

# “Community Connect”

## Coordinated and Centralized Assessment System

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| Policy No.:     | 578.7a-OR506CoC  | Approved By:   | HSSN (the CoC)                     |
| Effective Date: | December 13, 2013  | Revision Date: | <del>June 6</del> December 5, 2018 |
| Prepared By:    | Washington County Department of Housing Services<br>503-846-4760 <a href="http://www.co.washington.or.us/Housing/EndHomelessness">http://www.co.washington.or.us/Housing/EndHomelessness</a> |                |                                    |

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**Policy Authority:** This policy is adopted under the authority of the local Continuum of Care (CoC) in Washington County, commonly referred to as the Housing and Supportive Services Network (HSSN).

**Purpose:** Grant recipients and subrecipients under the Continuum of Care (CoC) Program and the Emergency Solution Grant (ESG) Program must use the coordinated and centralized assessment system (CCAS) established by the HSSN, in accordance with requirements established by HUD, to ensure the screening, assessment and referral of program participants is consistent with the written standards established.

**Standard:** The HSSN, in consultation with the CoC Program and ESG Program recipients and subrecipients, is responsible for determining how to allocate the CoC and ESG funds; for developing the performance standards and evaluating the outcomes of the local CCAS system and projects assisted by the CoC and ESG Program funds; and coordination and integration, to the maximum extent practicable, with other mainstream resources and programs targeted to homeless people in the area covered by the Continuum of Care to provide a strategic, community-wide system that will prevent and end homelessness for that area.

**Scope:** HSSN, recipients and subrecipients of CoC and ESG Program funds, the CoC Collaborative Applicant, and the HMIS Lead.

**Authority For Code:** Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act Code of Federal Regulation (CFR) for the CoC Program 24 CFR Part 578.3, Part 578.7, Part 578.23(c), Part 578.93(c), the ESG Program Part 576.400 and Part 576.407, the Homeless Definitions 24 CFR Part 91.5, Part 582.5 and Part 583.5, and Equal Access in Accordance With an Individual’s Gender Identity in Community Planning and Development Programs 24 CFR Part 5.105 and 5.106.

### Responsibilities:

#### 1. DEFINITIONS

1.1 **Assessment Specialist** is defined to mean any job description that performs assessment duties, as outlined by this policy. The Assessment Specialist may include housing

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specialist, outreach worker, and case management positions with Homeless Provider Agencies identified in this policy.

- 1.2 **Collaborative Applicant** is defined to mean an instrumentality of state or local government, local government, nonprofit, state, or public housing authority that has been designated by the Continuum of Care to collect the required Continuum governance planning activities, data and information from all projects within the geographic area of the Continuum to prepare and apply for a grant.
- 1.3 **Community Connect** is the name given to the coordinated and centralized assessment system for the Continuum of Care jurisdiction in Washington County, Oregon.
- 1.4 **Equal Access Rule** 24 CFR Part 5 ensures access for individuals in accordance with their gender identity in programs and shelter. This rule builds upon HUD’s 2012 rule entitled Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity.
- 1.5 **Homeless Provider Agency (HPA)** is defined as CoC Program and ESG Program recipients and subrecipients, and other homeless prevention and assistance programs that provide housing and/or services.
- 1.6 **McKinney-Vento Act Local Education Agency (LEA)** is defined as a public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties that is recognized in a State as an administrative agency for its public elementary schools or secondary schools.
- 1.7 **Mobile Assessment** is defined to mean an agency that performs screening and assessment of at imminent risk or homeless individuals using the written standards and tools adopted in this policy. Washington County has identified two mobile assessment agencies that target specific populations:
  - a) Boys & Girls Aid “Safe Place Youth Shelter” – runaway and homeless youth.
  - b) Luke-Dorf, Inc. “PATH Outreach” – literally homeless adult individuals experiencing a severe mental health crisis; e.g. hospitalized, referred by the Mental Health Crisis Team, etc.
- 1.8 **Recipient** is defined to mean an applicant that signs a grant agreement with the U.S. Department of Housing and Urban Development (HUD), as defined in Section 424 of the McKinney-Vento Act.
- 1.9 **Subrecipient** is defined to mean a private nonprofit organization, State or local government, or instrumentality of a State or local government that receives a subgrant

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from the recipient to operate a project. The definition of “subrecipient” is consistent with the definition of “project sponsor” found in Section 401 of the McKinney-Vento Act.

- 1.10 **Domestic violence** is defined as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone. <https://www.justice.gov/ovw/domestic-violence>.
- 1.11 **Fleeing domestic abuse or violence** is defined as any individual or family who: (i) Is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing (24CFR 578.3).

## 2. COMMUNITY CONNECT OVERVIEW

A coordinated assessment system, hereafter called *Community Connect*, is a system designed to provide people at imminent risk of homelessness (within 14 days) or experiencing homelessness with a centralized access point, coordinated intake, assessment and process for referral to housing and services. *Community Connect* operating standards are established in this policy, to include evaluation of the *Community Connect* performance by the HSSN. The same assessment is performed at all access points and utilizes a standardized decision-making process.

*Community Connect* will:

- 2.1 Cover the geographic area of Washington County, Oregon.
- 2.2 Be easy to access by individuals and families, including people fleeing domestic violence, by calling (503) 640-3263, a phone number managed by Community Action Organization, a nonprofit agency selected by the HSSN to operate as the communitywide access point to the coordinated and centralized assessment system.
- 2.3 Provides as a component of outreach, mobile screening and assessment that will operate in compliance with the written standards identified in this policy to ensure equity for people receiving screening, assessment and referral to community resources whether people enter the centralized assessment system through *Community Connect* or one of the two authorized mobile screening and assessment agencies.
  - a) Luke-Dorf, Inc. – Upon completion of the screening and assessment, the Specialist will contact the *Community Connect* Assessment Specialist to review the assessment score and determine housing referral/placement.

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b) Boys & Girls Aid – Upon completion of the screening and assessment, the agency will make the appropriate housing referral/placement for the unaccompanied homeless youth, to include programs for family reunification, shelter, Transitional Living Program, or referral to *Community Connect* Assessment Specialist if the individual is 18 years or older.

2.4 Use comprehensive and standard assessment tools with written standards to evaluate the eligibility of individuals and families for assistance, and make appropriate housing placement referrals.

2.5 Be well advertised to the public.

2.6 Be data driven using HMIS, and as available, other data sources to compliment planning and evaluation activities of the HSSN.

2.7 *Community Connect* is the only referral source for CoC Program and ESG funded projects and activities, and will include other local, state and federal housing programs in coordination with mainstream resources serving homeless populations.

2.8 Provide placement and accommodation of individuals in a manner that supports the individual’s gender identity, to include Lesbian, Gay, Bisexual, and Transgender (LGBT).

