

**Minutes of the
Homeless Continuum of Care of Stark County's
June 9, 2016 Central Intake and Assessment Committee Meeting**

Attendance. The following members of the Central Intake and Assessment Committee attended the meeting: Frank Aquino; Renee Biggums; Amy Dornack; Amanda Fletcher; Jack French; Caroline Jones; Jennifer Keaton; Cathy Jennings; Teresa Ponchak; Shirene Starn Tapyrik; and Jean Van Ness.

Review and Approval of Changes to *Centralized Intake and Standardized Assessment Guide*. The committee reviewed changes Jean had made to the following sections of the Guide based on consensus reached during the committee's May 25th meeting, as reflected in the minutes of that meeting.

- Section II. B regarding pre-screening for presence of domestic violence
- Section II.D.3.c. regarding special intake protocols for victims of domestic violence
- Section V regarding procedures for admitting applicants to housing projects
- Section VI on transferring clients from one permanent housing project to another

Additional changes recommended to the Guide included the following:

- In Section II.C, the reference to a client's social security number should be changed to read "the last four digits of their social security number."
- In Section V.C.2, the phrase "upload it to HMIS," should be changed to read "upload it into HMIS."

There was consensus that, these additional minor changes, along with other recent changes adopted by the committee, be recommended to the HCCSC Board for approval. (The version of the Guide reviewed at this meeting, reflecting all the recent changes to be presented to the Board, other than those approved at this meeting, is attached to these minutes.)

Review and Approval of New Policy on CoC Recipient Recordkeeping Requirements. Jean introduced a new policy on recordkeeping that makes it incumbent on all CoC-recipients to follow the general recordkeeping requirements HUD outlines in 24 CFR Part 578, and the special recordkeeping requirements pertaining to projects that are required to serve the chronically homeless. The latter were first announced in HUD Notice CPD-14-012; however, they were codified last December in the new regulations HUD promulgated that finalized the definition of "chronically homeless." Although HCCSC's adoption of these recordkeeping requirements may be superfluous given that they are now law rather than just guidance, Jean recommended that the new policy be adopted since it appears that HCCSC lost points on its 2015 CoC application for failure to specifically adopt them.

There was consensus that this new policy be recommended to the HCCSC Board for approval with one modification. The last sentence of the policy will be changed to read "In addition, the project must upload into HMIS any documentation providing evidence of eligibility if it has not been uploaded already."

Teresa noted that training of recordkeeping for projects serving the chronically homeless is scheduled to take place in July.

Review and Approval of Changes to the HCCSC's Policies Governing Eligibility and Prioritization to Receive CoC Assistance and Standards for Administering Assistance. The committee then reviewed the version of the HCCSC's *Policies Governing Eligibility and Prioritization* (the Policies) that is attached to these minutes. This version reflected changes already approved by the committee in earlier meetings during 2016 along with changes that the committee asked Jean to make at its May 25th meeting. The following sections, which included changes made after the May 25th meeting, were discussed to ensure their consistency with what the committee had agreed upon:

- Section III.B.1 regarding eligibility for prevention services
- Section III.B.2 regarding prioritization for prevention services
- Section IV.E. regarding impermissible reasons for shelters to deny or terminate services
- Section VII.A regarding eligibility for RRH
- Section VIII.A. regarding eligibility for transitional housing
- Section IX.B.1. on prioritization of PSH beds dedicated to or prioritized for the chronically homeless

There was consensus that the changes Jean had made to these sections following the May 25th meeting reflected what the committee had agreed to at that meeting. In addition, the committee agreed to the following additional changes to the Policies:

- The language of Section III.B.1.h. should be changed from "between 14 and 26" and "between 11 and 19" to "no lower than 14 and no higher than 26" and "no lower than 11 and no higher than 19." Jennifer Keaton moved that this change be adopted; Teresa Ponchak seconded the motion; and the motion was passed by a unanimous vote of those present.
- The language of Sections VII.A.1. and VII.A.2. should from "between 20 and 34" and "between 27 and 53" to "no lower than 20 and no higher than 34" and "no lower than 27 and no higher than 53." Teresa Ponchak moved that this change be adopted; Jennifer Keaton seconded the motion; and the motion passed by a unanimous vote of those present.
- In Section VIII.A.1.a., the score of "39" should be changed to read "34." Teresa Ponchak moved that this change to adopted; Renee Biggums seconded the motion: and the motion passed by a unanimous vote of those present.
- In Section IX.A.1.a., the score of "39" should be changed to read "34." Jennifer Keaton moved that this change be adopted; Frank Aquino seconded the motion; and the motion passed by a unanimous vote of those present.
- Sections IX.B.1.c. and IX.B.1.d. indicating that priority for PSH beds should be given to chronically homeless individuals with the most severe service needs and then to all chronically homeless individuals and families be eliminated since, under HUD's new definition of "chronically homeless," the individuals and families described therein are no longer chronically homeless. Renee Biggums moved that this change be adopted; Amanda Fletcher seconded the motion; and the motion passed by a unanimous vote of those present.

There was consensus that the changes already approved by the committee, as reflected in the document review at the meeting, along with the additional changes approved at the meeting be recommended to the Board for approval.

There was additional discussion about how HUD Notice CPD-14-012 and its recommendation that that CoCs include in their written standards a policy that would allow a recipient of CoC funding for PSH not

dedicated or prioritized for the chronically homeless to offer housing to the chronically homeless first and, where there are no chronically homeless, prioritize households in a non-discriminatory manner” that gives preference to those that “benefit the most from PSH, beginning with those most at risk of becoming homeless.” Jennifer and Teresa noted the difficulty of operationalizing this because lengths of time homeless are shifting constantly, which would result in constant changes to the prioritization list. It was agreed that we need t discuss this matter further.

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The Homeless Continuum of Care of Stark County's Central Intake and Standardized Assessment Guide

I. Overview of the HCCSC Central Intake and Standardized Assessment, and Service Prioritization System

A. Purpose. The policies and procedures below govern the operation of the system that the Homeless Continuum of Care of Stark County (HCCSC) has established for central intake, standardized assessment, and prioritization of requests for shelter, housing, and services made by individuals and families who are homeless or at risk of losing their housing. The purpose of this system is to ensure that Stark County:

- Accurately tracks the number and characteristics of individuals and families that are homeless or at risk of homelessness; the assistance they receive; and the efficacy of that assistance in securing stable housing for those individuals and families;
- Assesses in a fair and consistent manner all requests for help in securing or stabilizing housing and follows uniform rules in prioritizing those requests; and
- Publicizes available homeless services, making them as understandable and accessible as possible for individuals and families that need those services.

B. Participation in the System and Use of this Guide. All homeless service providers in Stark County that are receiving Continuum of Care or Emergency Solutions Grant funds or funds from Ohio Development Services Agency programs, including the Homeless Crisis Response Program, are required to (1) participate in the central intake, standardized assessment, and service prioritization system and (2) follow this guide in prioritizing eligible individuals and families for service. In addition, the Continuum of Care Planner will make every effort to encourage other Stark County providers of housing and services for the homeless to participate in this system and follow the policies and procedures established in this guide.

C. Management of Central Intake and Standardized Assessment. The Homeless Hotline and HMIS staff is responsible for operating the central intake and standardized assessment system; prioritizing clients for assistance based on their assessments and on the HCCSC's *Policies Governing Eligibility and Prioritization to Receive Assistance and Standards for Administering Assistance*; maintaining a list of clients prioritized for emergency shelter or housing; and referring clients to prevention services and emergency shelter. Quality Assurance Workgroups help Hotline and HMIS staff ensure that the system is working properly, and the HCCSC Board's Central Intake, Standardized Assessment, and Service

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Prioritization Committee oversees the operations of the system as a whole. The HCCSC Board is ultimately responsible for approving any changes to the system.

D. Quality Assurance Workgroups.

1. Various Groups and Their Composition. Every provider participating in HCCSC's central intake, standardized assessment, and service prioritization system is expected to participate in each "Quality Assurance Workgroup" relevant to its projects. The workgroups are:
 - a. Supportive Housing (Transitional Housing, Safe Haven, and Permanent Supportive Housing projects)
 - b. Prevention and Rapid Re-housing
 - c. Emergency Shelters and Outreach Programs
2. Workgroup Chairs. The CoC Planner and the HMIS Program Manager will co-chair all of the workgroups.
3. Frequency of Meetings. Each Quality Assurance Workgroup will meet as often as necessary to ensure the prompt resolution of any problems regarding referrals and admissions to the projects within their purview.
4. Scope of Work. It is the responsibility of the Quality Assurance Workgroups to determine whether central intake and standardized assessment, prioritization, and project admissions policies and procedures are working fairly and effectively for the projects within their purview and to recommend improvements where needed. Among other things, the workgroups are expected:
 - a. To provide feedback on the accuracy of the Hotline's client assessments, prioritizations, and referrals for shelter and housing and to recommend changes to improve the quality of the Hotline's decisions in these areas;
 - b. To provide feedback on procedures governing intake, assessment, referral, and project admission and recommend changes where appropriate;
 - c. To provide feedback on policies governing the eligibility of clients for projects within their purview as well as on policies governing client exclusion and termination and recommend changes where appropriate;

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- d. To consider cases in which clients or prospective clients make complaints to the Collaborative Applicant about exclusions, terminations, or discriminatory treatment by projects within their purview;
- e. To review projects within their purview that have established a pattern of bypassing higher priority clients on the central prioritization list to serve lower ranked ones when there are no approved or required eligibility restrictions that account for these deviations; analyze the reasons for these deviations; and make recommendations to ensure that projects are appropriately prioritizing individuals and families; and
- f. To work together to review individual cases and develop housing solutions for chronically homeless or otherwise hard-to-serve clients.

