winston-Salem, NC 27107. I also understand that a revocation will be effective upon receipt, but will not be effective as to uses and/or disclosures of my protected health information and other sensitive/confidential information already made in reliance on this Authorization.

I acknowledge that before signing this consent for release agreement, I have carefully read and fully understand its terms. If I am unable to read, the person asking me to sign this form has read and explained all of the items/terms listed in the agreement.

Signature of Client/Individual/Personal Representative

Date

If signed by other than the client, state relationship and authority to do so:

Signature of Client/Individual/Personal Representative

Date

If signed by other than the client, state relationship and authority to do so:

Signature of CIC or Agency Representative

Date

REVOCAION OF AUTHORIZATION

Signature of Client/Individual/Personal Representative

Date

If signed by other than the client, state relationship and authority to do so:

**AUTHORIZATION FOR USE/DISCLOSURE OF PROTECTED HEALTH
INFORMATION (PHI) AND OTHER SENSITIVE/CONFIDENTIAL
INFORMATION**

I authorize the use and disclosure of my protected health information (PHI) and other sensitive/confidential information as described below:

CLIENT/INDIVIDUAL IDENTIFICATION

*This consent applies to the
following dependents:*

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

**DISCLOSING PARTY - RECIPIENT OF PHI AND OTHER
SENSITIVE/CONFIDENTIAL INFORMATION**

This authorization allows: The Community Intake Center and those agencies participating in the Community Intake Center to use and/or disclose my PHI and other sensitive/confidential information, as described below, to:

CIC Assessment Team
AIDS Care Service
Bethesda Center for the Homeless
CenterPoint Human Services
Experiment in Self Reliance
Fellowship Home
Goodwill of NWNK/Winston-Salem
Family Services, Inc.
NC Housing Services and Mgt. Corp
Rapid Re-housing Collaborative
Housing Authority of Winston-Salem

Salvation Army of Winston-Salem
Samaritan Ministries
United Way of Forsyth County
Wake Forest Univ. Baptist Medical Ctr.
WS/FC Schools
Insight Human Services
HOT Project
Empowerment Project
Next Step Ministries
Other: _____
Other: _____

DESCRIPTION OF PHI AND OTHER SENSITIVE/CONFIDENTIAL INFORMATION AND PURPOSE

Description of PHI and other sensitive/confidential information to be disclosed:

Information contained in the CHIN HMIS Intake form, medical information, mental health information, HIV/AIDS status, substance abuse information, domestic violence information, information related to a disability, demographics, financial information, current and previous addresses, social security number, proof of citizenship/legal residency, employment information and any additional information that would assist an individual to obtain housing.

Purpose of Disclosure:

My PHI and other sensitive/confidential information may be used for determination of eligibility for housing, assistance providing, locating, providing, and/or maintaining housing, and to meet all of the requirements of the housing program such as entering information into the Homeless Management Information System managed by Carolina Homeless Information Network (CHIN). This information will also be used to coordinate services and track client information and to provide me with case management and integrated and/or coordinated services.

NOTICES

We are a participating agency of the Carolina Homeless Information Network (CHIN). As a member of CHIN, we use a computerized Homeless Management Information System (HMIS) to collect and report on information about the clients we serve. We collect personal information directly from you for reasons that are discussed in the CHIN Privacy Practices. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for emergency assistance, and to better understand the needs of persons needing assistance. We only collect information that we consider to be appropriate. If you do not want your information entered into and shared through the HMIS, please put an X through this paragraph.

COPY OF THIS AUTHORIZATION: I understand that if I agree to sign this authorization, which I am not required to do, I have a right to a signed copy of the form.

CONDITIONS:

RELEASE OF LIABILITY: I agree to release the Community Intake Center, its community partners, and its agents and employees from any liability whatsoever, including for injuries, damages and losses, known or unknown, resulting from sharing the information with those agencies listed above, homeless service providers, and housing locators, with whom the Community Intake Center has relationships.

EXPIRATION DATE

This agreement shall become effective on the date provided below and will **expire one year** from the date below.

REVOCACTION OF AUTHORIZATION: I understand that I have the right to revoke this authorization at any time in writing. I may use the Revocation of Authorization Section of this form, mail or deliver the revocation to the Community Intake Center, 585 Waightown Street, Suite B-101, Winston-Salem, NC 27107. I also understand that a revocation will be effective upon receipt, but will not be effective as to uses and/or disclosures of my protected health information and other sensitive/confidential information already made in reliance on this Authorization.

I acknowledge that before signing this consent for release agreement, I have carefully read and fully understand its terms. If I am unable to read, the person asking me to sign this form has read and explained all of the items/terms listed in the agreement.

Signature of Client/Individual/Personal Representative

Date

If signed by other than the client, state relationship and authority to do so:

Signature of Client/Individual/Personal Representative

Date

If signed by other than the client, state relationship and authority to do so:

Signature of CIC or Agency Representative

Date

REVOCAION OF AUTHORIZATION

Signature of Client/Individual/Personal Representative

Date

If signed by other than the client, state relationship and authority to do so:

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

Prescreen for Families

GENERAL INFORMATION/CONSENT

1. Interviewer's First Name		2. Interviewer's Last Name	
3. Interviewer's Email		4. Interviewer's Phone Number	
5. When was this survey conducted? _____ / _____ / _____ Time: _____		6. Referring Agency: <i>If applicable</i>	
7. Location of Survey:			
HEAD OF HOUSEHOLD 1			
1. In what language do you feel best able to express yourself?			
2. Unique Client Identifier			
How old are you?		3. Birth Month/Year: <i>(The 1st of the month has been selected as a proxy DOB)</i> _____ / <u>1</u> / _____	
HEAD OF HOUSEHOLD 2 (when applicable)			
1. In what language do you feel best able to express yourself?			
2. Unique Client Identifier			
How old are you?		3. Birth Month/Year: <i>(The 1st of the month has been selected as a proxy DOB)</i> _____ / <u>1</u> / _____	
If either head of household is 60 years or older, then score 1.			Prescreen Score



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

Prescreen for Families

CHILDREN			
Total number of children under the age of 18 that are currently with the head(s) of household	RESPONSE	REFUSED <input type="checkbox"/>	
How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?	RESPONSE	REFUSED <input type="checkbox"/>	
Unique Client Identifiers	How old?		
1			
2			
3			
4			
5			
6			
Only ask the following question when there is at least one female head of household, and/or if there is at least one female child 13 years of age or older: Is any member of the family currently pregnant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>
Single Parent Family: If there are two or more children, or any child 11 years of age or older, and/or it is a female single parent that is pregnant, score 1.	Prescreen Score		
Two Parent Family: If there are three or more children, or any child 6 years of age or younger, and/or there is a female head of household that is pregnant, score 1.			
PRE-SCREEN GENERAL & FAMILY SIZE INFORMATION SUBTOTAL			

A. HISTORY OF HOUSING & HOMELESSNESS

QUESTIONS			
If at least one head of household AND at least one child has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.	RESPONSE	REFUSED	Prescreen Score
1. What is the total length of time you (and your family) have lived on the streets or in shelters?		<input type="checkbox"/>	
2. In the past three years, how many times have you (and your family) been housed and then homeless again?		<input type="checkbox"/>	
PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL			



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

Prescreen for Families

B. RISKS

SCRIPT: I am going to ask some questions about all the times you and other members of your family have had interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

QUESTIONS				
If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1.	RESPONSE		REFUSED	Prescreen Score
3. In the past six months, how many times have you and/or members of your family been to the emergency department/room?			<input type="checkbox"/>	
4. In the past six months, how many times have you and/or members of your family had an interaction with the police?			<input type="checkbox"/>	
5. In the past six months, how many times have you and/or members of your family been taken to the hospital in an ambulance?			<input type="checkbox"/>	
6. In the past six months, how many times have you and/or members of your family used a crisis service, including distress centers or suicide prevention hotlines?			<input type="checkbox"/>	
7. In the past six months, how many times have you and/or members of your family been hospitalized as an in-patient, including hospitalizations in a mental health hospital?			<input type="checkbox"/>	
If YES to questions 8 or 9, then score 1.	YES	NO	REFUSED	Prescreen Score
8. Have you or any family member been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you or any family member threatened to or tried to harm themselves or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 10, then score 1.	YES	NO	REFUSED	Prescreen Score
10. Do you or any member of the family have any legal stuff going on right now that may result in being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 11 or 12; OR if respondent provides any answer <i>OTHER THAN</i> "Shelter" in question 13, then score 1.	YES	NO	REFUSED	Prescreen Score
11. Does anybody force or trick you or any member of the family to do things that they do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Do you or any family member ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. I am going to read types of places people sleep. Please tell me which one that you and your family sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):			
PRE-SCREEN RISKS SUBTOTAL				