2.9 Be culturally sensitive and provide bi-lingual services, to the extent possible.

2.10 The screening and assessment process is defined in Section 6 and Section 7 of this policy.

### **3. ALIGNMENT WITH HOUSING AND SERVICES**

*Community Connect* will align with prevention and homeless assistance programs targeted to serve the homeless, to include:

3.1 All CoC Program projects funded under 24 CFR Part 578.23(c)(9).

3.2 All Emergency Solution Grant projects and activities funded under 24 CFR Part 576.400(a).

3.3 Coordination, and to the extent possible system alignment, with other targeted homeless services:

- a) HUD-VASH or Veteran Affairs Supportive Housing
- b) Education for Homeless Children and Youth (EHCY) Grants under title VII-B of the McKinney-Vento Act;
- c) Grants for the Benefit of Homeless Individuals (Section 506 of the Public Health Services Act);
- d) Healthcare for the Homeless (42 CFR Part 51c)
- e) Programs for Runaway and Homeless Youth (Runaway and Homeless Youth Act);

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- f) Projects for Assistance in Transition from Homelessness (Part C of title V of the Public Health Service Act)
- g) Services in Supportive Housing Grants (Section 520A of the Public Health Service Act);
- h) Emergency Food and Shelter Program (title III of the McKinney-Vento Act);
- i) Transitional Housing Assistance Grants for Victims of Sexual Assault, DV, Dating Violence, and Stalking Program (Section 40299 of the Violent Crime Control and Law Enforcement Act);
- j) Homeless Veterans Reintegration Program (section 5a1 of the Homeless Veterans Comprehensive Assistance Act);
- k) Domiciliary Care for Homeless Veterans Program (38 U.S.C. 2043)
- l) Veteran Affairs Homeless Providers Grant and Per Diem Program (38 CFR Part 61);
- m) Health Care for Homeless Veterans program (38 U.S.C. 2031);
- n) Homeless Veterans Dental program (38 U.S.C. 2062);
- o) SSVF or Supportive Services for Veteran Families Program (38 DFR Part 62); and
- p) Veteran Justice Outreach Initiative (38 U.S.C. 2031).

### 3.4 Coordination and integration with other program resources:

- a) Public housing programs (Section 9)
- b) Housing programs receiving tenant-based or project-based assistance (Section 8);
- c) Supportive Housing for Persons with Disabilities (Section 811);
- d) HOME Investment Partnerships Program;
- e) Temporary Assistance to Needy Families;
- f) Health Center programs;
- g) State Children’s Health Insurance program;
- h) Head Start;
- i) Mental Health and Substance Abuse Block Grants;
- j) Serviced funded under the Workforce Investment Act; and
- k) McKinney-Vento School District Liaisons in Washington County.

## 4. HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

4.1 The Continuum’s HMIS will operate as a semi-open system and comply with data privacy and security standards (24 CFR 580.35) to support the screening, assessment and referral activities of the system.

- a) Compliance with the HSSN Governance Charter adopted by the HSSN; and
- b) HMIS Data Sharing Addendum to the Agency Participation Agreement (see Appendix 10.1).

4.2 To protect the privacy of the homeless participant, the homeless provider agency (HPA) may apply confidentiality filters to the client record in the HMIS system upon intake and enrollment into the HPA’s program.

4.3 Community Action Organization is the lead agency to develop and maintain the screening and assessment tools, as approved by the HSSN and in consultation with the

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HMIS Lead Agency. Community Action Organization will ensure fidelity to the system standards through:

- a) Training provided to positions performing Screening and Assessment (e.g. homeless outreach workers and site-based Assessment Specialist) on use of policy and procedures as outlined in Section 10; and
- b) Training provided to HMIS Users who will perform Screening and Assessment in HMIS.

4.4 Washington County Department of Housing Services is the HMIS Lead Agency, and will ensure fidelity to the system standards through:

- a) Technical assistance provided to Community Action Organization, as necessary;
- b) Implementation and monitoring of HMIS CoC Participation Agreements;
- c) Prepare and provide daily housing inventory availability report to *Community Connect* and housing providers aligned with *Community Connect*;
- d) Implementation of reporting in support of the system performance measurements, and training to Community Action and the CoC Collaborative Applicant on use of the HMIS reporting tools; and
- e) Monitoring of HMIS data quality.

### 5. OUTREACH AND MARKETING PROCESS

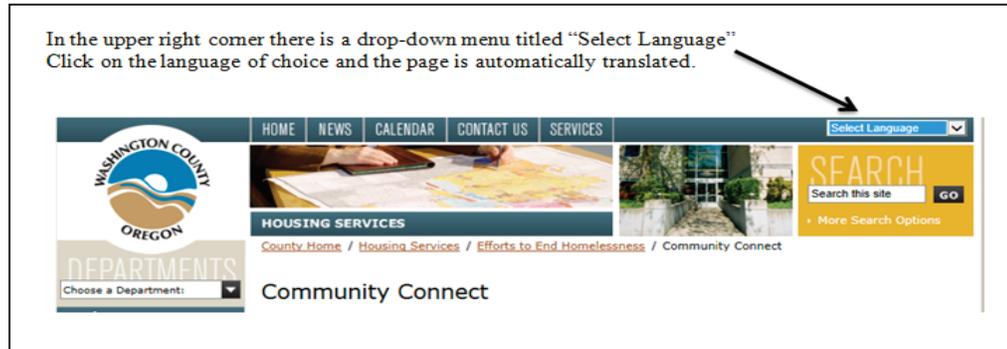
*Community Connect* is a publicly marketed system that aligns with the communitywide outreach activities targeted to serve unaccompanied youth, adults and families with children experiencing homelessness and those at imminent risk of homelessness.

5.1 Outreach activities and marketing aligned with the system include:

- a) A wallet-sized outreach information card printed in English and Spanish directing access to *Community Connect* via telephone at (503) 640-3263 or text telephone TTY via 711.
- b) Family Shelter Network Intake Line administered by Community Action.
- c) ESG-funded (Emergency Solution Grant) outreach staff and outreach activities administered by Luke-Dorf, Inc., HomePlate Youth Services, Just Compassion of East Washington County, and Open Door Counseling Center.
- d) McKinney-Vento Local Education Agencies.
- e) HSSN listserv (the CoC email distribution that includes community stakeholders to include homeless/formerly homeless consumers, private citizens, and providers of housing, supportive services, mainstream resources, faith-based meal sites, health, education, and employment programs).
- f) Washington County website  
<http://www.co.washington.or.us/Housing/EndHomelessness/index.cfm> or  
<https://www.co.washington.or.us/Housing/EndHomelessness/community-connect.cfm> which includes information and referral instructions in Arabic, Bengali, Simplified and Traditional Chinese, English, Filipino, French, German, Gujarati, Hindi, Hmong, Indonesian, Japanese, Khmer, Korean, Malay, Marathi, Myanmar

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(Burmese), Persian, Polish, Punjabi/Russian, Somali, Spanish, Tamil, Telugu, Thai, Urdu and Vietnamese languages.



- g) 211info, a statewide resource and information referral agency.
- h) Severe Weather Shelters/Warming Centers.
- i) Public safety officials; e.g. law enforcement, fire/EMS.
- j) Most pages on the County website can be read by a screen reader and allow visually impaired users to zoom in and out of a page, and to increase and decrease font sizes displayed.