II. Central Intake and Standardized Assessment by the Homeless Hotline

- A. Role of Homeless Hotline –Overview. All persons seeking help in responding to a housing crisis (clients) must be referred initially to the Homeless Hotline (the Hotline). Hotline staff will be responsible for:
 - 1. Pre-screening clients to determine whether they are victims of domestic violence and whether they have the resources to obtain shelter and housing without formal entry into the homeless system;
 - 2. Diverting from the homeless system clients who have other resources and support networks; and
 - 3. Conducting a formal intake and standardized assessment of those who are not diverted.
- B. Pre-screening for Presence of Domestic Violence and Human Trafficking. When clients initially contact the Hotline for help, Hotline staff will ask whether they are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and whether they are victims of human trafficking.
 - 1. Cases of Positive Screening for Domestic Violence. In cases where callers report that they are (1) fleeing or attempting to flee violence or stalking and are in imminent danger or (2) are experiencing homelessness to which domestic violence or stalking has been a contributing factor, Hotline staff will ask the clients their preference and refer them either to Domestic Violence Project, Inc. (with shelters in Canton and Massillon) or the Alliance Area Domestic Violence Shelter, informing them that these organizations specialize in serving people with current safety concerns. If eligible clients are unwilling to contact a domestic violence project, the Hotline staff will

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proceed to conduct intake and assessment following the policies outlined below in Section II.D.3.

2. **Cases of Positive Screening for Human Trafficking.** In cases where callers report that they are victims of human trafficking, Hotline staff will ask whether the clients wish to be referred to Domestic Violence Project, Inc. (with shelters in Canton and Massillon), informing them that this organization specializes in serving survivors of human trafficking. If eligible clients are unwilling to contact Domestic Violence Project, Inc., the Hotline staff will proceed to conduct intake and assessment following the policies outlined below in Section II.D.3.
- C. **Pre-Screening for Diversion.** Before conducting a formal intake, Hotline staff will collect, at a minimum, a client's name, date of birth, and social security number and information gathered through a HCCSC-approved diversion questionnaire to determine whether the client has the resources and support networks necessary to maintain or obtain housing. If clients have such resources, Hotline staff will advise them that they do not qualify for homeless services and refer them to appropriate mainstream resources. In all cases in which clients are safely housed, the Hotline staff will urge them to stay where they are as long as possible and work independently (with appropriate referrals from the Hotline) to pursue other options available to them.
- D. **Formal Intake and Standardized Assessment of Clients Not Diverted**
1. **Formal Intake – In General.** If a client lacks alternatives to entering the homeless system, the Hotline staff will conduct a formal intake, collecting all the HUD-required universal data elements, program-specific elements, and other data required by federal regulations or HCCSC policies, and entering that data directly into the HCCSC's Homeless Management Information System (HMIS).
 2. **Standardized Assessment – In General.** For all clients admitted to the homeless system through formal intake, the Hotline staff will conduct an assessment using the Service Prioritization and Assistance Decision Tool (SPDAT).
 3. **Intake and Standardized Assessment for Clients Who Have First Contacted Domestic Violence Projects.**
 - a. **Clients Not Admitted to Domestic Violence Projects.** In cases where domestic violence projects cannot serve clients that have contacted them for help, the projects will refer the clients to or, in the case of clients referred to the project by the Hotline, refer them back to the Hotline and work with the Hotline as necessary to facilitate formal intake and standardized assessment.

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b. Clients Admitted to Domestic Violence Projects. For clients referred by the Hotline and admitted to a domestic violence project who need additional homeless services, the domestic violence project will help them contact the Hotline and work with the Hotline as necessary to facilitate their formal intake and standardized assessment as soon as possible after their admission.

c. Special Intake Protocols for Domestic Violence Victims.

In all cases where intake is conducted for individuals reporting that they are victims of domestic violence or human trafficking, the following rules will apply:

- i. The Hotline staff will collect no more information about the clients than they are comfortable sharing and will make the accommodations necessary to preserve the safety of clients and safeguard from disclosure their identity and location;
- ii. The Hotline staff will contact staff from domestic violence projects for advice in any instances in which they are unsure about the best course of action to take to keep clients safe; and
- iii. The effective date and time of the intake will be the date and time that the clients first contacted the Hotline.

4. Special Intake Protocols for Veterans:

a. Hotline Duties. As part of its initial screening of callers, the Hotline will determine whether callers are veterans. If they are, the Hotline will:

- i. Give them contact information for the Veterans Services Commission of Stark County and the Veterans Administration's Community Resources and Referral Center in Akron and advise them to contact those agencies to find out what housing and services are available to them as veterans; and
- ii. After conducting a full intake and assessment, alert the HCCSC's Veterans' Coordinator to that intake.

b. Duties of Veterans' Coordinator. The HCCSC's Veterans' Coordinator will maintain a master list of all homeless veterans in Stark County and will coordinate efforts with the Veterans Services Commission and the Veterans Administration to:

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- i. Determine the eligibility of those on the list for special benefits and resources that are available to help veterans secure stable, affordable housing;
 - ii. Provide them with necessary assistance in accessing those special benefits and resources; and
 - iii. Maximize use of the special benefits and resources and, where they are not available, other resources to house the veterans as quickly as possible.
- E. Access to Hotline Services for Non-English Speakers and Others. The Hotline will have appropriate services and/or technology in place to enable staff members to communicate with non-English speakers and people with communication impairments.
- F. Hotline Hours. The Hotline is available to receive calls from 8:30 a.m. to 4:00 p.m., Monday through Friday. During hours when the Hotline is not open, individuals and families needing emergency housing assistance may call Crisis Intervention and Recovery Services. Hotline and Crisis staff will work together to ensure that the Hotline (1) promptly receives notice of any clients who have called Crisis with emergency housing needs and (2) has the information it needs to contact those clients and process them as soon as possible for intake.

III. Service Referral and Prioritization by the Hotline

- A. Referral to Shelters. If, based on information collected during intake, the Hotline staff determines that clients are eligible for emergency shelter, they will discuss available options with the clients; determine which, if any, available options the clients prefer and notify the shelter of the referral. If no shelter beds are available, Hotline staff will place the clients on the central prioritization list for shelter, following the rules outlined in *HCCSC's Policies Governing Eligibility and Prioritization to Receive CoC Assistance and Standards for Administering Assistance.*
- B. Prevention Services for Those at Risk of Homelessness. If, based on information collected during intake, the Hotline staff determines that clients are at risk of losing their homes within the next 21 days and are otherwise eligible for available prevention services, the Hotline staff will place them on a prioritization list for prevention services.
- C. Prioritization for Housing. The following procedures will be followed in prioritizing clients for housing:
1. Referral of Eligible Clients to Verification Agency. If, based on their SPDAT scores and other information collected during intake, clients appear to be eligible for available

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housing projects, the Hotline staff will assign them a ranking on the prioritization list and designate that ranking as “tentative” pending confirmation of their homeless status and history and verification of any reported disabilities and:

- a. Advise the clients to contact an agency specified by the Hotline (the Verification Agency) and begin working with that agency immediately to document their homeless status and obtain any necessary verifications of disability;
 - b. Provide the clients with contact information for the Verification Agency; and
 - c. Alert the Verification Agency of the referrals by secure means.
2. Documentation and Verification Process. If, within 3 working days after receiving a referral from the Hotline, the Verification Agency has not heard from a referred client, it will use all available information and resources to contact the client and make an appointment to begin the process of documenting the client’s homeless status and history and obtaining any necessary verification of disabilities. To expedite this process and facilitate contact with the client in the future, the Verification Agency will:
- a. Work with the Hotline/HMIS staff, with shelter staff (if the client is or has been a resident of shelter), with outreach staff (if the client has been living on the streets), and with any case managers assigned to the client (if the clients is already linked to mental health or substance abuse services) to determine what information about the client is currently available and what has yet to be collected to fully document his homeless status and verify any disabilities; and
 - b. Assist the client as needed in obtaining an e-mail address.
3. Completion of Process. On average, the Verification Agency should take no more than 14 days to complete the documentation and verification process. If, after 21 days, the Verification Agency is unable to document the current homeless status or homeless history a client has initially reported to the Hotline or obtain verification of reported disabilities, it will consult with the Hotline to determine whether it is appropriate to continue or suspend its documentation efforts.
4. Uploading Documentation and Verification to the Homeless Management Information System (HMIS). Once the Verification Agency has documented a client’s homeless status or obtained verification of a client’s disability, it will upload that documentation in HMIS and notify the Hotline.
5. Confirmation of Client Ranking. Once it has received documentation and verification of the information originally reported by a client, the Hotline will mark the client’s ranking on the central prioritization list as “confirmed.”