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

Prescreen for Families

C. SOCIALIZATION & DAILY FUNCTIONS

QUESTIONS				
	YES	NO	REFUSED	Prescreen Score
If YES to question 14 or NO to questions 15 or 16, score 1.				
14. Is there anybody that thinks you or any family member owes them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Does the family have any money coming in on a regular basis, through a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does your family have enough money to meet all expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If NO to question 17, score 1.				
17. Do you and each member of the family have planned activities each day other than just surviving that bring happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 18 or 19, score 1.				
18. Do you or any member of the family have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do any friends, family or other people in you or your family's life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVE ONLY. DO NOT ASK! If YES, score 1.				
20. Surveyor, do you detect signs of poor hygiene or daily living skills of any family member?	<input type="checkbox"/>	<input type="checkbox"/>		
PRE-SCREEN SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL				



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

Prescreen for Families

D. WELLNESS

QUESTIONS					
If Does Not Go For Care, score 1.		RESPONSE		Prescreen Score	
21. Where do you and other family members usually go for healthcare when you're not feeling well?		<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care			
For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.					
Do you or any family member have now, ever had, or had a healthcare provider ever told you that you have any of the following medical conditions:		YES	NO	REFUSED	Medical Conditions
22. Kidney disease/End Stage Renal Disease or Dialysis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. History of frostbite, Hypothermia, or Immersion Foot		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Liver disease, Cirrhosis, or End-Stage Liver Disease		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. HIV+/AIDS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column.		YES	NO	REFUSED	Other Medical Conditions
26. History of Heat Stroke/Heat Exhaustion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Heart disease, Arrhythmia, or Irregular Heartbeat		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Emphysema		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Asthma		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Hepatitis C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:		<input type="checkbox"/>	<input type="checkbox"/>		
34. Surveyor, do you observe signs or symptoms of a serious health condition?		<input type="checkbox"/>	<input type="checkbox"/>		



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

Prescreen for Families

If any response is YES in questions 35 through 42, score 1 in the Substance Use column.	YES	NO	REFUSED	Substance Use
35. Have you or any member of the family ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have you or any family member consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you or any family member ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you or any family member ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you or any family member used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Have you or any family member blacked out because of alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. (WHEN APPLICABLE) Has any family member under the legal drinking age consumed alcohol four or more times in the last month or used drugs at any point in time during the last month – including marijuana or prescription pills to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK: 42. Surveyor, do you observe signs or symptoms or problematic alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 43 through 49, score 1 in the Mental Health Column.	YES	NO	REFUSED	Mental Health
43. Have you or any family member ever been taken to a hospital against their will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Have you or any family member ever gone to the emergency room because they weren't feeling 100% well emotionally or because of their nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Have your or any member of your family spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of mental health – whether that was voluntary or because someone insisted that it be done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Have you or any member of your family had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Have you or any member of your family ever been told they have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Do you or any member of your family have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK: 49. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
<i>If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X – AND IT IS ALL RELATED TO THE SAME FAMILY MEMBER, then score 1 additional point for tri-morbidity.</i>				Tri-Morbidity Prescreen Score
ASK THIS QUESTION ONLY WHEN THERE WAS 1 in Substance Use AND 1 in Mental Health, and at least 1 in the Medical Conditions OR an X.				
50. You indicated in your responses that there is a medical condition, experience with mental health services and experience with substance use. Is that the same member of the family in all of those instances?				



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

Prescreen for Families

If YES to question 51, score 1.	YES	NO	REFUSED	Prescreen Score
51. Have you or any member of the family had any medicines prescribed by a doctor that were not take, sold, stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 52, score 1.	YES	NO	REFUSED	Prescreen Score
52. Yes or No – Have you or any member of your family experienced any emotional, physical, psychological, sexual or other type of abuse or trauma which help was not sought for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PRE-SCREEN WELLNESS SUBTOTAL				

E. FAMILY UNIT

QUESTIONS				
If YES to question 53 or 54, score 1.	YES	NO	REFUSED	Prescreen Score
53. Do any of your children spend two or more hours per day when you don't know where they are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. On most days, do any children do tasks that adults would normally do like preparing meals, getting other children ready for bedtime, shopping, cleaning the apartment, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If either 55 or 56 are 3 or more, score 1.	RESPONSE		REFUSED	Prescreen Score
55. What is the total number of times adults in the family have changed in the family over the past year because of things like new relationships or a breakdown in the relationship, prison, military deployment, or anything like that?			<input type="checkbox"/>	
56. What is the total number of times that children have been separated from the family or returned to the family over the past year?			<input type="checkbox"/>	
If YES to either 57 or 58, score 1.	YES	NO	REFUSED	Prescreen Score
57. Are there any school-aged children that are not enrolled in school or missing more days of school than they are attending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58. Right now or at any point in the last six months have any of your children been separated from you to live with a family member or friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to either question 59 or 60, score 1.	YES	NO	REFUSED	Prescreen Score
59. Has there been any involvement with any member of your family and child protective services in the last six months – even if it was resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60. Have you had anything in family court over the past six months or anything currently being considered in family court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PRE-SCREEN FAMILY UNIT SUBTOTAL				



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

Prescreen for Families

FAMILY SCORING SUMMARY

DOMAIN	SUBTOTAL	<p>If the Pre-Screen Total is equal to or greater than 12, the family is recommended for a Permanent Supportive Housing/Housing First Assessment.</p> <p>If the Pre-Screen Total is 6, 7, 8, 9, 10, or 11 the family is recommended for a Rapid Re-Housing Assessment.</p> <p>If the Pre-Screen Total is 0, 1, 2, 3, 4 or 5, the family is not recommended for a Housing and Support Assessment at this time.</p>
GENERAL INFORMATION		
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
E. FAMILY UNIT		
PRE-SCREEN TOTAL		

F. DEMOGRAPHIC INFORMATION

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

1. Have you or any family member ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, which war/war era?</i>	<input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Refused
<i>If yes, was your active duty status before 1980?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, how many consecutive months were you on active duty?</i>	
<i>If yes, what was the character of the discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> General <input type="checkbox"/> Medical <input type="checkbox"/> Dishonorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Still on Active Duty <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify) _____
2. Where did you live prior to becoming homeless?	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the State <input type="checkbox"/> Somewhere else (specify) _____
3. Do you or any member of the family have a permanent physical disability that limits mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
4. What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____



G. CONTACT INFORMATION

5. Do you work with a case manager or outreach worker that you trust and can serve as your housing navigator – be able to find you easily, help collect housing documents and accompany you to housing application appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
6. If yes, what is his/her name?	
7. What agency do they work for?	
8. What is their phone number?	
9. What is their email address?	
10. On a regular day, where is it easiest to find you?	
11. What times of day could we find you there?	
12. May I take your picture so that we can better find you if housing turns up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
13. SURVEYOR: Any final notes that you'd like to convey?	