5.2 A flowchart visualizes the flow of homeless individuals through the outreach, screening, assessment, and referral/housing placement process. (Appendix 10.2)

## 6. SCREENING PROCESS

The screening process will determine at imminent risk of homelessness or homeless status of the individual or families seeking assistance, also referred to as a “household”. Households will be required to meet the federal homeless definition defined in 24 CFR Part 91.5 to be eligible for McKinney-Vento homeless programs aligned with the *Community Connect*. Eligibility of homelessness for people with developmental disability will be in compliance with 24 CFR Part 582.5 and Part 583.5. Households meeting the State definition (doubled-up or shared-housing) are eligible for non-HUD funded program resources, as available.

To access the *Community Connect* system:

### 6.1 Call: (503) 640-3263

- a) Phone access available 24 hours daily staffed by Community Action Organization.
- b) Site-based and mobile-based access points to *Community Connect* will complete a screening to determine homeless eligibility using the written standards identified in the Screening Tool (see Appendix 10.3).
- c) Households actively fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, and stalking will receive information on domestic violence resources to include:
  1. **Domestic Violence Crisis Line: 503-469-8620 or 1-866-469-8600 toll free**
  2. **Call To Safety Crisis Line: 503-235-5333 or 1-888-235-5333**

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### 3. Family Justice Center of Washington County: (503) 430-8300

- d) Individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, who are seeking shelter or services will also receive information on non-victim specific providers.
- e) Households identifying as HIV/AIDS positive will receive information for the central intake at **Cascade AIDS Project: 503-278-3834**.
- f) Veteran individuals and families will receive information for veteran services with:  
**Washington County Disability, Aging and Veteran Services**  
Phone contact: **503-846-3060**  
**Veteran Community Resource and Referral Center (CRRC)**  
308 SW 1<sup>st</sup> Avenue, Portland, OR 97204.  
Phone contact: **503-808-1256 or 1-800-949-1004, Ext. 51256**.

### 6.2 Determination – Eligible for Homeless Assistance

- a) A household that meets the homeless definition will receive information and referral to emergency assistance resources, to include prevention, diversion and emergency shelter serving youth or families, to the extent these resources are available; and
- b) Households not going into shelter will be scheduled to meet with a *Community Connect* Assessment Specialist. The meeting will be scheduled within 5 business days from the initial screening defined in this section, with the household receiving information on the date, time and location of the Assessment Specialist meeting.
- c) Veterans meeting the HUD homeless definition will be offered an assessment with *Community Connect* Assessment Specialist for eligibility for veteran and other assistance, as well as contact referral to DAVS and CRRC.
- d) Data collected during the screening interview is entered into HMIS, and will be used for assessment purposes and system performance evaluation.

### 6.3 Determination - Not Eligible for Homeless Assistance

- a) A household that does not meet the homeless definition will receive information and referral to available community resources, to include 211info, mainstream resources serving people in poverty, and systems of care as defined in the Building Sustainable Partnerships for Housing matrix (see Appendix 10.4).
- b) Data collected during the screening interview is entered into HMIS, and will be used for tracking demographics on populations contacting the *Community Connect*.

## 7. ASSESSMENT PROCESS

A meeting with the Assessment Specialist and the household will determine the needs of people seeking homeless assistance, and effectively match each household with the most appropriate resources available to address that household’s particular needs.

Participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. *Community Connect* does not maintain a prioritization list and provides individuals an

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opportunity for re-assessment in the future. Participants will never be turned away from services even if they reject referral options previously provided.

### 7.1 Sheltered Households – Assessment Process

Households in one of five (5) emergency shelters in Washington County, to include three family shelters: Community Action, Family Promise and Good Neighbor Center, Monika’s House for victims fleeing domestic violence, and Safe Place Youth Shelter will be assessed by shelter staff, to include:

- a) Shelter staff will complete assessment of housing and service needs using the HMIS Assessment Tool (see Appendix 10.5);
- b) With the exception of Monika’s House, the shelter staff will enter household data in HMIS, ~~and upload supporting documentation for Verification of Homelessness and identification (include all that are applicable):~~
  1. ~~Homeless Verification and Self-Declaration of Housing~~ A Road Home: Client Consent to Release of Information for Data Sharing form (see Appendix 10.6)
  2. Resource Eligibility and Housing Options form (see Appendix 10.7)
  3. Staff Affidavit form (see Appendix 10.8)
  4. Photocopy of Identification; e.g. Driver License, Social
- c) The Assessment Specialist at Monika’s House will maintain data in the HMIS comparable database for victim of domestic violence data. The Assessment specialist will compile hardcopies of the following documents that will be made available upon referral/housing placement with the *Community Connect* Assessment Specialist:
  1. ~~Homeless Verification and Self-Declaration of A Road Home: Client Consent to Release of Information for Data Sharing~~ Housing form (see Appendix 10.6)
  2. Resource Eligibility and Housing Options form (see Appendix 10.7)
  3. Staff Affidavit form (see Appendix 10.8)
  4. Photocopy of Identification; e.g. Driver License, Social
  5. Informed Consent Form
- d) The Assessment Specialists from the five (5) shelter facilities will schedule a meeting with *Community Connect* Assessment Specialist to complete the Scoring Criteria in preparation for the referral/housing placement process outlined in Section 7.3.

### 7.2 Non-sheltered Households – Assessment Process

- a) The household will meet with the *Community Connect* Assessment Specialist for assessment of need, or a mobile assessment performed by trained outreach workers using the same screening and assessment criteria.
- b) With the homeless household, the Assessment Specialist will complete the housing and service needs using the HMIS Assessment Tool (Appendix 10.5) or the Mobile Assessment Specialist duties performed by PATH and other trained outreach workers using the paper Assessment Tool that is later entered into HMIS (Appendix 10.5.a).
- c) In HMIS, upload homeless eligibility documentation:
  1. A Road Home: Client Consent to Release of Information for Data Sharing ~~Homeless Verification and Self-Declaration of Housing~~ form (see Appendix 10.6)
  2. Resource Eligibility and Housing Options form (see Appendix 10.7)

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3. Staff Affidavit for Reasonable Accommodation; if applicable (see Appendix 10.8)
4. Photocopy of Identification; e.g. Driver License, Social Security Card, etc.

### 7.3 The Assessment Tools and Scoring Process For All Households

The Assessment Specialist will determine the appropriate housing and service program using the HMIS Assessment Tool to identify the household needs and strengths.

- a) Six categories of the Assessment Tool align with a Assessment Scoring Guide that applies points based on low, medium and high housing barriers and household service needs, and prioritizes which eligible households will receive transitional, rapid rehousing and permanent supportive housing assistance (see Appendix 10.9).
- b) The HMIS Assessment tool will apply points in each category of the assessment based on the client response.
  - 1) Monthly Income and Benefits
  - 2) Housing History
  - 3) Employment
  - 4) Financial Status/Debts
  - 5) Criminal History
  - 6) Health

### 7.4 Privacy Protection.

The assessment process does not require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

## 8. REFERRAL AND HOUSING PLACEMENT – PRIORITIZING POPULATIONS

The Assessment and Scoring process determines the household referral by Program Type to the appropriate housing project. Referrals are made to open beds and/or programs with capacity to serve in low and moderate housing needs. For homeless households scoring 75 points or higher, the household is referred to housing programs that have open beds and projects that maintain a wait list. When no housing resources are available, the household is advised of other community resources to address basic needs.