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6. Removal or Adjustment of Client Ranking. If, in its tentative ranking of a client, the Hotline relied on information (especially information about homeless status and history and disabilities) that cannot be confirmed through the verification process, the Hotline will adjust the client's ranking on the prioritization list or, if appropriate, remove the client from the list.

IV. The Central Prioritization List

- A. Hotline's Role in Maintaining a Central Prioritization List. The Hotline will maintain a central prioritization list of clients awaiting emergency shelter or housing and assign places on that waiting list to registered clients in the order prescribed by HCCSC's *Policies Governing Eligibility and Prioritization to Receive CoC Assistance and Standards for Administering Assistance*.
- B. Referrals to Emergency Shelters.
 1. Referrals from the Hotline. All shelters receiving Emergency Solutions Grant, Homeless Crisis Response Program, or Ohio Development Services Agency funds as well as all other cooperating shelters will update their inventory of available beds as changes occur. Based on these inventories, the Hotline will refer the clients to available shelter beds in the order in which they are ranked on the central prioritization list. Participating shelters will not accept referrals from any other source except during hours when the Hotline is closed.
 2. Referrals from Other Sources When the Hotline is Closed. The following rules apply when shelters accept referrals from sources other than the Hotline when the Hotline is closed:
 - a. Within 24 hours after the Hotline has reopened, a shelter must notify the Hotline of any clients accepted during the time it was closed and facilitate central intake for those clients.
 - b. No shelter may guarantee ongoing shelter to any client accepted from other sources during hours when the Hotline is closed.
 3. Documentation by Shelter of Refusal to Admit or Retain Referred Client. In the event that a shelter refuses to admit a client referred to it or expels a client after admission, it must note the reasons for its action in HMIS.
- C. Creation and Required Use of the Prioritization Lists by Housing Projects.

Commented [JVN1]: We will need to talk about how this section relates to the prioritization rules spelled out in the *Policies Governing Eligibility and Prioritization*. As things stand now, the rules that appear in this section result in only a very rough prioritization of clients. The more specific prioritization rules that appear in *Policies Governing Eligibility and Prioritization*, in effect, require another sorting by rules differ depending on the category of housing involved. Is this sorting being done by providers or by the Hotline?

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1. Creation of Prioritization Lists. For all categories of housing, the Hotline will create a list of clients awaiting service that will be accessible online to housing projects. On that list, clients will be prioritized for service as follows:

a. Clients who have been verified as chronically homeless will be placed at the top of the list in descending order based on their SPDAT scores so that clients with higher SPDAT scores receive a higher placement on the list; and

Commented [JVN2]: Under

b. All other clients will be placed on the list in descending order based on their SPDAT scores.

2. Provider Use of Prioritization Lists. To the extent they can do so without violating applicable legal or funding restrictions, rapid re-housing, transitional housing, safe haven, and permanent supportive housing projects receiving Continuum of Care, Emergency Solutions Grant, or Ohio Development Services Agency funds as well as other cooperating projects should offer available units only to clients on the central prioritization list and only in the order in which they are ranked on that list. (Certain exceptions to this general rule are explained in HCCSC's *Policies Governing Eligibility and Prioritization for CoC Assistance and Standards for Administering Assistance*.)

D. Duty of Projects to Update the Hotline and the Prioritization List.

1. Informing the Hotline of Vacancies. When vacancies occur, housing projects must report them immediately to HMIS staff by secure means and inform the Hotline when the vacated bed or unit will be available for a new client.

2. Using the Prioritization List and Documenting Interaction with Clients.

a. Direct Access to the List for Providers. All providers will have direct access to the central prioritization list and to relevant information regarding clients on that list so they can identify those clients with highest priority who appear to be eligible for their projects and be ready to contact those clients when a unit becomes available.

b. Documenting Activities with Clients. Projects will document their activities with any client in the central prioritization list database so the history of that client's interactions with participating projects is available to all other participating projects and to Hotline and HMIS staff. Activities to be documented include, but are not limited to, ongoing efforts by rapid re-housing projects to find housing for a client; evaluating a client for a current project vacancy, as further described in Section V.D. of this guide; and offering or denying a vacancy to a client.

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- c. Case Conferencing to Determine Best Options for Clients. In cases where one provider has documented interactions with a client in preparation for admitting that client to a project and another provider believes that he has a better option available for that client, the providers will confer together with the client and with other appropriate advisers to help the client determine what his best option is.
- E. Consequences of Inability to Reach or Certify the Eligibility of a Client on the Prioritization List
1. Clients Awaiting Emergency Shelter. If, after using all available contact information to notify a client of a shelter vacancy, the Hotline is unable to contact the highest ranking client on the prioritization list, it will immediately offer the bed to the next client on the list.
 2. Clients Awaiting Housing. To ensure that projects have the necessary flexibility to fill vacancies promptly, they may note on the central prioritization list that one or more of the highest priority clients are “pending placement” when a vacancy occurs and make simultaneous efforts to contact those clients and complete their certification of project eligibility. If, within 5 business days after a vacancy occurs, a project has been unsuccessful in contacting or certifying the eligibility of a more highly ranked client or persuading that client to accept the available unit despite diligent efforts, it may offer the unit to a lower ranked client whose eligibility has been confirmed. “Diligent efforts” must be documented and must include, at a minimum, two attempts to use all available contact information and resources to notify any client that has been bypassed in favor of a lower ranked client and make reasonable accommodations to enable that client to complete the certification process.
 3. Impact on Prioritization List Placement of Inability to Reach Clients.
 - a. Inability to Reach Clients for Placement. If, after making the efforts described in paragraphs 1 or 2 of this section to contact the client who is next in line for placement, the Hotline or a provider is unable to make contact, the client will be classified as “inactive,” and no further efforts will be made to notify the client when shelter beds or housing units become available.
 - b. Inability to Reach Clients to Verify Ongoing Need. If clients have been on the central prioritization list for 6 months without being contacted for placement, the Hotline staff will use all available resources to contact the clients, verify their homeless status, and confirm their ongoing need for HCCSC assistance. If, after three documented efforts to use all available contact efforts to contact such

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clients over the course of at least a two-week period, contact cannot be made, the clients will be classified as inactive.

Reactivation of Clients. If, within 6 months after being classified as inactive, clients contact the Hotline to confirm that they still need HCCSC assistance, they will be returned to the prioritization list and assigned a place on that list based on an updated SPDAT score and on the date and time of the intake that resulted in their original placement on the list.

F. Consequences of Client's Refusal of Referral or Placement.

During formal intake and standardized assessment, clients will be given the opportunity to restrict the geographic area where suitable shelter or housing is available in more than one location in the county. In offering clients shelter or housing, the Hotline and participating projects will honor these preferences. However, clients will lose their place on the prioritization list, be dropped to the bottom of that list, and be given a new intake date and time based on the date and time of their second refusal in the following cases:

1. Cases in which clients decline two project placements that meet their geographical restrictions and otherwise serve their needs as reflected by their standardized assessment; and
2. Cases where no suitable options are available or likely to become available soon in the area preferred by clients, and the clients decline two referrals to otherwise suitable shelter or housing in other locations.

G. Consequences of Failure to Appear or Remain at Shelter.

1. Clients referred to a shelter by the Hotline must present themselves at the shelter by the morning after the day on which they were referred or by any other deadline established by the shelter. If a client misses this deadline, the shelter will notify the Hotline, and the bed assigned to that client will be released unless he or she (a) is hospitalized, incarcerated, or at work or (b) has provided shelter staff with some other good reasons for his or her absence.
2. A client's failure to appear at a shelter by the deadline identified above will constitute a refusal of service.

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V. Procedures for Admitting Applicants to Housing Projects

Commented [JVN3]: Should "housing" be eliminated here?