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

Prescreen for Single Adults

GENERAL INFORMATION/CONSENT

Interviewer's Name		Agency <input type="checkbox"/> TEAM <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER	
Date	Time	Location	
In what language do you feel best able to express yourself?			
First Name		Last Name	
Nickname		Social Security Number	
How old are you?	What's your date of birth?	Has Consented to Participate <input type="checkbox"/> YES <input type="checkbox"/> NO	
If 60 years or older, then score 1.			Prescreen Score
PRE-SCREEN GENERAL INFORMATION SUBTOTAL			

A. HISTORY OF HOUSING & HOMELESSNESS

QUESTIONS			
If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.	RESPONSE	REFUSED	Prescreen Score
1. What is the total length of time you have lived on the streets or in shelters?		<input type="checkbox"/>	
2. In the past three years, how many times have you been housed and then homeless again?		<input type="checkbox"/>	
PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL			



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

Prescreen for Single Adults

B. RISKS

SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

QUESTIONS				
If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1.	RESPONSE		REFUSED	Prescreen Score
3. In the past six months, how many times have you been to the emergency department/room?			<input type="checkbox"/>	
4. In the past six months, how many times have you had an interaction with the police?			<input type="checkbox"/>	
5. In the past six months, how many times have you been taken to the hospital in an ambulance?			<input type="checkbox"/>	
6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?			<input type="checkbox"/>	
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?			<input type="checkbox"/>	
If YES to questions 8 or 9, then score 1.	YES	NO	REFUSED	Prescreen Score
8. Have you been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 10, then score 1.	YES	NO	REFUSED	Prescreen Score
10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 11 or 12; OR if respondent provides any answer <i>OTHER THAN "Shelter"</i> in question 13, then score 1.	YES	NO	REFUSED	Prescreen Score
11. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):			
PRE-SCREEN RISKS SUBTOTAL				



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

Prescreen for Single Adults

C. SOCIALIZATION & DAILY FUNCTIONS

QUESTIONS				
If YES to question 14 or NO to questions 15 or 16, score 1.	YES	NO	REFUSED	Prescreen Score
14. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do you have enough money to meet all of your expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If NO to question 17, score 1.	YES	NO	REFUSED	Prescreen Score
17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 18 or 19, score 1.	YES	NO	REFUSED	Prescreen Score
18. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVE ONLY. DO NOT ASK! If YES, score 1.	YES	NO		Prescreen Score
20. Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/>	<input type="checkbox"/>		
PRE-SCREEN SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL				



Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Single Adults

D. WELLNESS

QUESTIONS				
If Does Not Go For Care, score 1.	RESPONSE			Prescreen Score
21. Where do you usually go for healthcare or when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care			
For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.				
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:	YES	NO	REFUSED	Medical Conditions
22. Kidney disease/End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column.	YES	NO	REFUSED	Other Medical Conditions
26. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:	<input type="checkbox"/>	<input type="checkbox"/>		
34. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 35 through 41, score 1 in the Substance Use column.	YES	NO	REFUSED	Substance Use
35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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

Prescreen for Single Adults

40. Have you blacked out because of your alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK: 41. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 42 through 48, score 1 in the Mental Health Column.	YES	NO	REFUSED	Mental Health
42. Ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Ever been told you have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Do you have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK: 48. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity.				Tri-Morbidity
If YES to question 49, score 1.	YES	NO	REFUSED	Prescreen Score
49. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 50, score 1.	YES	NO	REFUSED	Prescreen Score
50. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PRE-SCREEN WELLNESS SUBTOTAL				

SCORING SUMMARY

DOMAIN	SUBTOTAL	
GENERAL INFORMATION		
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
PRE-SCREEN TOTAL		<p style="color: red;">If the Pre-Screen Total is equal to or greater than 10, the individual is recommended for a Permanent Supportive Housing/Housing First Assessment.</p> <p style="color: red;">If the Pre-Screen Total is 5, 6, 7, 8 or 9, the individual is recommended for a Rapid Re-Housing Assessment.</p> <p style="color: red;">If the Pre-Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support Assessment at this time.</p>



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

Prescreen for Single Adults

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Decline to State
Have you ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, which war/war era did you serve in?</i>	<input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Refused
<i>If yes, what was the character of your discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Refused
What is your citizenship status?	<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> Undocumented <input type="checkbox"/> Refused
Where did you live prior to becoming homeless?	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the State <input type="checkbox"/> Somewhere else (specify) _____
Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Do you have a permanent physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	
Ok, now I'd like to take your picture. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused



CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Complete one form for each client. Questions in bold are required. Unless otherwise noted, questions should be collected for all clients.

Client CHIN ID #: _____ Consent expiration Date: _____

_____ First Name	_____ Middle Name	_____ Last Name
_____ Suffix	_____ Alias	
Name Data Quality (check one):		
<input type="checkbox"/> Full name reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Partial, street name, or code name reported	<input type="checkbox"/> Client refused	
_____/_____/_____ Social Security Number		
SSN Data Quality (check one):		
<input type="checkbox"/> Full SSN Reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Client refused	
U.S. Military Veteran? (check one)		
<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> No	<input type="checkbox"/> Client refused	

Demographics

Date of Birth ____/____/____		
Date of Birth (DOB) Type (check one):		
<input type="checkbox"/> Full DOB Reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Approximate or Partial DOB	<input type="checkbox"/> Client refused	

Gender (check one):		
<input type="checkbox"/> Female	<input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Client refused
<input type="checkbox"/> Male	<input type="checkbox"/> Other	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Transgender Male to Female	<input type="checkbox"/> Client doesn't know	
If other gender, specify: _____		

Primary Race (check one):	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Client refused
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Data not collected

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ **Client Name:** _____

Demographics (continued)

Secondary Race (optional):

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Client refused
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Data not collected

Ethnicity (check one):

<input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Client refused	

Profile Screen

<i>Third Race (check one): Only needed if client is multi-racial</i>	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Data not collected
<i>Fourth Race (check one): Only needed if client is multi-racial</i>	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Data not collected
<i>Fifth Race (check one): Only needed if client is multi-racial</i>	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Data not collected

_____	(_____) _____ - _____
<i>Driver's License/ID Number</i>	<i>Home Phone / Contact Number</i>

<i>Issuing State for ID</i>	
_____	_____
<i>County of Last Permanent Address</i>	<i>City of Last Permanent Address</i>

<i>State of Last Permanent Address</i>	

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Profile Screen (continued)

Non-confidential notes:

In Servicepoint: Create a household, if appropriate, and record consent information (ROI)

Where are you most likely to go if you left this program prior to completion?

- | | |
|---|--|
| <input type="checkbox"/> Emergency Shelter or hotel/motel paid for with emergency shelter voucher | <input type="checkbox"/> Rental by client with GPD TIP subsidy |
| <input type="checkbox"/> Foster care or foster care group home | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Hotel or motel paid for without voucher | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Staying or living with <u>family</u> , PERMANENT tenure |
| <input type="checkbox"/> Long-term care or nursing home | <input type="checkbox"/> Staying or living with <u>family</u> , TEMPORARY tenure (e.g. room, apartment or house) |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH | <input type="checkbox"/> Staying or living with <u>friends</u> , PERMANENT tenure |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH | <input type="checkbox"/> Staying or living with friends, TEMPORARY tenure (e.g. room, apartment or house) |
| <input type="checkbox"/> Owned by client, <u>NO</u> ongoing housing subsidy | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Owned by client, <u>WITH</u> ongoing housing subsidy | <input type="checkbox"/> Transitional housing for homeless (including homeless youth) |
| <input type="checkbox"/> Permanent housing for formerly homeless persons | <input type="checkbox"/> Other |
| <input type="checkbox"/> Place not meant for habitation | <input type="checkbox"/> No exit interview completed |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Rental by client, <u>NO</u> ongoing housing subsidy | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Rental by client, with VASH subsidy | <input type="checkbox"/> Data not collected |

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CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Entry

Project (“provider”): _____ Project Entry Date: _____

In Servicepoint, “Type” will be HUD

Relationship to Head of Household (check one):

- | | |
|--|--|
| <input type="checkbox"/> Self (head of household) | <input type="checkbox"/> Head of household’s other relation member (other relation to head of household) |
| <input type="checkbox"/> Head of household’s child | |
| <input type="checkbox"/> Head of household’s spouse or partner | <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Data not collected |

Is the client a domestic violence victim/survivor? (For adults and head of households, check one):

- Yes No Client doesn’t know Client refused Data not collected

If “Yes,” when experience occurred (extent of domestic violence):

- | | | |
|--|---|---|
| <input type="checkbox"/> Within the past three months | <input type="checkbox"/> One year ago or more | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Three to six months ago (excluding 6 months exactly) | <input type="checkbox"/> Client doesn’t know | |
| <input type="checkbox"/> Six months to one year ago (excluding one year exactly) | <input type="checkbox"/> Client refused | |