Appendix 10.9 includes a matrix used by determination of housing referral based on the assessment score that aligns with the most appropriate program types and referral to housing projects.

Appendix 10.9.a is a report published daily from HMIS that includes all program types and housing projects aligned with *Community Connect*, and serves as a supporting document to Appendix 10.9. This report mirrors the continuums Housing Inventory Chart (HIC) and provides real-time data on programs with empty beds or capacity to serve additional homeless households.

### 8.1 Prioritizing Populations for Permanent Housing Placement

The local continuum prioritizes housing and resources in alignment with *A Road Home: 10-Year Plan to End Homelessness in Washington County* and *Opening Doors: Federal*

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*Strategic Plan.* The local priority will be delivered in the following order through new resources and turn-over of housing units not dedicated and/or not prioritized for occupancy.

- a) **First Priority – Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.** The CoC prioritized new and turn-over non-chronic designated units for persons experiencing chronic homelessness and other vulnerable homeless populations in permanent supportive housing and will comply with recordkeeping requirements for documenting chronic homeless status, in alignment with HUD CPD-16-11<sup>1</sup> (supersedes CPD-14-012). Eligible persons who have experienced fewer than 4 occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
- b) **Second Priority – Homeless Individuals and Families with a Disability with Severe Service Needs and Length of Time (LOT) Homeless.** The CoC will prioritize eligible persons residing in a place not meant for human habitation, a safe haven, or in shelter and has been identified as having severe service needs. The CoC will prioritize people with the longest length of homelessness.
- c) **Third Priority – Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter without Severe Service Needs and Length of Time (LOT) Homeless.** The CoC will prioritize eligible persons residing in a place not meant for human habitation, a safe haven, or in shelter where the person has not been identified as having severe service needs. The CoC will prioritize people with the longest length of homelessness, but there is not a minimum length of time required.
- d) **Fourth Priority – Homeless Individuals and Families with a Disability Coming from Transitional Housing.** The CoC will prioritize eligible persons residing in transitional housing, where prior to residing in the transitional housing had lived in a place not meant for human habitation, shelter or safe haven. This priority includes persons fleeing domestic violence or attempting to flee domestic violence, dating violence, human trafficking, sexual assault, or stalking and prior to residing in that transitional housing they did not live in a place not meant for human habitation, shelter or safe haven.
- e) **Prioritized Single Wait List.** The CoC has a single wait list for permanent supportive housing “tenant-based” programs serving individual and families managed by Washington County Department of Housing Services, with wait lists for permanent supportive housing in “facility-based” programs managed by the project sponsor agency in alignment with this policy and the CoC system operations.

### 8.2 Determining Housing Placement

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<sup>1</sup> HUD CPD-16-11 Notice For Prioritizing Chronic Homeless and Other Vulnerable Populations (Adopted by HSSN on 8/3/2016) <https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>

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- a) The Assessment Specialist will enter the household Assessment Score, Housing Status and Household Type into the Program Eligibility Tool (see Appendix 10.10). The Program Eligibility Tool will identify the appropriate Project and Homeless Provider Agency (HPA) that align with the household need and eligibility.
- b) Using the HPA Project(s) identified in the Program Eligibility Tool, the Assessment Specialist will view available bed/unit data for the specific project(s) in HMIS. The bed/unit availability data as maintained in HMIS by each Project agency, and published daily by the HMIS Lead Agency.
- c) For bed/unit data not maintained in HMIS, the Assessment Specialist will contact the HPA for available bed/unit information.
- d) The Assessment Specialist will advise the homeless household of the available program options.
- e) The Assessment Specialist will contact the HPA via phone to advise a referral is in process, and confirm the availability of the bed/unit in HMIS. A confirmation email will be sent referencing the unique client I.D. number in HMIS where the results of the screening, assessment and the uploaded Verification of Homelessness and I.D. documentation is stored.
- f) The household will be responsible for scheduling an intake briefing with the HPA once the referral has been made by *Community Connect*.
- g) The Assessment Specialist will complete entry/exit data in HMIS, and ensure all documentation is scanned and uploaded in HMIS within 24 hours of the Assessment.

### 8.3 Intake and Disposition of Referral/Housing Placement

- a) HPA will schedule an Intake Briefing with the household referred by *Community Connect*.
- b) HPA will meet with the household and have access to the screening, assessment and related documentation uploaded into HMIS, to include the Verification Of Homelessness and Personal Identification.
- c) HPA enrolls the new program participant into the program; OR
- d) HPA determines the household is not eligible for the program as a result of an inappropriate referral.
  1. HPA will contact the Assessment Specialist who made the initial referral and follow-up with an email documenting the reasons for not accepting the household referral; e.g. sending a non-chronic homeless individual to a program that can only serve persons who meet the federal definition of chronically homeless.
  2. The household is referred back to the *Community Connect* Assessment Specialist.

### 8.4 Rapid Rehousing Rent Subsidy Determination

Rapid Rehousing (RRH) is a community-based permanent housing model funded by the CoC Program and the ESG Program. The following outlines the standards adopted for the ESG-RRH program in consultation with the HSSN (see Appendix 10.11), and the standards for the CoC-RRH program.

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| Rapid Rehousing Assistance (Maximum)   | CoC Program CoC-RRH<br>24 CFR 578.37(a)(1)(ii)  | ESG Program ESG-RRH<br>24 CFR 576.104  |
|--|---|--|
| U.S. HUD Homeless Definition Populations <sup>2</sup>                            | Category 1, and 4 <ul style="list-style-type: none"> <li>• Literally Homeless</li> <li>• Fleeing Domestic Violence</li> </ul> | Category 1 and 4 <ul style="list-style-type: none"> <li>• Literally Homeless</li> <li>• Fleeing Domestic Violence</li> </ul> |
| Income Eligibility   | Must have income at or below 30% AMI, <u>and</u> Lack resources and support network.  | Must have income at or below 30% AMI, <u>and</u> Lack resources and support network.   |
| Housing Standard   | Units must meet HUD Housing Quality Standards (HQS)   | Units must pass HUD Habitability Standards   |
| Percentage (%) of rent to be paid by program participant, with utility allowance | The greater of:<br>30% of the adjusted gross income, <u>OR</u><br>10 percent of the monthly income                            | The greater of:<br>30% of the adjusted gross income, <u>OR</u><br>10 percent of the monthly income                           |
| Fair Market Rent Standard  | Rent reasonableness   | Up to the FMR for a unit   |
| Rent Reasonableness Standard   | Units in a structure must comply with HUD Rent Reasonableness Standard  | Units must comply with HUD Rent Reasonableness Standard  |
| Move-in Standards  | Security deposit not to exceed two (2) months rent  | <ul style="list-style-type: none"> <li>• Rent in Arrears</li> <li>• Security deposit</li> </ul>                              |
| Number (#) of months   | 0 to 24 Months  | 0 to 9 months; Extensions may be granted, but not to exceed 24 months  |
| Number (#) of times participant can enroll in RRH                                | Two (2) episodes of homelessness in five years, but total amount of assistance cannot exceed 24 months                        | No limit, but total amount of assistance cannot exceed 24 months   |
| Supportive Service Limitation  | No longer than 6 months after rent assistance stops   | No limit, but total amount of assistance cannot exceed 24 months   |
| Re-evaluate participant self-sufficiency   | At least annually,  | At least every 3 months  |
| Participant and Case Manager meet to review progress                             | At least monthly  | At least monthly   |