- A. Duty to Follow Applicable Eligibility Standards and Other HCCSC Rules. In selecting clients from the central prioritization list and admitting clients to their projects, housing providers must follow the eligibility standards submitted to and approved by the HCCSC in accordance with HCCSC policies. In addition, to the extent allowed by their funding sources, they must adhere to the system-wide eligibility standards outlined in the HCCSC's *Policies Governing Eligibility and Prioritization to Receive CoC Assistance and Standards for Administering Assistance* and HCCSC policies mandating adherence to Housing First principles and equal and fair access laws.
- B. Duty of Providers to Interview Clients and Collect and Upload Documents to Prove Their Eligibility. Before admitting any client to a project, project staff must meet the client to conduct a personal interview and review and, as necessary, collect the documentation required to certify their eligibility for the project. Every project must follow the recordkeeping requirements specified in HCCSC Policy No. F-10. If, when verifying a client's eligibility for a project, project staff finds that the documentation necessary to confirm eligibility is not already uploaded in HMIS, project staff must upload the documentation to ensure its availability to all HMIS users.
- C. Corrections to the Standardized Assessment and HMIS Data.
1. Corrections to HMIS Data. If, while certifying a client's eligibility for a project or at any other time, a housing, shelter, or service project learns that any information about the client that was entered in HMIS is incorrect, it will enter the correct information directly in HMIS and notify HMIS staff in writing within one working day.
 2. Reassessment and Reprioritization. If, while certifying a client's eligibility for a project or at any other time, a housing, shelter, or service project learns that material information obtained during the client's original assessment is incorrect, the project will complete a new assessment, upload it to HMIS, and notify HMIS staff in writing within one working day. In cases where the new information suggests that the client is ineligible for a particular type of project for which he is being considered or that his need for housing assistance is much less or greater than previously supposed, Hotline staff will reassess the client's eligibility for housing interventions as well as his/her placement on the waiting list.

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D. Duty of Housing Projects to Report on Clients Considered for Vacancies. A housing provider must take the following steps when filling a vacancy:

1. Signify that a client is being considered for a vacancy by placing a “pending placement” notation on the central prioritization list;
2. Notify the Hotline in writing within two working days after a vacancy is filled if the provider has bypassed the most highly ranked eligible client on the central prioritization list in favor of a client with a lower ranking; and
3. Within two days after a vacancy is filled, update information in the central prioritization list database to reflect its interactions with clients considered for the vacancy, indicating, among other things, why those clients were or were not offered the available unit. All entries should include the initials of the staff member entering the information.

E. Actions Triggering Automatic Quality Assurance Reviews. If a housing project bypasses a client whom the Hotline has identified as eligible for that project and offers an available unit to a client to whom the Hotline has assigned a lower rank on the central prioritization list, it will be required to provide an explanation for that action to the Quality Assurance Workgroup that oversees that project unless notations on the prioritization list indicate that the project tried in the manner required by Section IV.E. of this guide, but was unsuccessful, in contacting the client. In such cases, Quality Assurance Groups must verify that the housing provider has acted consistently with its own and system-wide eligibility standards and has honored Housing First principles.

F. Consequences of Violating Applicable Eligibility Standards or Housing First Principles. If, based on the review that has taken place in a Quality Assurance Workgroup, the co-chairs of that workgroup conclude that a provider has violated applicable eligibility standards or Housing First principles, the following steps will be taken:

1. The CoC Planner will ensure that a record of that violation is maintained and that this record, along with any records of similar violations, is made available to the Evaluation and Review Committee when it reviews, scores, and ranks the provider’s applications for CoC or ESG funding; and

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2. The co-chairs will work together to develop a corrective action plan that will make appropriate housing available as soon as possible to the client who has been bypassed in violation of applicability eligibility rules or Housing First principles.

VI. Procedures for Transferring from One Permanent Supportive Housing Project to Another

- A. Circumstances Justifying Transfers. A permanent supportive housing project may request that a client be transferred to another permanent supportive housing project when the client no longer meets the project's eligibility criteria or when that project can no longer satisfy the client's needs. Appropriate reasons for requesting a transfer include the following:
 1. Changes in the size or composition of a client's household;
 2. The emergence of verified disabilities that cannot be reasonably accommodated by the project currently serving the client;
 3. Circumstances that justify the client's or the housing project's reasonable belief that the client's continued residence in the project poses an imminent danger to himself or others; and
 4. The client's need for easier access to a particular place of employment or schooling or to essential services, including health care and child care.
- B. Procedures for Effecting Transfers. The following procedures will be observed in effecting transfers requested under the circumstances described above:
 1. Any permanent supportive housing project seeking to transfer a client to another permanent supportive housing project must submit a written request which includes the specific reason for the request to the client's HMIS, complete a new SPDAT or FSPDAT in HMIS, and notify the Homeless Hotline promptly;
 2. The Hotline will review the request with the transferring project, determine whether there are available housing options that would better serve the client's needs, review these options with the project, and notify potential new projects of the transfer request;
 3. After the project has determined appropriate available units and discussed those options with the client, the Hotline will work with the project to negotiate the client's transfer to a new unit acceptable to the client and ensure that relevant information about the transfer is documented in HMIS.

D.2

- C. Transfers in Cases of Domestic Violence. The HCCSC has adopted a separate policy governing transfers in cases involving domestic violence. (See Policy D.8/F.8.) That policy conforms to the requirements of HUD's proposed rule to fully implement the Violence Against Women Act. (See 80 Fed. Reg. No. 66, April 6, 2015.)

Standards for Providers

Policy F. 10 – Recipient Recordkeeping Requirements

I. Recipient Recordkeeping Requirements Under 24 CFR 578.103

- A. In General. Every recipient and sub-recipient of Continuum of Care (CoC) grant funds must establish and maintain standard operating procedures for ensuring that those funds are used in accordance with the requirements of 24 CFR Part 578 and must maintain sufficient records to enable HCCSC's Collaborative Applicant and HUD to determine whether the recipient and its sub-recipients are meeting the requirements of 24 CFR Part 578.
- B. Specific Recordkeeping Requirements. In particular, recipients and sub-recipients of CoC grant funds must establish and maintain the records specified in 24 CFR 578.103 (incorporated herein as Attachment B) as necessary to prove the eligibility of participants in CoC-funded programs, the services provided to those participants, and compliance with other federal requirements.

II. Special Requirements for Projects that are Required to Serve the Chronically Homelessness

On December 4, 2015, HUD issued its final rule defining "chronically homeless" and specifying records recipients must maintain in order to prove that clients they serve meet that definition. See 80 FR 75791 et seq, which is incorporated herein as Attachment B. All CoC-recipients and all other HCCSC projects that are required by funding restrictions or by HCCSC policies to serve the chronically homeless exclusively or to give priority to the chronically homeless must observe the recordkeeping requirements outlined in 24 CFR 578.103(a)(4) to prove that the clients they are serving do, in fact, meet HUD's definition of "chronically homeless."

III. Requirement to Upload to HMIS all Documents Proving Eligibility

As reflected in Section V.B. of the HCCSC's *Central Intake and Standardized Assessment Guide*, before admitting clients, an HCCSC project must confirm and document their eligibility for the project, including their homeless or chronically homeless status and, if applicable, their disability and their income. In addition, the project must upload any documentation providing evidence of eligibility to HMIS if it has not been uploaded already.

ATTACHMENT A

§ 578.103 Recordkeeping requirements.

(a) *In general.* The recipient and its subrecipients must establish and maintain standard operating procedures for ensuring that Continuum of Care program funds are used in accordance with the requirements of this part and must establish and maintain sufficient records to enable HUD to determine whether the recipient and its subrecipients are meeting the requirements of this part, including:

- (1) *Continuum of Care records.* Each collaborative applicant must keep the following documentation related to establishing and operating a Continuum of Care:
 - (i) Evidence that the Board selected by the Continuum of Care meets the requirements of § 578.5(b);
 - (ii) Evidence that the Continuum has been established and operated as set forth in subpart B of this part, including published agendas and meeting minutes, an approved Governance Charter that is reviewed and updated annually, a written process for selecting a board that is reviewed and updated at least once every 5 years, evidence required for designating a single HMIS for the Continuum, and monitoring reports of recipients and subrecipients;
 - (iii) Evidence that the Continuum has prepared the application for funds as set forth in § 578.9, including the designation of the eligible applicant to be the collaborative applicant.
- (2) *Unified funding agency records.* UFAs that requested grant amendments from HUD, as set forth in § 578.105, must keep evidence that the Continuum. This evidence may include minutes of meetings at which the grant amendment was discussed and approved.
- (3) *Homeless status.* Acceptable evidence of the homeless as status is set forth in 24 CFR 576.500(b).
- (4) *At risk of homelessness status.* Form those recipients and subrecipients that serve persons at risk of homelessness, the recipient or subrecipient must keep records that establish “at risk of homelessness” status of each individual or family who receives Continuum of Care homelessness prevention assistance. Acceptable evidence is found in 24 CFR 576.500(c).
- (5) *Records of reasonable belief of imminent threat of harm.* For each program participant who moved to a different Continuum of Care due to imminent threat of further domestic violence, dating violence, sexual assault, or stalking under § 578.51(c)(3), each recipient or subrecipient of assistance under this part must retain:
 - (i) Documentation of the original incidence of domestic violence, dating violence, sexual assault, or stalking, only if the original violence is not already documented in the program participant’s case file. This may be written observation of the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance; medical or dental