Primary reason for homelessness (check one)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Child abuse / neglect | <input type="checkbox"/> Eviction | <input type="checkbox"/> Release from Prison | <input type="checkbox"/> Under-employment |
| <input type="checkbox"/> Chronic alcoholism | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Runaway | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Mentally Ill | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Victim of Domestic Violence |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Natural Disaster | <input type="checkbox"/> Transient | <input type="checkbox"/> Client doesn’t know / Client refused / Data not collected |

Residence prior to project entry (For adults and head of households, check one):

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

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Entry (continued)

If Other Type of Residence, specify:

Length of Stay in Previous Place (For adults and head of households, check one):

- | | |
|---|--|
| <input type="checkbox"/> One day or less | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Two days to one week | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> More than one week, but less than one month | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One to three months | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> More than three months, but less than one year | |

Client location (For head of household, check one):

- | | |
|--|--|
| <input type="checkbox"/> NC-500 Winston-Salem/Forsyth County CoC | <input type="checkbox"/> NC-506 Wilmington/Brunswick, New Hanover, Pender Counties CoC |
| <input type="checkbox"/> NC-501 Asheville/Buncombe County CoC | <input type="checkbox"/> NC-507 Raleigh/Wake County CoC |
| <input type="checkbox"/> NC-502 Durham City and County CoC | <input type="checkbox"/> NC-509 Gastonia/Cleveland, Gaston, Lincoln Counties CoC |
| <input type="checkbox"/> NC-503 NC Balance of State CoC | <input type="checkbox"/> NC-511 Fayetteville/Cumberland County CoC |
| <input type="checkbox"/> NC-504 Greensboro/High Point CoC | <input type="checkbox"/> NC-513 Chapel Hill/Orange County CoC |
| <input type="checkbox"/> NC-505 Charlotte/Mecklenburg County CoC | <input type="checkbox"/> NC-516 Northwest North Carolina CoC |

Continuously homeless for at least one year? (For head of household and adults, check one)

- Yes No Client doesn't know Client refused Data not collected

Number of times the client has been homeless in past 3 years (For head of household and adults, check one)

- 0 1 2 3 4 or more Client doesn't know Client refused Data not collected

If homeless 4 or more times in past 3 years, total number of months homeless in past 3 years (For head of household and adults, check one)

- | | | | |
|----------------------------|----------------------------|-----------------------------|--|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> Data not collected |

Total number of months continuously homeless immediately prior to project entry (For head of household and adults)

Status documented? (For head of household and adults, check one)

- Yes No

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Entry (continued)

Has client lived in an adult care home in 2012? (check one)

- Yes No Client doesn't know Client refused Data not collected

If client lived in an adult care home in 2012, name of home client lived in most recently

List of adult care homes can be found on CHIN website: <http://www.nchomeless.org/essentials/forms/> (Intake tab)

Highest Level of Education Attained (Check one):

- | | |
|---|--|
| <input type="checkbox"/> No schooling completed | <input type="checkbox"/> Post-secondary school |
| <input type="checkbox"/> Nursery school to 4 th grade | <input type="checkbox"/> Associate's degree / 2-yr college program |
| <input type="checkbox"/> 5 th grade or 6 th grade | <input type="checkbox"/> Technical School training |
| <input type="checkbox"/> 7 th grade or 8 th grade | <input type="checkbox"/> Some college |
| <input type="checkbox"/> 9 th grade | <input type="checkbox"/> Undergraduate college degree |
| <input type="checkbox"/> 10 th grade | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> 11 th grade | <input type="checkbox"/> Post graduate |
| <input type="checkbox"/> 12 th grade, no diploma | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> GED | <input type="checkbox"/> Data not collected |

Employment Status (Check one):

- | | |
|--|---|
| <input type="checkbox"/> Employed (full-time), not looking for additional work / hrs | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Employed (full-time), looking for additional work / hrs | <input type="checkbox"/> Other – Participating in an unpaid job experience / internship |
| <input type="checkbox"/> Part-time, not looking for additional work / hrs | <input type="checkbox"/> Other - Retired |
| <input type="checkbox"/> Part-time, looking for additional work / hrs | <input type="checkbox"/> Other |
| <input type="checkbox"/> Employed seasonally / intermittently | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Disabled – receiving disability services | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Disabled – NOT receiving disability services | |

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Entry (continued)

Does the client have a disabling condition? (Check one):

- Yes No Client doesn't know Client refused Data not collected

Collect information on each type of disability below.

Physical disability

- Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

- Yes No

Start date for condition: _____ (on/before project entry) **End date:** _____

Above condition is going to be long term?

- Yes No

Currently receiving services/treatment for this disability?

- Yes No Client doesn't know Client refused Data not collected

Chronic Health Condition

- Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

- Yes No

Start date for condition: _____ (on/before project entry) **End date:** _____

Above condition is going to be long term?

- Yes No

Currently receiving services/treatment for this disability?

- Yes No Client doesn't know Client refused Data not collected

HIV/AIDS

- Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

- Yes No

Start date for condition: _____ (on/before project entry) **End date:** _____

Above condition is going to be long term?

- Yes No

Currently receiving services/treatment for this disability?

- Yes No Client doesn't know Client refused Data not collected

Question continued on next page ...

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Entry (continued)

Disabling conditions – continued ...

Developmental

Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

Yes No

Start date for condition: _____ (on/before project entry) *End date:* _____

Above condition is going to be long term?

Yes No

Currently receiving services/treatment for this disability?

Yes No Client doesn't know Client refused Data not collected

Alcohol Abuse

Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

Yes No

Start date for condition: _____ (on/before project entry) *End date:* _____

Above condition is going to be long term?

Yes No

Currently receiving services/treatment for this disability?

Yes No Client doesn't know Client refused Data not collected

Drug Abuse

Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

Yes No

Start date for condition: _____ (on/before project entry) *End date:* _____

Above condition is going to be long term?

Yes No

Currently receiving services/treatment for this disability?

Yes No Client doesn't know Client refused Data not collected

Question continued on next page ...

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Entry (continued)

Disabling conditions – continued ...

Mental Health Problem

Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

Yes No

Start date for condition: _____ (on/before project entry) **End date:** _____

Above condition is going to be long term?

Yes No

Currently receiving services/treatment for this disability?

Yes No Client doesn't know Client refused Data not collected

Is Client Receiving Income from Any Source? (For heads of households and adults, check one):

Yes No Client doesn't know Client refused Data not collected

If yes, for each of the following indicate whether the client is receiving the income (and if yes, indicate amount):

Income Source	Receiving Income?			If receiving, monthly amount	If receiving, Income Start Date (must be on/before project entry)	End Date (record only if income stopped)
	Yes	No	Data not collected			
Alimony/Other Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Earned Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
General Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Pension or Retirement Income From another Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Private Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Retirement Income from Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
SSDI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Unemployment Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
VA Service-Connected Disability Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
VA Non -Service-Connected Disability Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		

If "Other", specify:

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Entry (continued)

Is Client Receiving Benefits from Any Source? (For heads of households and adults, check one):

- Yes No Client doesn't know Client refused Data not collected

If yes, for each of the following indicate whether the client is receiving the benefit:

Source of Non-Cash Benefit	Receiving Benefit?			If receiving, Start Date (on/before project entry)	End Date (record only if benefit stopped)	Amount
	Yes	No	Data not collected			
SNAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
TANF child care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
TANF transportation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
Other TANF-funded services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
Section 8, public housing or other ongoing rental assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
Temporary rental assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$

If "Other", specify: _____

Health insurance – All programs, except HOPWA use this table:

Is client covered by health insurance (Check one):

- Yes No Client doesn't know Client refused Data not collected

If yes, for each of the following indicate whether the client is covered by this insurance:

Insurance Type	Yes	No	Data not collected	Start date (on/before project entry)	End Date (record only if stopped)
MEDICAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MEDICARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
State Children's Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Veteran's Administration (VA) medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Employer-provided health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health insurance obtained through COBRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Private pay health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
State health insurance for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Entry (continued)

Health insurance – This table for HOPWA programs only:

Is client covered by health insurance (Check one):

- Yes No Client doesn't know Client refused Data not collected

MEDICAID

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- Applied, decision pending Insurance type N/A for this client Data not collected
 Applied, client not eligible Client doesn't know
 Client did not apply Client refused

MEDICARE

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- Applied, decision pending Insurance type N/A for this client Data not collected
 Applied, client not eligible Client doesn't know
 Client did not apply Client refused

STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- Applied, decision pending Insurance type N/A for this client Data not collected
 Applied, client not eligible Client doesn't know
 Client did not apply Client refused

VETERAN'S ADMINISTRATION (VA) MEDICAL SERVICES

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- Applied, decision pending Insurance type N/A for this client Data not collected
 Applied, client not eligible Client doesn't know
 Client did not apply Client refused

Question continued on next page ...