## 9. FAIR HOUSING AND EQUAL ACCESS

### 9.1 Affirmative Outreach

All individuals and their families, including transgender individuals and other individuals who do not identify with the sex they were assigned at birth, will receive equal access to program, benefits, services and accommodations in accordance with their gender identity without being subjected to intrusive questioning or being asked to provide

<sup>2</sup> Refer to eligible populations defined in the HUD NOFA. Addition resource, HUD Guidance released 3/12/2013 regarding Imminent Risk for CoC-RRH <https://www.onecpd.info/resource/2889/rapid-rehousing-esg-vs-coc/>

## “Community Connect” Coordinated and Centralized Assessment System

documentation, in accordance with the HUD final rule entitled “Equal Access in Accordance with an Individual’s Gender Identity in Community Planning and Development Programs.”

Housing and service providers aligned with *Community Connect* will implement affirmative outreach written procedures in compliance with 24 CFR Part 578.93(c) to include marketing information, information provided to participants, and access to grievance process that informs persons with regard to rights and anti-discrimination based on race, color, ethnicity, religion, sex, gender, sexual orientation, age, national origin, familial status, or disability, and how to obtain access to facilities and services. Shelters and temporary facilities will not separate family members with the exception of facilities that require shared sleeping quarters or bathing facilities and that do not qualify as a dwelling under the Fair Housing Act may operate single-sex shelters unless doing so would violate some other Federal, State or local law. Reasonable accommodations for persons with disabilities must be available in order to ensure disabled participants have an equal opportunity to utilize housing, including shelters, and receive essential services. Greater levels of accessibility may be required for some shelters in compliance with The Americans with Disabilities Act. Shelter and housing providers shall document and maintain records of compliance with this requirement.

### 9.2 Nondiscrimination

Housing and service providers will comply with all state and federal statutes relating to nondiscrimination, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act, and Title III of the American with Disabilities Act. Providers may not take any of the following actions based on race, color, national origin, religion, gender, familial status, disability, marital status, source of income, sexual orientation, including gender identity, honorably discharged veterans/military status, and survivors of domestic violence:

- Refuse to rent housing or provide services.
- Make housing or services unavailable.
- Deny a dwelling or service.
- Set different terms, conditions or privileges for rental of a dwelling or obtaining services.
- Provide different housing services or facilities or different services.
- Falsely deny that housing is available for inspection or rental or services are not available.
- Deny anyone access to a facility or service.
- Screen out individuals with too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations/history of not being a leaseholder, or criminal record.
- Create or maintain priority lists.

## “Community Connect” Coordinated and Centralized Assessment System

- Turn participants away from services even if they rejected referral options previously provided.

*Community Connect*'s referral process is informed by Federal, State, and local Fair Housing laws and regulations and ensures participants are not “steered” toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

### 9.3 Cultural and Linguistic Competence

All staff administering screening and assessments must use culturally and linguistically competent practices, including the following:

- *Community Connect* incorporates cultural and linguistic competency into the required annual training protocols for participating projects and staff members.
- Screenings and assessments use questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations.
- Access points will take reasonable steps to offer materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency. *Community Connect* materials will be offered in English and Spanish, and translation services will include the use of bilingual staff and/or other provider resources.
- Appropriate auxiliary aids and services necessary to ensure effective communication are available for individuals with disabilities. This may include the ability to enlarge text and TTY services. Access points are handicap accessible for those with physical disabilities, such as persons with wheelchairs.

### 9.4 Domestic Violence

- a) All persons accessing *Community Connect* are asked, via the initial screening, if they are fleeing or attempting to flee domestic violence. If a person or persons are identified as fleeing or attempting to flee domestic violence, the provider, including non-victim service providers, must provide immediate referral to, and assistance accessing emergency services. The person or persons has the right to decline any and all referrals to, or assistance with access to, emergency services. **Declining referrals or assistance with access will not negatively impact the person's access to *Community Connect*.**
- b) Physical assessment areas are made safe and confidential to allow for individuals to identify sensitive information or safety issues in a private and secure setting.

### 9.5 Grievance Policy

At the time of assessment with mobile outreach workers or site-based Assessment Specialist, persons will be advised of their right to file a non-discrimination complaint with the HSSN Workgroup.

- If less than 15 days to the next HSSN Workgroup meeting, the complaint will be added to the next regular business meeting agenda for review and act upon the complaint.

## “Community Connect” Coordinated and Centralized Assessment System

- If more than 15 days to the next HSSN Workgroup meeting, the Chair will call a special meeting to review and act upon the complaint.

### 10. SCREENER AND ASSESSOR TRAINING

Mobile Assessment Specialists (outreach workers) and site-based Assessment Specialists performing *Community Connect* screening and assessment are required to complete training to ensure fidelity to the centralized assessment policies and procedures and uniform decision-making and referrals.

- 10.1 New Hire Training and Orientation: Prior to performing activities that include screening and assessment, mobile and site-based Assessment Specialists will be required to read and acknowledge understanding of all *Community Connect* policies. Training will be provided on the policy and process to perform screening and assessment, with additional training completed as follows:
- a) Overview of the housing programs and resources aligned with *Community Connect*.
  - b) Training in how to perform an assessment using client-centered approach.
  - c) Confidentiality/privacy training that includes safety for persons fleeing domestic violence and how to determine program eligibility for appropriate referrals for persons with disabilities.
  - d) Training on nondiscrimination and how to perform an assessment using a client-centered approach that is culturally and linguistically sensitive.
  - e) Safety planning and training.
  - f) ServicePoint HMIS training.
  - g) Training on how to conduct a trauma-informed assessment. Enroll and complete within 6 months of hire Trauma Informed Care course.
  - h) Enroll and complete within 6 months of hire the Rent Well course, as this training provides the Assessment Specialist with information that is beneficial to serving people who are at risk of homelessness or have housing barriers.

- 10.2 Annual Training: In the month of May, conduct annual training for Assessment Specialists. This will include:
- a) Overview of the most recent CoC Housing Inventory Chart (HIC) submitted to HUD, with emphasis on new/future housing resources.
  - b) Review of the assessment and referral process to ensure fidelity to the *Community Connect* policies and procedures.
  - c) Confidentiality/privacy training that includes safety for persons fleeing domestic violence and hot to determine program eligibility for appropriate referrals for persons with disabilities.
  - d) Mental Health First Aid training.
  - e) Safety planning and training.