- records; court records or law enforcement records; or written certification by the program participant to whom the violence occurred or by the head of household.
- (ii) Documentation of the reasonable belief of imminent threat of further domestic violence, dating violence, or sexual assault or stalking, which would include threats from a third-party, such as a friend or family member of the perpetrator of the violence. This may be written observation by the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance; current restraining order; recent court order or other court records; law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts; or a written certification by the program participant to whom the violence occurred or the head of household.
- (6) *Annual income.* For each program participant who receives housing assistance where rent or an occupancy charge is paid by the program participant, the recipient or subrecipient must keep the following documentation of annual income:
- (i) Income evaluation form specified by HUD and completed by the recipient or subrecipient; and
 - (ii) Source documents (*e.g.*, most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) for the assets held by the program participant and income received before the date of the evaluation;
 - (iii) To the extent that source documents are unobtainable, a written statement by the relevant third party (*e.g.*, employer, government benefits administrator) or the written certification by the recipient's or subrecipient's intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period; or
 - (iv) To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income that the program participant is reasonably expected to receive over the 3-month period following the evaluation.
- (7) *Program participant records.* In addition to evidence of "homeless" status or "at-risk-of-homelessness" status, as applicable, the recipient or subrecipient must keep records for each program participant that document:
- (i) The services and assistance provided to that program participant, including evidence that the recipient or subrecipient has conducted an annual assessment of services for those program participants that remain in the program for more than a year and adjusted the service package accordingly, and including case management services as provided in § 578.37(a)(1)(ii)(F); and
 - (ii) Where applicable, compliance with the termination of assistance requirement in § 578.91.
- (8) *Housing standards.* The recipient or subrecipient must retain documentation of compliance with the housing standards in § 578.75(b), including inspection reports.

- (9) *Services provided.* The recipient or subrecipient must document the types of supportive services provided under the recipient's program and the amounts spent on those services. The recipient or subrecipient must keep record that these records were reviewed at least annually and that the service package offered to program participants was adjusted as necessary.
- (10) *Match.* The recipient must keep records of the source and use of contributions made to satisfy the match requirement in § 578.73. The records must indicate the grant and fiscal year for which each matching contribution is counted. The records must show how the value placed on third party in-kind contributions was derived. To the extent feasible, volunteer services must be supported by the same methods that the organization uses to support the allocation of regular personnel costs.
- (11) *Conflicts of interest.* The recipient and its subrecipients must keep records to show compliance with the organizational conflict-of-interest requirements in § 578.95(c), the Continuum of Care board conflict-of-interest requirements in § 578.95(b), the other conflict requirements in § 578.95(d), a copy of the personal conflict-of-interest policy developed and implemented to comply with the requirements in § 578.95, and records supporting exceptions to the personal conflict-of-interest prohibitions.
- (12) *Homeless participation.* The recipient or subrecipient must document its compliance with the homeless participation requirements under § 578.75(g).
- (13) *Faith-based activities.* The recipient and its subrecipients must document their compliance with the faith-based activities requirements under § 578.87(b).
- (14) *Affirmatively Furthering Fair Housing.* Recipients and subrecipients must maintain copies of their marketing, outreach, and other materials used to inform eligible persons of the program to document compliance with the requirements in § 578.93(c).
- (15) *Other federal requirements.* The recipient and its subrecipients must document their compliance with the federal requirements in § 578.99, as applicable.
- (16) *Subrecipients and contractors.*
- (i) The recipient must retain copies of all solicitations of and agreements with subrecipients, records of all payment requests by and dates of payments made to subrecipients, and documentation of all monitoring and sanctions of subrecipients, as applicable.
 - (ii) The recipient must retain documentation of monitoring subrecipients, including any monitoring findings and corrective actions required.
 - (iii) The recipient and its subrecipients must retain copies of all procurement contracts and documentation of compliance with the procurement requirements in 24 CFR 85.36 and 24 CFR part 84.
- (17) *Other records specified by HUD.* The recipient and subrecipients must keep other records specified by HUD.
- (b) *Confidentiality.* In addition to meeting the specific confidentiality and security requirements for HMIS data, the recipient and its subrecipients must develop and implement written procedures to ensure:

- (1) All records containing protected identifying information of any individual or family who applies for and/or receives Continuum of Care assistance will be kept secure and confidential;
 - (2) The address or location of any family violence project assisted with Continuum of Care funds will not be made public, except with written authorization of the person responsible for the operation of the project; and
 - (3) The address or location of any housing of a program participant will not be made public, except as provided under a preexisting privacy policy of the recipient or subrecipient and consistent with State and local laws regarding privacy and obligations of confidentiality;
- (c) *Period of record retention.* All records pertaining to Continuum of Care funds must be retained for the greater of 5 years or the period specified below. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.
- (1) Documentation of each program participant's qualification as a family or individual at risk of homelessness or as a homeless family or individual and other program participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served; and
 - (2) Where Continuum of Care funds are used for the acquisition, new construction, or rehabilitation of a project site, records must be retained until 15 years after the date that the project site is first occupied, or used, by program participants.
- (d) *Access to records.* (1) *Federal Government rights.* Notwithstanding the confidentiality procedures established under paragraph (b) of this section, HUD, the HUD Office of the Inspector General, and the Comptroller General of the United States, or any of their authorized representatives, must have the right of access to all books, documents, papers, or other records of the recipient and its subrecipients that are pertinent to the Continuum of Care grant, in order to make audits, examinations, excerpts, and transcripts. These rights of access are not limited to the required retention period, but last as long as the records are retained.
- (2) *Public rights.* The recipient must provide citizens, public agencies, and other interested parties with reasonable access to records regarding any uses of Continuum of Care funds the recipient received during the preceding 5 years, consistent with State and local laws regarding privacy and obligations of confidentiality and confidentiality requirements in this part.
- (e) *Reports.* In addition to the reporting requirements in 24 CFR parts 84 and 85, the recipient must collect and report data on its use of Continuum of Care funds in an Annual Performance Report (APR), as well as in any additional reports as and when required by HUD. Projects receiving grant funds only for acquisition, rehabilitation, or new construction must submit APRs for 15 years from the date of initial occupancy or the date of initial service provision, unless HUD provides an exception under § 578.81(e).

ATTACHMENT B

§ 91.5 Definitions.

Chronically homeless means:

- (1) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
- (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a fluctuated while the head of household has been homeless.

* * * * *

PART 578—CONTINUUM OF CARE PROGRAM

3. The authority citation for 24 CFR part 578 continues to read as follows: **Authority:** 42 U.S.C. 11371 *et seq.*, 42 U.S.C. 3535(d).

4. In § 578.3, the definition of “Chronically homeless” is revised to read as follows:

§ 578.3 Definitions.

Chronically homeless means:

- (1) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

- (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

* * * * *

§ 578.87 [Amended]

5. In § 578.87, paragraph (b)(4) is amended by removing the reference “§ 578.103(a)(13)” and adding in its place “§ 578.103(a)(14)”.

6. In § 578.103, redesignate paragraphs (a)(4) through (17) as paragraphs (a)(5) through (18) and add paragraph (a)(4) to read as follows:

§ 578.103 Recordkeeping requirements.

(a) * * *

(4) *Chronically homeless status.* The recipient must maintain and follow written intake procedures to ensure compliance with the chronically homeless definition in § 578.3. The procedures must require documentation at intake of the evidence relied upon to establish and verify chronically homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. Records contained in an HMIS, or comparable database used by victim service or legal service providers, are acceptable evidence of third-party documentation and intake worker observations if the HMIS, or comparable database, retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made, and if the HMIS prevents overrides or changes of the dates on which entries are made.

(i) For paragraph (1) of the “Chronically homeless” definition in § 578.3, evidence that the individual is a “homeless individual with a disability” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) must include:

(A) Evidence of homeless status as set forth in paragraph (a)(3) of this section; and

(B) Evidence of a disability. In addition to the documentation required under paragraph

(a)(4)(i)(A) of this section, the procedures must require documentation at intake of the evidence relied upon to establish and verify the disability of the person applying for homeless assistance. The recipient must keep these records for 5 years after the end of the grant term. Acceptable evidence of the disability includes:

(1) Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual’s ability to live independently;

(2) Written verification from the Social Security Administration;

(3) The receipt of a disability check (*e.g.*, Social Security Disability Insurance check or Veteran Disability Compensation);

(4) Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence in paragraph (a)(4)(i)(B)(1), (2), (3), or (5) of this section; or

(5) Other documentation approved by HUD.