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Entry (continued)

Health insurance – This table for HOPWA programs only:

Continued from previous page ...

EMPLOYER-PROVIDED HEALTH INSURANCE

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- | | | |
|---|---|---|
| <input type="checkbox"/> Applied, decision pending | <input type="checkbox"/> Insurance type N/A for this client | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Applied, client not eligible | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Client refused | |

HEALTH INSURANCE OBTAINED THROUGH COBRA

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- | | | |
|---|---|---|
| <input type="checkbox"/> Applied, decision pending | <input type="checkbox"/> Insurance type N/A for this client | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Applied, client not eligible | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Client refused | |

PRIVATE PAY HEALTH INSURANCE

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- | | | |
|---|---|---|
| <input type="checkbox"/> Applied, decision pending | <input type="checkbox"/> Insurance type N/A for this client | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Applied, client not eligible | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Client refused | |

STATE HEALTH INSURANCE FOR ADULTS

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- | | | |
|---|---|---|
| <input type="checkbox"/> Applied, decision pending | <input type="checkbox"/> Insurance type N/A for this client | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Applied, client not eligible | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Client refused | |

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Entry (continued)

Rapid Rehousing Projects ONLY:

In Permanent Housing? (Check one)
 Yes No

If yes, date of move-in: ____/____/____

Street Outreach Projects ONLY (For heads of households and adults):

Date of contact: ____/____/____ Location: Place not meant for habitation
 Service setting, non-residential
 Service setting, residential

Notes:

HOPWA Projects ONLY:

Housing status (For adults and head of households, check one):

<input type="checkbox"/> Category 1 - Homeless	<input type="checkbox"/> At-risk of homelessness
<input type="checkbox"/> Category 2 – At imminent risk of losing housing	<input type="checkbox"/> Stably housed
<input type="checkbox"/> Category 3 – Homeless only under other federal statutes	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Category 4 – Fleeing domestic violence	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

Receiving public HIV/AIDS Medical Assistance? (For all household members with HIV/AIDS, check one):

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

If not receiving public HIV/AIDS Medical Assistance, specify reason (For all household members with HIV/AIDS, check one):

<input type="checkbox"/> Applied, decision pending	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Applied, client not eligible	<input type="checkbox"/> Client refused
<input type="checkbox"/> Client did not apply	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Insurance type N/A for this client	

Receiving AIDS Drug Assistance Program (ADAP)? (For all household members with HIV/AIDS, check one):

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

If not receiving AIDS Drug Assistance Program, specify reason (For all household members with HIV/AIDS, check one):

<input type="checkbox"/> Applied, decision pending	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Applied, client not eligible	<input type="checkbox"/> Client refused
<input type="checkbox"/> Client did not apply	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Insurance type N/A for this client	

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ **Client Name:** _____

Project Entry (continued)

Miscellaneous:

Is the client an ex-offender? (Optional, check one):

Yes

No

CLIENT NOTES (NON-CONFIDENTIAL)

Date

Worker Initials

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Exit

Exit Date: _____

Reason for Leaving (check one)

- | | |
|---|---|
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Does not/no longer qualifies for program |
| <input type="checkbox"/> Criminal activity/violence | <input type="checkbox"/> Non-compliance with program |
| <input type="checkbox"/> Death | <input type="checkbox"/> Non-payment of rent |
| <input type="checkbox"/> Disagreement with rules/person | <input type="checkbox"/> Other |
| <input type="checkbox"/> Left for housing opportunity bef. completing program | <input type="checkbox"/> Reached maximum time allowed |
| <input type="checkbox"/> Needs could not be met | <input type="checkbox"/> Unknown/Disappeared |

Destination (For head of households and adults, check one):

- | | |
|---|--|
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Rental by client with GPD TIP subsidy |
| <input type="checkbox"/> Emergency Shelter or hotel/motel paid for with emergency shelter voucher | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Foster care or foster care group home | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Hotel or motel paid for without voucher | <input type="checkbox"/> Staying or living with <u>family</u> , PERMANENT tenure |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Staying or living with <u>family</u> , TEMPORARY tenure (e.g. room, apartment or house) |
| <input type="checkbox"/> Long-term care or nursing home | <input type="checkbox"/> Staying or living with <u>friends</u> , PERMANENT tenure |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH | <input type="checkbox"/> Staying or living with friends, TEMPORARY tenure (e.g. room, apartment or house) |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Owned by client, <u>NO</u> ongoing housing subsidy | <input type="checkbox"/> Transitional housing for homeless (including homeless youth) |
| <input type="checkbox"/> Owned by client, <u>WITH</u> ongoing housing subsidy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Permanent housing for formerly homeless persons | <input type="checkbox"/> No exit interview completed |
| <input type="checkbox"/> Place not meant for habitation | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Rental by client, <u>NO</u> ongoing housing subsidy | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Rental by client, with VASH subsidy | |

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Exit (continued)

Employment Status (Check one):

- | | |
|--|---|
| <input type="checkbox"/> Employed (full-time), not looking for additional work / hrs | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Employed (full-time), looking for additional work / hrs | <input type="checkbox"/> Other – Participating in an unpaid job experience / internship |
| <input type="checkbox"/> Part-time, not looking for additional work / hrs | <input type="checkbox"/> Other - Retired |
| <input type="checkbox"/> Part-time, looking for additional work / hrs | <input type="checkbox"/> Other |
| <input type="checkbox"/> Employed seasonally / intermittently | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Disabled – receiving disability services | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Disabled – NOT receiving disability services | |

Is Client Receiving Income from Any Source? (For heads of households and adults, check one):

- Yes No Client doesn't know Client refused Data not collected

If yes, for each of the following indicate whether the client is receiving the income (and if yes, indicate amount):

Income Source	Receiving Income?			If receiving, monthly amount	If receiving, Income Start Date (must be on/before project entry)	End Date (record only if income stopped)
	Yes	No	Data not collected			
Alimony/Other Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Earned Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
General Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Pension or Retirement Income From another Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Private Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Retirement Income from Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
SSDI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Unemployment Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
VA Service-Connected Disability Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
VA Non -Service-Connected Disability Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		

If "Other", specify:

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Exit (continued)

Does the client have a disabling condition? (Check one):

- Yes No Client doesn't know Client refused Data not collected

Collect information on each type of disability below.

Physical disability

- Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

- Yes No

Start date for condition: _____ (on/before project entry) **End date:** _____

Above condition is going to be long term?

- Yes No

Currently receiving services/treatment for this disability?

- Yes No Client doesn't know Client refused Data not collected

Chronic Health Condition

- Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

- Yes No

Start date for condition: _____ (on/before project entry) **End date:** _____

Above condition is going to be long term?

- Yes No

Currently receiving services/treatment for this disability?

- Yes No Client doesn't know Client refused Data not collected

HIV/AIDS

- Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

- Yes No

Start date for condition: _____ (on/before project entry) **End date:** _____

Above condition is going to be long term?

- Yes No

Currently receiving services/treatment for this disability?

- Yes No Client doesn't know Client refused Data not collected

Question continued on next page ...

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Exit (continued)

Disabling conditions – continued ...

Developmental

Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

Yes No

Start date for condition: _____ *(on/before project entry)* *End date:* _____

Above condition is going to be long term?

Yes No

Currently receiving services/treatment for this disability?

Yes No Client doesn't know Client refused Data not collected

Alcohol Abuse

Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

Yes No

Start date for condition: _____ *(on/before project entry)* *End date:* _____

Above condition is going to be long term?

Yes No

Currently receiving services/treatment for this disability?

Yes No Client doesn't know Client refused Data not collected

Drug Abuse

Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

Yes No

Start date for condition: _____ *(on/before project entry)* *End date:* _____

Above condition is going to be long term?

Yes No

Currently receiving services/treatment for this disability?

Yes No Client doesn't know Client refused Data not collected

Question continued on next page ...

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Exit (continued)

Disabling conditions – continued ...