# “Community Connect” Coordinated and Centralized Assessment System

## 11. PERFORMANCE MEASUREMENTS AND SYSTEM EVALUTION

The HSSN will provide oversight to the *Community Connect* process to provide transparency for people working in the system and ensure consistency with how people access resources communitywide.

11.1 The HSSN will measure project and system performance outcomes based on seven criteria:

- a) Reduction in the Average Length of Time Persons remain Homeless
- b) Reduction in Recidivism
- c) Reduction in First-time Homelessness
- d) Reduction in Unsheltered Homelessness
- e) Increase in Earned Income
- f) Increase in Mainstream Benefits
- g) Increase in Placement to Permanent Housing from Outreach, and Placement in or Retention of Permanent Housing

11.2 Measurement period will be on a federal fiscal year, to align with Annual Homeless Assessment Report submitted to HUD.

11.3 Semi-annually, the HSSN will review the outcomes of the system performance measurement.

11.4 Target goals for system performance will be measured annually beginning October 1 to September 30, with CoC goals:

- a) Average length of homelessness  $\leq 30$  days, or a reduction by at least 10 percent from the preceding federal fiscal year.
- b) Less than 5 percent recidivism within two year period, or homeless again within two years decreased by at least 20 percent from the preceding year.
- c) HMIS bed coverage rate is greater than 80 percent.
- d) Outreach plan is comprehensive in identifying and referring homeless individuals and families to *Community Connect*.

11.5 – An annual report will be provide to HSSN membership with results of consultations with participating project and project participants. The purpose of (at least) annual consultations will be to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitation methods to address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households may include surveys, focus groups and interviews. All data obtained through surveys will be in anonymous paper form or conducted through *Survey Monkey* and will be stored by the CoC lead agency. Documents will be retained for no longer than one year after which time they will be destroyed through a secured process.

# “Community Connect” Coordinated and Centralized Assessment System

## 12.0 APPENDICES

Note: Appendix documents will retain their 10.x designation as CoC members have integrated into their daily language referring to these documents by their Appendix number; e.g. 10.10 is commonly known as the form that defines program eligibility and referral contact information.

- 10.1 HMIS Data Sharing Addendum to the Agency Participation Agreement
- 10.2 *Community Connect* Screening and Intake Flow Chart
- 10.3 Screening Tool
- 10.4 Building Sustainable Partnerships for Housing Matrix
- 10.5 Assessment Tool (ServicePoint HMIS)
- 10.5.a Assessment Tool (Paper Form used by Outreach Staff)
- 10.6 A Road Home: Client Consent to Release of Information for Data Sharing  
~~Homeless Verification and Self-Declaration of Housing~~ form
- 10.7 Resource Eligibility and Housing Options form
- 10.8 Staff Affidavit Form
- 10.9 Assessment Scoring Guide
- 10.9.a HMIS Occupied Beds Summary
- 10.10 Program Eligibility Tool
- 10.11a Department of Veterans Affairs, Request For & Authorization To Release Health Information
- 10.11b A Road Home, ROI Client Consent to Share
- 10.12 Emergency Solution Grant Operating Manual

## REVISION HISTORY

| Revision Date | Description of Changes  |
|---------------|---|
| 1/17/2014     | Original Version  |
| 6/6/2018      | Section 5 add information in multiple languages; Section 9.4 add.   |
| 12/5/2018     | Section 7: remove <u>Homeless Verification and Self-Declaration of Housing</u> form 10.6 as agencies submit 3 <sup>rd</sup> party documentation as proof of homelessness. Proof of Community Connect assessment can be printed from HMIS and attached to program application; add <u>A Road Home: Client Consent to Release of Information for Data Sharing</u> form 10.6; Appendix 10.1 includes addition of <u>Severe Weather Shelters who completed HMIS Agency Data Sharing Agreement.</u> :- |
|               |   |
|               |   |
|               |   |

# “Community Connect”

**APPENDIX 10.1**

## Coordinated and Centralized Assessment System

### **NW Social Service Connections’ HMIS/CMIS Inter-Agency Data Sharing Participating Agencies in Washington County**

To ensure adequate access to program data and to facilitate communication and collaboration between all programs participating in Community Connect - a coordinated entry system - certain data entered into the Homeless Management Information System (HMIS) will be shared with all Community Connect participating agencies.

Agencies execute a ***NW Social Service Connections’ HMIS/CMIS HMIS Agency Participation Agreement and Inter-Agency Data Sharing Participating Agencies in Washington County*** with the CoC HMIS Lead Agency – the Washington County Department of Housing Services. The *HMIS Agency Participation Agreement* is available in the CoC-HMIS Governance Charter policy and online.

<https://www.co.washington.or.us/Housing/EndHomelessness/hmis.cfm>.

Community Connect agencies included under this agreement are:

- ❖ Boys & Girls Aid
- ❖ Bridges To Change
- ❖ Calvin Presbyterian Church (Severe Weather Shelter)
- ❖ Cascade AIDS Project
- ❖ Community Action Organization of Washington County
- ❖ Family Promise of Beaverton
- ❖ Family Promise of Washington County
- ❖ Forest Grove United Church of Christ
- ❖ Good Neighbor Center
- ❖ HomePlate Youth Services
- ❖ Just Compassion of East Washington County
- ❖ LifeWorks Northwest
- ❖ Luke-Dorf, Inc.
- ❖ Old Town Church (Severe Weather Shelter)
- ❖ Open Door Counseling Center
- ❖ Rolling Hills Community Church (Severe Weather Shelter)
- ❖ Salvation Army Veteran and Family Center
- ❖ Sequoia Mental Health Services, Inc.
- ❖ Sonrise Church (Severe Weather Shelter)
- ❖ St. Anthony’s Church (Severe Weather Shelter)
- ❖ St. Francis Church (Severe Weather Shelter)