- (ii) For paragraph (1)(i) of the “Chronically homeless” definition in § 578.3, evidence that the individual lives in a place not meant for human habitation, a safe haven, or an emergency shelter, which includes:
 - (A) An HMIS record or record from a comparable database;
 - (B) A written observation by an outreach worker of the conditions where the individual was living;
 - (C) A written referral by another housing or service provider; or
 - (D) Where evidence in paragraphs (a)(4)(ii)(A) through (C) of this section cannot be obtained, a certification by the individual seeking assistance, which must be accompanied by the intake worker’s documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence in paragraphs (a)(4)(ii)(A) through (C).

- (iii) For paragraph (1)(ii) of the “Chronically homeless” definition in § 578.3, evidence must include a combination of the evidence described in paragraphs (a)(4)(ii)(A) through (D) of this section, subject to the following conditions:
 - (A) Third-party documentation of a single encounter with a homeless service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (*e.g.*, an encounter on May 5, 2015, counts for May 1—May 31, 2015), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month (*e.g.*, evidence in HMIS of a stay in transitional housing);
 - (B) Each break in homelessness of at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter between separate occasions must be documented with the evidence described in paragraphs (a)(4)(ii)(A) through (D) of this section;
 - (C) Evidence of stays in institutional care facilities fewer than 90 days included in the total of at least 12 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter must include the evidence in paragraphs (a)(4)(iv)(A) through (B) of this section and evidence described in paragraphs (a)(4)(ii)(A) through (D) of this section that the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately prior to entering the institutional care facility; and
 - (D) For at least 75 percent of the chronically homeless individuals and families assisted by a recipient in a project during an operating year, no more than 3 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter may be documented using the evidence in paragraph (a)(4)(ii)(D) of this section for each assisted chronically homeless individual or family. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on a self-report by the individual seeking assistance.

- (iv) If an individual qualifies as chronically homeless under paragraph (2) of the “Chronically homeless” definition in § 578.3 because he or she has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of the definition, before entering that facility, evidence must include the following:
 - (A) Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institutional care facility stating the beginning and end

- dates of the time residing in the institutional care facility. All oral statements must be recorded by the intake worker; or
- (B) Where the evidence in paragraph (a)(4)(iv)(A) of this section is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in paragraph (a)(4)(iv)(A) and a certification by the individual seeking assistance that states that he or she is exiting or has just exited an institutional care facility where he or she resided for fewer than 90 days; and
 - (C) Evidence as set forth in paragraphs (a)(4)(i) through (iii) of this section that the individual met the criteria in paragraph (1) of the definition for "Chronically homeless" in § 578.3, immediately prior to entry into the institutional care facility.
- (v) If a family qualifies as chronically homeless under paragraph (3) of the "Chronically homeless" definition in § 578.3, evidence must include the evidence as set forth in paragraphs (a)(4)(i) through (iv) of this section that the adult head of household (or if there is no adult in the family, a minor head of household) met all of the criteria in paragraph (1) or (2) of the definition.

**Homeless Continuum of Care of Stark County
Policies Governing Eligibility and Prioritization to Receive CoC Assistance
and Standards for Administering Assistance**

- I. **Purpose.** The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) requires the Homeless Continuum of Care of Stark County (HCCSC) to establish and consistently follow standards for providing Continuum of Care (CoC) assistance. These standards must include:
- A. Policies and procedures for evaluating individuals' and families' eligibility for CoC assistance;
 - B. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
 - C. Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
 - D. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance; and
 - E. Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

Another document -- the HCCSC's *Central Intake and Standardized Assessment Guide* -- outlines procedures for registering requests for CoC assistance as well as the procedures that the Homeless Hotline (the Hotline) and HCCSC projects will follow in assessing and responding to those requests in a consistent manner.

This document defines various categories of homeless projects operated by agencies participating in HCCSC's central intake, standardized assessment, and service prioritization system, including all agencies receiving Continuum of Care or Emergency Solutions Grant funds as well as all agencies receiving funds from grant programs administered by the Ohio Development Services Agency, including the Homeless Crisis Response Program ("Participating Agencies"). In addition, this document outlines common eligibility criteria for each project category and policies that the HCCSC follows in prioritizing individuals and families for services in each project category.

Note: Transitional and permanent housing projects may adopt more restrictive eligibility criteria consistent with their respective missions to serve a particular homeless subpopulation if the projects address a need identified by the HCCSC and otherwise meet

the requirements of 24 CFR Section 578.93(b) pertaining to housing for specific subpopulations.

In addition, projects may adopt more restrictive criteria if their funding sources impose limits or conditions on the clients they can serve. If mandated by their funding sources, projects may also adopt different service prioritization rules as long as they adhere to the prioritization policies established herein to the best of their ability. However, in all cases where projects adopt more restrictive eligibility criteria or service prioritization rules based on the requirements of their funding sources, those requirements must be documented and approved by the HCCSC Board as prescribed in the HCCSC policy entitled *Adherence to Approved Eligibility and Exclusionary Rules*.

II. Eligibility for Diversion Services

- A. Recipients of Diversion Services. In all cases, the Homeless Hotline staff will question Hotline callers to identify networks and resources that may be available to help solve their housing crises outside the homeless system. Hotline staff will inform callers that they are not eligible for HCCSC services and advise them to pursue other options in the follow circumstances:
1. Pre-screening conducted by the Hotline staff in accordance with Section II.C. of the HCCSC's *Central Intake and Standardized Assessment Guide* reveals that they have other resources or support networks that they can use to solve their homeless crisis; or
 2. Following formal intake, their standardized assessment scores are too low to qualify for the prevention programs identified in Section III below.
- B. Available Services. The Homeless Hotline staff will explore other options with callers not eligible for HCCSC services and help them make well-informed decisions about which options they should pursue. To this end, the staff will maintain a list of programs and services available in the community to help individuals and families experiencing a housing crisis who do not qualify for assistance from the HCCSC and will make those individuals and families aware of services that may meet their needs.

III. Eligibility and Prioritization for Homelessness Prevention Programs

- A. Independent Prevention Programs. A number of organizations in Stark County offer funds to help individuals and families pay the arrears in rent and utilities that put them at risk of losing their housing. Since many of these programs are funded by private

sources and operate independently of HCCSC, the Hotline is unaware in many instances of what programs have funding available and what criteria they use in determining eligibility for funding. However, the HCCSC will attempt to identify and will convene representatives of prevention programs at least once a year in an effort to:

1. Ensure that the Homeless Hotline staff is aware of the assistance these programs provide and the criteria they use in determining eligibility for this assistance so that they can refer eligible callers to the programs; and
2. Encourage the programs to develop a well-coordinated system for preventing homelessness that uses a common set of criteria in determining eligibility for services.

B. Prevention Programs Receiving ESG or ODSA Funds.

1. Eligibility for Prevention. To be eligible for homelessness prevention services operated by Participating Agencies, individuals and families must:
 - a. Be residents of Stark County;
 - b. Have experienced an event or be undergoing a crisis which is expected to result in a housing loss within 21 days or less (e.g., an eviction; a foreclosure; a property condemnation; a sudden and significant loss of income; exiting prison, foster care, or a health care institution; a sudden and significant increase in utility costs or rents);
 - c. Be at least 2 months behind in their rent or utilities;
 - d. Have an income at or below 30% of area median income (AMI);
 - e. Be ineligible for diversion;
 - f. Need no more than \$1,500 in financial support over 4 months;
 - g. Have or reasonably expect to have a source of income to maintain their current housing or relocate to sustainable housing after financial assistance and services have ended; and
 - h. Score in one of the following ranges on the Service Prioritization and Decision Assistance Tool (SPDAT):¹

¹ Effective January 20, 2015, HCCSC adopted SPDAT as its standardized assessment tool.

i. Between 14 and 26 on the F-SPDAT for families; or

Commented [JVN4]: Should this be changed to “no lower than 14 and no higher than 26”?

ii. Between 11 and 19 on the SPDAT for individuals.

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2. Prioritization for Prevention. The following rules will be followed in prioritizing households for prevention services:

a. Households with minor children will be prioritized for services before households without children.

b. Households with veterans will be prioritized for services before households without veterans.

c. Within each household category (e.g., households with minor children, households with veterans, households without veterans or minor children), families and individuals with higher SPDAT scores will be prioritized for service before those with lower scores.

d. In cases where SPDAT scores are equal, prevention staff may determine which should be prioritized for service due to higher susceptibility to homelessness by taking into account such factors as history of evictions and numbers of previous homeless episodes.