Mental Health Problem

Yes No Client doesn't know Client refused Data not collected

If yes:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

Yes No Client doesn't know Client refused Data not collected

Documentation of the disability and severity on file?

Yes No

Start date for condition: _____ (on/before project entry) *End date:* _____

Above condition is going to be long term?

Yes No

Currently receiving services/treatment for this disability?

Yes No Client doesn't know Client refused Data not collected

Is Client Receiving Benefits from Any Source? (For heads of households and adults, check one):

Yes No Client doesn't know Client refused Data not collected

If yes, for each of the following indicate whether the client is receiving the benefit:

Source of Non-Cash Benefit	Receiving Benefit?			If receiving, Start Date (on/before project entry)	End Date (record only if benefit stopped)	Amount
	Yes	No	Data not collected			
SNAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
TANF child care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
TANF transportation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
Other TANF-funded services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
Section 8, public housing or other ongoing rental assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
Temporary rental assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$

If "Other", specify: _____

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Exit (continued)

Health insurance – All programs, except HOPWA use this table:

Is client covered by health insurance (Check one):

- Yes No Client doesn't know Client refused Data not collected

If yes, for each of the following indicate whether the client is covered by this insurance:

Insurance Type	Yes	No	Data not collected	Start date (on/before project entry)	End Date (record only if stopped)
MEDICAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MEDICARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
State Children's Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Veteran's Administration (VA) medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Employer-provided health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health insurance obtained through COBRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Private pay health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
State health insurance for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Exit (continued)

Health insurance – This table for HOPWA programs only:

Is client covered by health insurance (Check one):

- Yes No Client doesn't know Client refused Data not collected

MEDICAID

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- Applied, decision pending Insurance type N/A for this client Data not collected
 Applied, client not eligible Client doesn't know
 Client did not apply Client refused

MEDICARE

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- Applied, decision pending Insurance type N/A for this client Data not collected
 Applied, client not eligible Client doesn't know
 Client did not apply Client refused

STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- Applied, decision pending Insurance type N/A for this client Data not collected
 Applied, client not eligible Client doesn't know
 Client did not apply Client refused

VETERAN'S ADMINISTRATION (VA) MEDICAL SERVICES

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- Applied, decision pending Insurance type N/A for this client Data not collected
 Applied, client not eligible Client doesn't know
 Client did not apply Client refused

Question continued on next page ...

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Exit (continued)

Health insurance – This table for HOPWA programs only:

Continued from previous page ...

EMPLOYER-PROVIDED HEALTH INSURANCE

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- Applied, decision pending Insurance type N/A for this client Data not collected
- Applied, client not eligible Client doesn't know
- Client did not apply Client refused

HEALTH INSURANCE OBTAINED THROUGH COBRA

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- Applied, decision pending Insurance type N/A for this client Data not collected
- Applied, client not eligible Client doesn't know
- Client did not apply Client refused

PRIVATE PAY HEALTH INSURANCE

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- Applied, decision pending Insurance type N/A for this client Data not collected
- Applied, client not eligible Client doesn't know
- Client did not apply Client refused

STATE HEALTH INSURANCE FOR ADULTS

Covered? Yes No Data not collected

If yes: Start date for condition: _____ (on/before project entry) End date: _____

If private pay insurance, specify: _____

If no, reason not covered:

- Applied, decision pending Insurance type N/A for this client Data not collected
- Applied, client not eligible Client doesn't know
- Client did not apply Client refused

CHIN CoC/ESG/HOPWA INTAKE FORM VERSION 21 – Effective 12.09.2014

Client CHIN ID #: _____ Client Name: _____

Project Exit (continued)

Street Outreach Projects ONLY (For heads of households and adults):

Date of contact: ____/____/____	Location:	<input type="checkbox"/> Place not meant for habitation
Notes:		<input type="checkbox"/> Service setting, non-residential
		<input type="checkbox"/> Service setting, residential

Prevention Projects and HOPWA Projects ONLY:

<i>Housing assessment at exit (Check one):</i>	
<input type="checkbox"/> Able to maintain the housing they had at project entry	<input type="checkbox"/> Client went to jail/prison
<input type="checkbox"/> Moved to new housing unit	<input type="checkbox"/> Client died
<input type="checkbox"/> Moved in with family/friends on a <u>temporary</u> basis	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Moved in with family/friends on a <u>permanent</u> basis	<input type="checkbox"/> Client refused
<input type="checkbox"/> Moved to a transitional or temporary housing facility or program	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Client became homeless – moving to a shelter or other place unfit for human habitation	

<i>If able to maintain housing at entry, subsidy information (Check one):</i>
<input type="checkbox"/> Without a subsidy
<input type="checkbox"/> With the subsidy they had at project entry
<input type="checkbox"/> With an on-going subsidy acquired since project entry
<input type="checkbox"/> Only with financial assistance other than a subsidy
<input type="checkbox"/> Data not collected

<i>If moved to new housing unit, subsidy information at entry, subsidy information (Check one):</i>
<input type="checkbox"/> WITH an on-going subsidy
<input type="checkbox"/> WITHOUT an on-going subsidy
<input type="checkbox"/> Data not collected

HOPWA Projects ONLY:

Receiving public HIV/AIDS Medical Assistance? (*For all household members with HIV/AIDS, check one*):

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

If not receiving public HIV/AIDS Medical Assistance, specify reason (*For all household members with HIV/AIDS, check one*):

<input type="checkbox"/> Applied, decision pending	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Applied, client not eligible	<input type="checkbox"/> Client refused
<input type="checkbox"/> Client did not apply	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Insurance type N/A for this client	

Receiving AIDS Drug Assistance Program (ADAP)? (*For all household members with HIV/AIDS, check one*):

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

If not receiving AIDS Drug Assistance Program, specify reason (*For all household members with HIV/AIDS, check one*):

<input type="checkbox"/> Applied, decision pending	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Applied, client not eligible	<input type="checkbox"/> Client refused
<input type="checkbox"/> Client did not apply	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Insurance type N/A for this client	

Rapid Rehousing Projects ONLY:

In Permanent Housing? (*Check one*)

Yes No

If yes, date of move-in: _____/_____/_____

ASSESSMENT SUMMARY

CIC ID: _____ AGE: _____ SEX: _____ MARITAL STATUS: _____

Where are you staying now? _____ How long homeless: _____

How many times have you been homeless in the past 3 years? _____

Are you living in a shelter? _____ Yes/No If yes, how long? _____

How many times have you lived in a shelter in the past year? _____

Have you applied for housing recently? _____ Yes/No If yes, when? _____

What type of housing or program did you apply for? _____

Do you have a disability of any type? _____ Yes/No If yes, specify: _____

Have you filed for disability? _____ Yes/No At what stage are you? _____

Do you have representation? _____

Do you have physical health concerns? _____ Yes/No If yes, specify: _____

Do you have mental health concerns? _____ Yes/No If yes, specify: _____

Substance abuse? _____ Yes/No Drug of choice? _____

Do you have minor children (under 18)? _____ Yes/No If yes, how many? _____

Are there minor children living in the household? _____ Yes/No If yes, how many? _____

Are you a veteran? _____ Yes/No

Do you have income? _____ Yes/No Monthly amount? _____

Source of income? _____ If employment, hours worked weekly? _____

Are you currently seeking employment? _____ Yes/No

When were you last employed? _____

Are you receiving any type of benefits? _____ Yes/No Type: _____

Amount: _____ Type: _____ Amount: _____

Do you owe any arrearages? _____ Yes/No If yes, the amount owed and to whom? _____

Were you ever in foster care? _____ Yes/No

Has your partner or anyone that you are living with ever threatened or physically hurt you?
_____ Yes/No If yes, when? _____

Do you have friends in the area? _____ Yes/No

Have you ever been convicted of a crime? _____ Yes/No

Misdemeanor/Felony? _____ Date of last conviction? _____

What was the conviction? _____

Are you a registered sex offender? _____ Yes/No

What agencies has the client worked with during the last 6months? _____

What agencies is the client currently working with? _____

Do you have a case manager? ____ Yes/No If yes, who: _____

VI – SPDAT Score: _____

Summary of reason for homelessness: include – how did person lose housing, chronically homeless status, mental health issues, substance abuse (choice), medical information, criminal history, any family returning to the home, goals, recommendations and observations

SELF-DECLARATION OF INCOME

RRH Applicant Name: _____

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business of profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section

I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

RRH Applicant Signature: _____ Date: _____

I certify, under penalty of perjury, that I do not have any income from any source at this time.