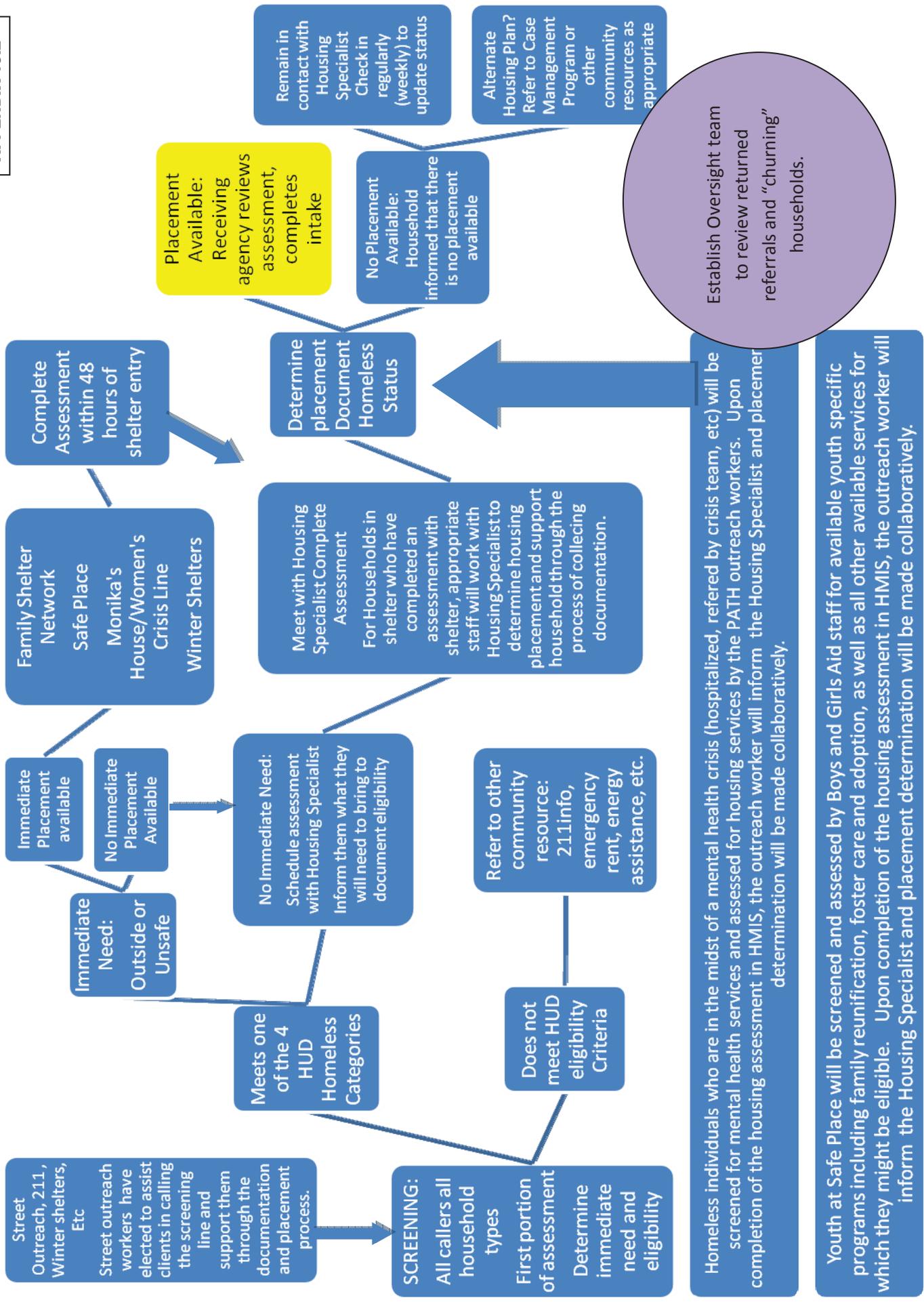
OR-506CoC Hillsboro/Beaverton/Washington County, Oregon

# “Community Connect” Coordinated and Centralized Assessment System

- ❖ Washington County Department of Housing Services, the CoC HMIS Lead Agency

Executed copies of the HMIS Agency Participation Agreement and individual HMIS User Agreements are on file at Washington County Department of Housing Services Business Office. For information, contact the Homeless Program Manager at 503-846-4760.

**APPENDIX 10.2**



# Community Connect Initial Screening Form

**Family Shelter Eligibility**  
 GNC  CAO  FP

**Screener Name: Select**

**Initial Screening Date: Select**

**Head of Household HMIS ID**

**HH Contact Info: Phone: - - / - - How did you hear about CC? Select**

**Email:**

### Where Did You Stay Last Night?

| Literally Homeless  | Imminent Risk of Homelessness  |
|---|--|
| <input type="checkbox"/> In shelter: Exit Date: <b>Select</b>   | <input type="checkbox"/> With a friend (14 days or less = eligible)<br>How long can you stay: <b>Select</b>        |
| <input type="checkbox"/> In transitional housing: Exit Date: <b>Select</b>  | <input type="checkbox"/> With a family member<br>How long can you stay: <b>Select (14 days or less = eligible)</b> |
| <input type="checkbox"/> Camp, in a car or on the street <b>** Immediate Placement</b>  |  |
| <input type="checkbox"/> Hotel/Motel paid by voucher or 3 <sup>rd</sup> party<br><b>** Immediate Placement</b>  |  |
| <input type="checkbox"/> In a domestic violence situation <b>** Immediate Placement</b><br>If household is <b>fleeing</b> Domestic Violence refer to DV Crisis Line:<br>(503)469-8620, 1(866)469-8600<br>Call to Safety (Previously known as Portland Women's Crisis Line):<br>503-235-5333<br>Notes: | <input type="checkbox"/> In a hospital <b>Select</b>   |
|   | <input type="checkbox"/> Jail/Prison/Juvenile Detention <b>Select</b>  |
|   | <input type="checkbox"/> Hotel/Motel paid by HH <b>Select</b>  |
|   | <input type="checkbox"/> Foster Care or Group Home <b>Select</b>   |
|   | <input type="checkbox"/> Substance Abuse Treatment Facility <b>Select</b>  |
|   | <input type="checkbox"/> Detox Facility <b>Select</b>  |
|   | <input type="checkbox"/> In my own housing: <b>Select</b><br><b>Select</b>   |

1. Is anybody in the Household a Veteran? **NO**
2. If YES, Do they have a VASH voucher or **are they in the Grant and Per Diem Program? NO** **If yes, CLIENT IS ELIGIBLE**
3. How long have you been staying there? **Select**
4. Was your situation caused by domestic violence?  Yes  No

**If YES, household is eligible for Immediate Placement and a Housing Assessment.**

5. What is your estimated total monthly income (before taxes or garnishments)?  
AMI Level:  30% or below  31%-50%  51%-80%  above 80% **If at Imminent Risk, must be below 30% AMI to qualify for services**

**STOP! Does the household qualify for Community Connect? Their situation must fit into either the Literally Homeless or Imminent Risk Category; or be unsafe. If yes, continue with the form. Otherwise let them know they don't qualify at this time and offer alternative resources if appropriate. Let the household know if their situation changes they can call back to be re-screened.**

6. What was the City and zip code of your last permanent address(For HoH): City \_\_\_\_\_ Zip Code: \_\_\_\_\_
7. Do you want to live in Washington County?  Yes  No