3. Requirement to Exhaust Other Resources. Before providing prevention services to any household, prevention staff must determine whether they have exhausted other options available to them.

a. In the case of families with minor children, staff should determine whether they are eligible for services provided by the Department of Job and Family Services and, if they are, collaborate with DJFS to help families access those services.

b. In the case of households with veterans, staff should determine whether they qualify for emergency housing assistance from the Veterans Services Commission or any other source that provides special assistance to veterans.

IV. Eligibility and Prioritization for Emergency Shelter

A. Definition of Emergency Shelter. An “emergency shelter” is any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific population of homeless persons. On average, stays in emergency shelters should be no more than 90 days.

- B. Eligibility for Shelter. To be eligible for emergency shelter offered by HCCSC, Participating Agencies, individuals and families must:
1. Be present in Stark County when requesting shelter; and
 2. Lack other nighttime shelter meant for human habitation, apart from a motel or hotel room paid for by a charitable organization or by a federal, state, or local government program for low-income individuals.
- C. Permissible Reasons for Excluding or Expelling Clients from Shelter. Shelters may deny admission or terminate service to clients for any of the following reasons:
1. Needing medical services that the shelter is not equipped to provide;
 2. Exhibiting violent or aggressive behavior that suggests that they may be a danger to others;
 3. Exhibiting behavior that suggests that they may be a danger to themselves;
 4. Bringing illegal drugs or alcohol onto the premises;
 5. Violating fire or other safety rules; or
 6. Failing to appear at a shelter to which they have been referred or failing to make use of a shelter bed or unit assigned to them.
- D. Ten-Day Time-out Rule. In the event that it declines to admit or expels a client for permissible reasons, a shelter may exercise its discretion to refuse to admit or readmit the client for ten days. Longer periods of exclusion must be justified by compelling facts and circumstances.
- E. Impermissible Reasons for Denying or Terminating Service. Shelters may not deny or terminate services for any of the following reasons:
1. Because an individual or family lacks ID, income, or employment;
 2. Because a client was previously expelled from the shelter – unless the refusal to accept the client conforms to a system-wide rule allowing certain waiting periods before such returns; or
 3. Any reason that violates the Fair Housing and Equal Access Rules adopted by the HCCSC.
(See policy entitled *Fair Housing and Equal Access Standards*.)

F. Prioritization for Shelter. In the event there is a waiting list for shelter, the following rules will apply:

1. Prioritization of Chronically Homeless. Chronically homeless individuals and families will be prioritized for shelter before those who are not chronically homeless.
2. Prioritization of Families with Minor Children. Families with minor children will be prioritized for available units at all family shelters.
3. Prioritization Based on Acuity. Among the chronically homeless as well as among those that are not chronically homeless, individuals and families receiving the highest SPDAT score will be served first.
4. Prioritization of Veterans. Household with veterans will be served before households with equal acuity of need.

V. Types of Housing Projects and Common Eligibility Criteria

A. Categories of Available Housing Projects. Eligible households may access the following types of housing projects through HCCSC's central intake, standardized assessment, and service prioritization system:

1. Safe Haven (SH). A "safe haven" provides 24-hour residence for an unspecified duration for hard-to-serve homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.
2. Rapid Re-housing (RRH). Rapid re-housing projects help homeless families and individuals locate and secure appropriate rental housing in the community; provide assistance in paying move-in costs, deposits, and rental and utility expenses for a limited period of time; and provide case management and other services designed to address issues that may prevent clients from achieving sufficient independence to maintain housing after RRH assistance ends
3. Transitional Housing (TH). Transitional housing programs provide homeless individuals and families with rent-subsidized housing either in the community or in properties leased to or owned by the agency operating the program, typically for no more than 12 months but up to a maximum of 24 months. Designed for clients who need more intensive, longer-term support than those who are appropriate for RRH, TH also provides case management and other services, either directly or through referral, that are designed to prepare clients for independent living after their eligibility for TH expires.

4. Permanent Supportive Housing (PSH). Permanent supportive housing programs are designed to serve only homeless persons with long-term disabilities that substantially impede their ability to live independently. They provide community-based housing and the supportive services necessary to maintain disabled persons in that house without limit on their length of stay.

B. Common Eligibility Criteria for Admission to and Continuing Participation in All Housing Projects.

1. Presence in Stark County: To access any of the housing programs operated by Participating Agencies, individuals and families must have resided in Stark County for at least 60 days.

2. “Literally Homeless” or Fleeing Domestic Violence.

a. With the exception of TH projects, housing projects operated by Participating Agencies may serve only individuals and families (collectively, “clients”) who are either:

- i. “Literally homeless”;² or
- ii. Fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking and have no other residence and no resources or support networks they can use to obtain permanent housing.

b. In addition to serving clients who are literally homeless or who are fleeing or attempting to flee domestic violence, TH projects may also serve young adults (ages 18 through 24) who are at imminent risk of homelessness³ and who otherwise qualify for TH. However, in no circumstances, may young adults at

² For purposes of these policies, “literally homeless” means meeting the criteria outlined in the first paragraph of the definition of “homeless” set forth in 24 CFR section 578.3. Thus, to be “literally homeless,” an individual or family must lack a fixed, regular, and adequate nighttime residence, including:

- 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 publically 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 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.

³ In accordance with 24 CFR section 578.3, an individual or family is at imminent risk of homelessness if:

- i. They will lose their residence within 14 days of the application for homeless assistance;
- ii. They have identified no subsequent residence; and
- iii. They lack the resources and support networks needed to obtain other permanent housing.

risk of homelessness be prioritized for TH housing over other individuals who are literally homeless or fleeing domestic violence.

3. Income. Individuals and families must have incomes below 60% of the area median income (AMI) at the time they are admitted to the project and cease being eligible for financial assistance when their incomes surpass 60% of AMI.
4. Age. Individuals must be at least 18 years old, and families must be headed by at least one individual who is at least 18 years old.
5. ID Number. Clients must provide their social security number or alien identification number.

VI. Additional Eligibility Criteria and Prioritization Rules for Safe Havens

- A. Eligibility for Safe Havens. To be eligible for the only safe haven operated by Participating Agencies, clients must be “literally homeless.” In addition, they must:
 1. Be single adults;
 2. Score above 50 on the Service Prioritization and Assistance Tool (SPDAT);
 3. Have annual incomes at or below 50% of the area median income (AMI) as defined by HUD;
 4. Have a serious mental illness or co-occurring mental illness along with substance abuse;
 5. Be “disabled” as defined by applicable HUD regulations; and
 6. Demonstrate a history of difficulty in accessing other housing option and current barriers to securing housing
- B. Prioritization for Safe Havens.
 1. In General. In the event that there is a waiting list for safe haven beds, individuals will be prioritized for vacancies in the HCCSC’s safe haven by SPDAT score so that persons with higher SPDAT scores are admitted to vacancies before persons with lower scores.
 2. Prioritization of the Chronically Homeless and Veterans. In filling vacancies in the safe haven, both chronically homeless persons and veterans will receive priority over other individuals of equal acuity (as measured by SPDAT). In the event that there

are chronically homeless individuals and veterans with equal acuity, the chronically homeless persons will receive preference over the veterans.

VII. Additional Eligibility Criteria and Prioritization Rules for Rapid Re-housing

A. Eligibility for RRH. To be eligible for RRH projects operated by Participating Agencies:

1. Individuals must score between 20 and 34 on the SPDAT; and
2. Families must score between 27 and 53 on the F-SPDAT.

Commented [JVN6]: Does this mean no lower than 20 and no higher than 34? Should we change to “no lower than 20 and no higher than 34”?

B. Prioritization for RRH. In the event there is a waiting list for RRH, the following rules will apply:

Commented [JVN7]: Does this mean no lower than 27 and no higher than 53? Should we change to “no lower than 27 and no higher than 53”?

1. Prioritization of Households with Minor Children. In an effort to achieve the goal of re-housing all families with minor children within 30 days after they become homeless, all such households will be prioritized for RRH before all other households.
 2. Prioritization of Chronically Homeless. Among both households with minor children and other households, chronically homeless individuals and families will be prioritized for RRH before those who are not chronically homeless.
 3. Prioritization Based on Acuity of Need. Among both the chronically homeless and those that are not chronically homeless, households with higher SPDAT scores will be prioritized for RRH before those with lower scores.
 4. Prioritization of Households with Veterans. Among households with equal SPDAT scores, households with veterans will be prioritized for RRH before households without veterans.
 5. Prioritization Based on Date and Time of Intake. Among households with equal SPDAT score without either veterans or minor children, priority will be given to the household that has been waiting longest for housing, as determined by date and time of intake into HCCSC.
- C. Inability to Locate Appropriate Housing for Rapid Re-housing Clients with Higher Priority. Although rapid re-housing projects must make a diligent effort to serve clients in the order of priority outlined in this section, they may deviate from that order when housing becomes available that does not meet the needs of households with higher priority but does meet the needs of those with lower priority.