RRH Applicant Signature: _____ Date: _____

RRH Staff Verification

I understand that third-party verification is the preferred method of certifying income for RRH assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

RRH Staff Signature: _____ Date: _____

Assessment Team Housing Stability Plan **CIC ID:** _____

Date of Intake: _____

Date of Assessment: _____

To: _____

The Assessment Team has reviewed your application for housing and has made the following plan for meeting your housing needs.

Your Goals Identified at CIC Intake:

1

2

3

Potential Housing Solutions.

Referral to Other Services

- 1) Call each of the housing and service providers listed above and ask for the program by name.
- 2) Tell them you were referred to them by the Community Intake Assessment Team for help with (employment, housing, vocational services)
- 3) If you must leave a message, leave them your name and phone number.
- 4) If you do not hear back from them within 2 business days, call them back.
- 5) This is **NOT** a guarantee of services

IF YOU WANT TO APPEAL THIS PLAN, THE APPEAL MUST BE MADE WITHIN 10 DAYS OF YOUR RECEIVING THIS PLAN. NOTIFY THE DIRECTOR OF THE COMMUNITY INTAKE CENTER IF YOU WANT TO APPEAL.

RECEIPT FOR ASSESSMENT TEAM HOUSING PLAN

I acknowledge receiving a copy of my Assessment Team Housing Plan and it is my responsibility to make contact with the agencies or persons that I have been referred to. I also acknowledge that my information has been provided to the other agencies that I have been referred to.

Client:

Printed Name

Signature

Date

I have provided the above client with a copy of his/her Assessment Team Housing Plan.

C IC or Agency Representative:

Printed Name

Signature

Date

ONCE YOU HAVE PROVIDED A COPY OF THE ASSESSMENT TEAM HOUSING PLAN TO THE CLIENT PLEASE RETURN A COPY OF THE RECEIPT TO MARVIN CHAVIS 788-4965 EXT. 206.

Community Intake Center

508 Waughtown Street Winston Salem, NC 27107 (336) 788-4965

RECEIPT FOR DOCUMENTS

CIC ID: _____

CHIN ID: _____

I hereby acknowledge that I received a written copy of: (initial all that apply)

Appeals and Complaints

- 1) Procedure _____
- 2) _____
- 3) _____
- 4) _____

The policies, procedures or contents of the above documents were explained to me.

Client/Applicant/Participant
Signature

Date

Print Name

Program Representative Signature

Date

Community Intake Center
585 Waughtown St., Winston-Salem, NC 27107 (336)788-4965

DOMESTIC VIOLENCE POLICY AND PROCEDURE

At the forefront of all services delivered to victims of domestic violence is safety. Victims of domestic violence accessing services will be screened and referred to the appropriate community agencies, including domestic violence service providers, as well as providers who will enhance the individual's ability for self-determination and are designed to help victims and their children increase safety and enhance their ability to live in a community free from violence as well as allowing victims to access and maintain their own safe, stable, permanent housing.

This policy applies to an individual or family (hereafter referred to as client) who is fleeing or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member.

Procedure when a Community Intake Center (CIC) applicant is identified as being in or leaving a relationship in which violence is occurring:

Victims of domestic violence are at risk of increased danger and lethal violence when leaving their abusive relationship. When a client of the Community Intake Center is identified as being in or in the process of leaving a violent relationship, and is not already receiving active services from a domestic violence service provider, the following procedures will be followed:

ENTERING THROUGH A SHELTER OR SERVICE PROVIDER

1. When a client enters the homeless services system through a shelter or other service provider, a safety assessment should be performed. The safety assessment should determine whether the individual or family is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member.
2. If during the intake interview, concerns are raised about the client's immediate safety and if the client is in need of emergency shelter, the client should be referred to local law enforcement, if needed, and to a domestic violence shelter. Family Services Domestic Violence 24 hour Crisis Line (336-723-8125) or the Crisis Line at Next Step Ministries (336-413-5858)

3. If the client is in need of a protective order to restrain the actions of the abuser or to settle certain matters that will protect the client from further violence, the client shall be referred to Safe on Seven for assistance in filing a Domestic Violence Restraining Order, or other order of protection as necessary.
4. If no concerns are raised regarding the client's immediate safety, after obtaining the necessary consent forms, the shelter or service provider should refer the individual or family to the Community Intake Center for further assistance in accessing housing and other resources.

COMMUNITY INTAKE CENTER

5. As a part of the intake process an intake interviewer or volunteer will do an initial screening over the phone or in person. If during the intake interview, concerns are raised about the client's immediate safety and if the client is in need of emergency shelter, the client should be referred to local law enforcement, if needed, and to a domestic violence shelter. Family Services Domestic Violence 24 hour Crisis Line (336-723-8125) or the Crisis Line at Next Step Ministries (336-413-5858)
6. If during the intake process it is revealed that the individual or immediate family member is fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence, the intake interviewer will work with the client to create a temporary safety plan.
7. If a crime has been committed recently and the client wishes to report the crime to law enforcement, the client should be referred to a local law enforcement agency.
8. If friends or family can provide immediate shelter and the client feels they would be safe while residing with friends or family, then the client should be advised to seek shelter with friends or family. The client should also be referred to a domestic violence program or shelter for supportive services such as counseling and support group participation. client
9. If the client feels that he or she would not be safe while residing with friends or family and the client is in need of emergency shelter, the client should be referred to a domestic violence shelter. Family Services Domestic Violence 24 hour Crisis Line (336-7223-8125) or the Crisis Line at Next Step Ministries (336-413-5858)
10. The client may be referred to Safe on Seven if the client feels a restraining order is needed.

11. A CHIN record should be created unless the client indicates there is any risk of the abuser accessing the CHIN system or the client refuses to give consent to having their data entered into CHIN. The CHIN record should not reflect that the individual or family was referred to a domestic violence shelter.
12. If the client chooses to access an emergency shelter through a domestic violence provider from the Community Intake Center, the client will be advised that local law enforcement can be contacted to arrange escort to the shelter. The CIC will help facilitate the contact with local law enforcement.
13. **Families with pets can** be connected with the Safe Haven Program.
14. The Community Intake Center staff will, at the time of the interview with the client may provide the client with information about the North Carolina Address Confidentiality Program (ACP) and its eligibility requirements. That program can be contacted using the following contact information:
 - a. Phone: 919-716-6785
 - b. Email: acp@ncdoj.gov
 - c. 9099 Mail Service Center, Raleigh, NC 27699-9099
15. As with all client information obtained through CIC, it shall be maintained in the CHIN system, with the clients express written consent. Whenever information is to be shared through CHIN or with another agency, consent for release of information will be requested and the client will be advised of the limitations of this consent.
16. Strict confidentiality of all victims of domestic violence information will be maintained at all times.
17. No information from a victim service provider shall be entered into CHIN, including information that said service provider is involved with the client. All communication between the Victim Service Provider and CHIN shall be through secure, confidential means.
18. If the client, who is identified as a victim of domestic violence, indicates that their abuser works for a homeless program or other agency which has access to the CHIN system, that clients information SHALL NOT be placed in CHIN, but shall be maintained in other secure form.

Community Intake Center

585 Waughtown St., Winston-Salem, NC 27107 (336)788-4965

TERMINATION POLICY AND PROCEDURE

PRIOR TO RECEIVING ASSISTANCE EACH PARTICIPANT MUST BE PROVIDED WITH A WRITTEN COPY OF THE PROGRAM RULES AND THE TERMINATION PROCESS.

1. Program assistance can be voluntarily terminated by the participant, by mutual agreement, or by the case manager or other program representative. Termination will also occur at the end of the term for which assistance is being provided.
2. This policy and procedure addresses those instances where a program participant is being terminated for violating program requirements.
3. Both the ESG Interim Rule and the CoC Interim rule contain provisions relating to termination of assistance. The ESG Interim Rule sets forth the requirements for terminating assistance at Section 576.402 of the rule. The Termination of assistance to program participants under the CoC Interim Rule appears in Section 578.91 of the rule.
4. This procedure establishes the steps for terminating a participant's assistance. The decision to terminate must be reviewed by a person other than the person (or subordinate of that person) who made or approved the termination decision. On review of the decision to terminate, the program participant must be given an opportunity to present written or oral objections to the reviewer.
5. A copy of the Termination Procedure shall again be provided to a participant at the time of notification of the decision to terminate. The review procedure will be explained to the participant by the Case Manager or other program representative.
6. Termination under both the ESG and CoC rules does not bar the providing of "further assistance at a later date to the same family or individual" (see ESG Interim Rule Sections 576.402(c) and Continuum of Care Interim Rule Section 578.91(a)).
7. Case Managers must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases. (See ESG Interim Rule Section 576.402(a) and CoC Interim Rule Section 578.91(c))

8. If program assistance is terminated by the participant or by mutual agreement, the case manager will document the termination in the case file and enter the appropriate exit data into CHIN.

Termination Procedure

9. Once the Case Manager or other program representative becomes aware that the participant has violated the program requirements and determined that the violations warrant termination of the participant's assistance, the decision to terminate will be made by the case manager or other program representative.
10. The Case Manager or other program representative will promptly notify the program participant of the termination. The written notice must include the date that assistance will end, a clear statement of the reasons for the termination, and information on how the decision will be reviewed. The termination will be reviewed by the Director of the Community Intake Center or another program representative.
11. The termination must be reviewed by a person other than the person (or subordinate of that person) who made or approved the termination decision. The program participant must be given an opportunity to present written or oral objections to the person performing the review.
12. When the participant is given the written notification of the termination, the Case Manager will provide the participant with a copy of the Termination Procedure, the Appeal Procedure, and upon request the Complaints and Appeals Policy and Procedure and will explain the procedure for having the termination reviewed.
13. Once the review is complete, the Case Manager or other program representative will promptly notify the participant of the reviewer's decision and the right to appeal the decision. The participant may appeal the reviewer's decision in accordance with the Appeals Procedure and the Complaints and Appeals Policy and Procedure.

Community Intake Center

585 Waughtown St., Winston-Salem, NC 27107 (336)788-4965

COMPLAINTS AND APPEALS PROCEDURE

This document sets forth the procedure to be followed when you wish to file a complaint or appeal a decision of the Community Intake Center (CIC).

A. COMPLAINTS

Complaints may arise when you disagree with an action or inaction on the part of the CIC. When complaints are received, the appropriate representative of the program will respond promptly. All complaints and responses will be documented and placed in a complaints file.

The reviews of complaints cannot be conducted by the person who made or approved the decision under review, nor a subordinate of such person or by any person who is the subject of the complaint. Households submitting complaints may use an attorney or other representative to assist them at their own expense. Complaints may be communicated orally or in writing.

Complaints may include, but not be limited, to the following types:

Complaints from Clients

When your complaint is received, the front-line staff will attempt to resolve your complaint.

1. If your complaint is not resolved by staff, it will be referred to Marvin Chavis, Director of the Community Intake Center (Director) for further review. Notify the staff member of your request to have your complaint reviewed by the Director.
2. The decision of the Director may then be appealed to Andrea Kurtz, Senior Director of Housing Strategies at United Way of Forsyth County (Supervisor).
3. At the discretion of the Supervisor your complaint may be referred to the Homeless Council Executive Committee for a final decision.

Complaints relating specifically to the Community Intake Center

Complaints relating specifically to the Community Intake Center will be received by the intake staff who will attempt to resolve the complaint.

1. If no resolution is reached you may request that your complaint be referred to the Director for further review
2. The action of the Director may then be reviewed by the Supervisor. Notify the Director of your request to have your complaint reviewed by the Supervisor.

3. At the discretion of the Supervisor your complaint may be referred to the Homeless Council Executive Committee for a final decision. Prior to submission of your appeal to the Council, the Supervisor may refer the issue to the Case Review Team for review and a recommendation. The Case Review Team's recommendation will be forwarded to the Executive Committee along with a copy of the case file. The decision of the Executive Committee will be a final decision.

B. APPEALS

The review of appeals cannot be conducted by the person who made or approved the decision under review, nor a subordinate of such person. You may use an attorney or other representative to assist you at your own expense. Your requests for appeal may be made orally or in writing. If you submit your request orally it will be reduced to writing by the staff person receiving the request for appeal. After each decision on appeal you will be promptly notified of the decision of the person or persons reviewing your case on appeal.. **All appeals must be requested within ten days from the date you are notified of the action you are appealing.**

Assessment Team Housing Stability Plan Objections

An Intake Specialist will accept your application for assistance and will submit it to the Assessment Team for review.

1. The Assessment Team will review your case and will develop an Assessment Team Housing Stability Plan for you.
2. You will be provided with a written copy of your Assessment Team Housing Stability Plan. At intake you will also be notified of your right to appeal and you will be provided with a copy of this Complaints and Appeals Procedure. Your request for appeal will constitute a consent by you to a review of your entire case file for appeals requested by you. If you are dissatisfied with the plan you may make objections to the plan and appeal the decision of the Assessment Team to the Director. If the Director grants your appeal your case will be submitted to the Assessment Team for reconsideration. You must notify the Director of your request to appeal the Assessment Team Housing Stability Plan within ten days from the date you are notified of the Assessment Team Housing Stability Plan.
3. The Director's decision may be appealed to the Supervisor. Notify the Director of your request to appeal to the Supervisor.
4. The decision of the Supervisor may be appealed to the Homeless Council Executive Committee. Notify the Supervisor of your request to appeal to the Homeless Council Executive Committee.
5. Prior to submission of your appeal to the Homeless Council Executive Committee, the Supervisor may in her discretion refer the issue to the Case Review Team for review and a recommendation. The Case Review Team membership is listed in Attachment A of this document. The Case Review Team's recommendation will be forwarded to the Homeless Council Executive Committee along with a copy of the case file. The decision of the Homeless Council Executive Committee will be a final decision.

Denials of assistance by an agency other than the CIC are reviewable in accordance with the grievance and review policies of the particular agency involved.

Other Appeals

Households have the right to appeal a decision, action or inaction affecting their application for assistance. You may use an attorney or other representative to assist you at your own expense. A request for appeal may be made orally or in writing. Your request for appeal will constitute a consent by you to a review of your entire case file for appeals you request.

1. The staff person receiving your request for appeal will review the appeal and attempt to resolve it. Appeals not resolved by the CIC staff may be appealed to the Director. Notify the CIC staff person of your desire to appeal a decision to the Director. You must notify CIC staff or the Director of your request to appeal within ten days from the date you were notified of the action you wish to appeal.
2. You can appeal the Director's decision to the Supervisor by notifying the Director of your request to appeal.
3. You can appeal the decision of the Supervisor by notifying the Supervisor of your request an appeal to the Homeless Council Executive Committee.
4. Prior to submission of an appeal to the Executive Committee, the Supervisor may in her discretion refer the issue to the Case Review Team for review and a recommendation. The Case Review Team's recommendation will be forwarded to the Executive Committee along with a copy of the case file. The decision of the Executive Committee will be a final decision.

Attachment A:
Case Review Team

The case review team includes representatives of the following organizations:

CenterPoint Human Services
City of Winston-Salem
Crisis Control Ministry
Goodwill/Prosperity Ctr.
Legal Aid of North Carolina
Salvation Army
United Way of Forsyth County
Winston-Salem/Forsyth County
Council on Services for the
Homeless

**Winston-Salem /Forsyth County
Continuum of Care (CoC) Invites You.....**

to become a member
+ END HOMELESSNESS!!

**Next Meeting: Tuesday, Sept., 22
8:30 a.m.
Winston-Salem Rescue Mission
718 N. Trade St.**

For more info call Tim West 734-1305 / timw@cityofws.org

Winston-Salem/Forsyth County
Continuum of Care

invites persons and organizations interested
in addressing and ending homelessness to
become members of the CoC.

All are welcome

Next Meeting
Tuesday, September 22, 2015
8:30 a.m.

Winston-Salem Rescue Mission
718 North Trade Street
Winston-Salem, NC.

For more information, please call Tim West at
(336) 734-1305 or email timw@cityofws.org.