VIII. Additional Eligibility Criteria and Prioritization Rules for Transitional Housing

- A. Eligibility for TH. To be eligible for TH projects operated by Participating Agencies, individuals and families must satisfy both of the following criteria relating to SPDAT scores and income :
1. Standardized Assessment Scores
 - a. Individuals must score above 34 on the SPDAT; and
 - b. Families must score above 53 on the F-SPDAT.
 2. Income Minimum/Maximum. Individuals and families must have incomes at or below 50% of AMI.
- B. Prioritization for TH. In the event there is a waiting list for TH, the Hotline and HCCSC projects will give priority to individuals and families who qualify as chronically homeless. Among those who qualify as chronically homeless as well as those who do not qualify as chronically homeless, priority will be given to those with the greatest acuity of need as measured by SPDAT. Among those with equal acuity of need, priority will be based on the date and time of intake, with those who have been waiting longer receiving higher priority.

IX. Additional Eligibility Criteria and Prioritization Rules for Permanent Supportive Housing

- A. Eligibility for PSH. To be eligible for PSH projects operated by Participating Agencies, individuals and families must satisfy the following criteria relating to standardized and disability:
1. Standardized Assessment Scores.
 - a. Individuals must score above 34 on the SPDAT; and
 - b. Families must score above 53 on the F-SPDAT.
 2. Disability. Only individuals with disabilities and families in which at least one adult has a disability are eligible for PSH projects operated by Participating Agencies.⁴

Commented [JVN8]: No lower than 35?

⁴ For purposed of this section, the definition of “disability” is the same as that outlined in 24 CFR 582.5.

B. Prioritization

1. Order of Priority for PSH Beds Dedicated to or Prioritized for Occupancy by Clients Experiencing Chronic Homelessness

Following the recommendations outlined in HUD’s Notice CPD-14-012, the Hotline and HCCSC projects will observe the following rules in prioritizing individuals and families for vacancies in PSH beds dedicated to or prioritized for occupancy by persons experiencing chronic homelessness:

- a. First Priority – Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. Highest priority will be given to chronically homeless individuals or heads of household (in the case of families), as defined in 24 CFR 578.3,⁵ for whom both of the following are true:
 - i. The chronically homeless individuals or heads of household have been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least 4 separate occasions in the last 3 years, where the cumulative total length of the 4 occasions equals at least 12 months; and
 - ii. The individuals or heads of household have been identified as having “severe service needs” that are identified and verified by standardized assessment.⁶

⁵ 24 CFR 578.3 defines “chronically homeless” as:

- 1) An individual who:
 - i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
 - iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- 2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all the criteria in paragraph 1 of this definition before entering that facility; or
- 3) A family with an adult head of household (if there is no adult in the family, a minor head of household) who meets all the criteria in paragraph 1 of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

⁶ For purposes of the prioritization rules, a determination of “severe service needs” should not be based on a specific diagnosis or disability type but must be proven either by (a) a history of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or (b) significant health or

b. Second Priority – Chronically Homeless Individuals and Families with the Longest History of Homelessness. Second highest priority will be given to chronically homeless individuals or heads of household (in the case of families), as defined in 24 CFR 578.3, for whom both of the following are true:

- i. The chronically homeless individuals or heads of household have been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least 4 separate occasions in the last 3 years, where the cumulative total length of the 4 occasions equals at least 12 months; and
- ii. The individuals or heads of household, though meeting all the criteria of paragraph 1 of the definition of “chronically homeless,” have not been identified as having severe service needs.

2. Order of Priority for PSH Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness and for Dedicated and Prioritized Beds When Chronically Homeless Persons Cannot be Identified for Those Beds

Following the recommendations outlined in HUD’s Notice CPD-14-012, the Hotline and HCCSC providers will observe the following rules in prioritizing individuals and families for vacancies in PSH beds not dedicated to or prioritized for occupancy by the chronically homeless and beds that have been dedicated to or prioritized for the chronically homeless when no chronically homeless individuals or families can be identified to occupy those beds:

- a. First Priority – Homeless Individuals and Families with a Disability with the Most Severe Needs.

behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Highest priority will be given to individuals and families that are eligible for PSH who have been living in a place not meant for human habitation, a safe haven, or an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institution **and have been identified by the standardized assessment tool as having the most severe service needs.**

- b. Second Priority – Homeless Individuals and Families with a Disability and with a Long Period of Continuous or Episodic Homelessness.

The second highest priority will be given to individuals and families that are eligible for PSH who have been living in a place not meant for human habitation, a safe haven, or an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institution and had been living or residing in one of those locations for at least 6 months or on at least 3 separate occasions in the last 3 years where the cumulative total is at least 6 months.

- c. Third Priority – Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.

The third highest priority will be given to individuals and families that are eligible for PSH who have been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

- d. Fourth Priority – Homeless Individuals and Families with a Disability Coming from Transitional Housing.

Lowest priority will be given to individuals and families that are eligible for PSH who are coming from transitional housing and, before residing in transitional housing, lived on the streets or in an emergency shelter or safe haven. This priority is also given to homeless individuals and households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing

even if they did not live on the streets or in emergency shelters or safe havens before entering transitional housing.

X. Acceptable Deviations from Prescribed Priorities

- I. Projects Targeting Specific Populations. In serving clients, projects must follow the appropriate order of priority specified in Sections II-VIII of these policies while also taking into consideration their own specific goals and any identified target populations they are intended to serve. For example, a permanent supportive housing project that is permitted to target homeless persons with a serious mental illness should follow the prescribed order of priority to the extent that persons with serious mental illness meet the criteria.
- II. Projects with Funding Sources that Establish Different Rules for Prioritization. Projects that have funding sources that require them to follow different rules for prioritizing services to clients are expected to follow the appropriate order of priority specified in Sections II-VII of this guide to the best of their ability without jeopardizing their funding.
- III. Inability to Locate or Engage Persons with Higher Priority. Both the Hotline, in making referrals to emergency shelter, and projects, in selecting clients from the central waiting list, must exercise due diligence to ensure that persons are served in the order of priority outlined in Sections II-VIII of these policies. However, projects are not required to keep beds or units vacant and available to persons who meet a higher priority if those persons cannot be contacted, certified as eligible for the project, or persuaded to accept the beds or units offered to them within the time specified in Section IV of HCCSC's *Central Intake and Standardized Assessment Guide*.

XI. Standards for Administering Assistance

- A. Requirement for Lease or Occupancy Agreement. All CoC-funded housing programs must require a lease or occupancy agreement with tenants that must be at least one month (TH) or one year (RRH and PSH) in duration. The lease agreement must observe Fair Housing Act regulations.
- B. Tenant Rent Portion for TH and PSH. TH and PSH clients must pay rent in the amount dictated by the funding source(s) of their housing projects. In the absence of any more restrictive rules imposed by those funding sources, clients must pay rent equal to the highest of 30% of their monthly, adjusted income or 10% of their monthly gross income

or the portion of the family's welfare assistance , if any, designated for the payment of rent (including utilities). If clients have zero income, they are not required to pay rent, but, in that event, the housing project staff or its supportive services partner staff is expected to work with the participants to secure income (either earned or unearned) as soon as possible.

- C. Tenant Rent Portion in Rapid Re-Housing. The following rules govern the determination of the portion of the rent to be paid by RRH clients:
1. RRH clients are expected to pay a minimum of 30% of their monthly, adjusted income.
 2. If RRH clients have no income and are unable to contribute towards rent, the maximum amount of time they can receive a 100% rental subsidy is 3 months. If they have no immediate prospect of securing some income by that time, they will be moved to TH if space is available.
 3. Staff of RRH projects have the discretion to determine how much subsidy RRH clients need during the period they are eligible for rental assistance. However, where possible RRH projects will follow the final guidelines in determining the amount of rental assistance to provide for the portion of rent not covered by the client:
 - a. Up to 75% for as long as 6 months;
 - b. Up to 50% for 3 additional months; and
 - c. Up to 25% for no more than 3 more months.
- D. Occupancy Charges in Leasing Programs. Participants in leasing programs may be charged an occupancy charge up to 30% of their monthly adjusted income; 10% of the family's gross income; or 10% of the family's welfare assistance.
- E. Duration of Rental Assistance and Services in TH. Participants in TH will receive leasing or rental assistance (RA) for the shortest period of time needed to enable them to maintain housing stability up to a maximum of 24 months. Services may extend for an additional 6 months beyond the RA period. Participants must communicate with a case manager at least once a month and be re-evaluated at least once a year.
- F. Duration of Rental Assistance and Services in RRH. Participants in RRH will receive rental assistance (RA) for the shortest period of time needed to enable them to maintain housing stability up to a maximum of 12 months. Services may extend for an additional

6 months beyond the RA period. Participants must communicate with a case manager at least once a month and be reevaluated every three months.