**\*\* If no and the household is not literally homeless, refer to 211 for resources in their community**

| Family Members<br>(Last, First, M.I.)<br><small>INCLUDE FULL LEGAL NAME<br/>AND MAIDEN LAST NAME</small> | Relation<br>ship | Sex    | D.O.B. | S.S. # | Race* &<br>Ethnicity** | Primary<br>Language | Disa<br>bility<br>Docum<br>ented | Disability<br>Type       | Armed<br>Servi<br>ces |
|--|------------------|--------|--------|--------|------------------------|---------------------|----------------------------------|--------------------------|-----------------------|
|  | H.O.H.           | Select | / /    | - -    | None -None- None       | English             | No                               | Select/Select<br>/Select | No                    |
|  | Select           | Select | / /    | - -    | None -None- None       | English             | No                               | Select/Select<br>/Select | No                    |
|  | Select           | Select | / /    | - -    | None -None- None       | English             | No                               | Select/Select<br>/Select | No                    |
|  | Select           | Select | / /    | - -    | None -None- None       | English             | No                               | Select/Select<br>/Select | No                    |
|  | Select           | Select | / /    | - -    | None -None- None       | English             | No                               | Select/Select<br>/Select | No                    |
|  | Select           | Select | / /    | - -    | None -None- None       | English             | No                               | Select/Select<br>/Select | No                    |
|  | Select           | Select | / /    | - -    | None -None- None       | English             | No                               | Select/Select<br>/Select | No                    |
|  | Select           | Select | / /    | - -    | None -None- None       | English             | No                               | Select/Select<br>/Select | No                    |
|  | Select           | Select | / /    | - -    | None -None- None       | English             | No                               | Select/Select<br>/Select | No                    |
|  | Select           | Select | / /    | - -    | None -None- None       | English             | No                               | Select/Select<br>/Select | No                    |

\*Race Key: N = American Indian/Alaska Native P = Native Hawaiian/Pacific Islander W = White A = Asian B = Black/African American  
 \*\*Ethnicity Key: H = Hispanic / Latino NON = Non Hispanic / Latino

Entered in to HMIS by: \_\_\_\_\_ on: \_\_\_\_\_ (date)

# Community Connect Initial Screening Form

8. Are children enrolled in school, Head Start or Early Intervention?  YES  NO School District  
Your child(ren) may be eligible for supports from their school including help with transportation to their current school no matter where you are staying. **\*\* Be sure to give them the name & # of their school advocate.**
9. Is anyone in the household pregnant?  Yes  No If yes: Estimate Due Date: **Select** (+7 months pregnant eligible for family shelter)  
**If household identifies HIV/AIDS refer to Cascade AIDS: (503)278-3834**  
**If any household member is a veteran refer to CRRC (503)808-1256 or 1-800-949-1004 Ext 51256 and DAVS (503)846-3060**

**In order to determine what programs and services you and your family may be eligible for, the information you have just provided will be entered into the County's Homeless Management Information System. Your record will be updated as you receive services. All records are confidential and system is secure. Your information is only used to determine eligibility and for data tracking and statistical purposes. Do you agree to allow us to enter the information you have just provided into this system?**  Yes  No

## Schedule with Community Resource Advocate

Your household **may** be eligible for housing assistance through Washington County Programs. If you are interested in living in Washington County I can schedule a full assessment with a Community Resource Advocate to see if there are programs that you and your family might be eligible for and it will take about an hour. Please be aware that this appointment does not guarantee that you will receive assistance.

**Would you like to meet with a Community Resource Advocate?**  Yes  No

**Please be on time. If you are late 15 minutes or more, you won't be seen and will have to reschedule.**

| Beaverton   | Hillsboro                                       |
|---|---|
| 5050 SW Griffith Dr., Suite 100 Beaverton, OR 97005<br>Bus 54. Runs every 30 min. 1/3 mile from office. | 1001 SW Baseline, Hillsboro, OR 97123<br>Bus 57 |

**Date of Scheduled Assessment: Select    Time:    Location: Select    Assessor: Select**

**Needs Interpreter: No    Language:**

When you meet with the Community Resource Advocate, please bring the following items with you or have them available for your phone appointment: **Identification for all adults in the household**

**Social security cards for everyone in the household, including children**

**Documentation of your income such as paystubs, DHS or unemployment benefits statements, etc.**

**Documentation of your Disability**

**Documentation of your living situation if available – See chart below to determine what is needed.**

| Situation  | Documentation   |
|--|---|
| Shelter or Transitional Housing                      | Letter from provider verifying stay and expected exit date or contact info for provider   |
| Camp, in a car or on the street                      | Will be gathered at assessment  |
| Hotel/Motel paid by voucher or 3 <sup>rd</sup> party | Letter from 3 <sup>rd</sup> party or contact info of 3 <sup>rd</sup> party  |
| Hotel/Motel Paid by HH                               | Will be gathered at assessment  |
| In a domestic violence situation                     | Will be gathered at assessment  |
| Staying with Friend or family                        | Letter from friend or family member stating why you can't stay and when you must be out or contact info for friend or family member |
| In a hospital  | Contact information for hospital staff  |
| Jail/Prison/Juvenile Detention facility              | Discharge paperwork or Contact information for facility official  |
| Foster Care or Group Home                            | Contact information for Case Worker   |
| Substance Abuse Treatment Facility                   | Discharge paperwork or contact information for facility official  |
| Detox Facility                                       | Discharge paperwork or contact information for facility official  |
| In my own housing                                    | Eviction notice or letter from landlord or contact info for landlord  |

## Family Shelter Network Wait List

**Does your family want to be on the waiting list for the family shelters network?**

Yes  No

10. Is everyone able to walk up and down stairs?

Yes  No

11. Anyone in HH restricted from having contact with Minors?

Yes  No

12. Convicted of a crime against another person?

Yes  No

Name:            Charge:            Name:            Charge:

13. Do you have a companion or service animal?

Yes  No

**Immediate Placement Options:**

Unaccompanied youth under 19 – refer to Safe Place (503) 542-2717

Families with Children – shelter network intake or winter shelters

Single Adults – Winter Shelters only

Entered in to HMIS by: \_\_\_\_\_ on: \_\_\_\_\_ (date)

# Community Connect Initial Screening Form

**Check-in Dates: If on waitlist for family shelters, please check in every Monday**

|        |        |        |        |        |        |        |        |        |        |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Select |
| Select |
| Select |
| Select |

### Referral Notes

| Date   | Shelter | Notes | Outcome |
|--------|---------|-------|---------|
| Select | Select  |       | Select  |
| Select | Select  |       | Select  |
| Select | Select  |       | Select  |

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

| Date   | Notes |
|--------|-------|
| Select |       |
| Select |       |
| Select |       |

Entered in to HMIS by: \_\_\_\_\_ on: \_\_\_\_\_ (date)

**WASHINGTON COUNTY SYSTEM ACCESS MATRIX**

This Matrix was developed as a component of the Building Sustainable Partnerships for Housing project. A full report is available online at [http://www.co.washington.or.us/Housing/EndHomelessness/upload/BSPH-Grant\\_Washington-County-Report-on-Outcomes-and-Recommendations.pdf](http://www.co.washington.or.us/Housing/EndHomelessness/upload/BSPH-Grant_Washington-County-Report-on-Outcomes-and-Recommendations.pdf)

| SYSTEM   | ACCESS POINT   | SCREENING/ELIGIBILITY  | REFERRAL/HOUSING PLACEMENT   |
|--|--|--|--|
| <p><b>HIV/AIDS</b></p> <p>Cascade AIDS Project<br/>208 SW 5 Avenue, #800<br/>Portland, OR 97204<br/>503-223-5907<br/><a href="http://cascadeaids.org/">http://cascadeaids.org/</a></p>   | <p>Walk-in to Office or Call Intake Staff to schedule appointment at <b>503-278-3834</b></p> <p>Monday-Friday, 9am - 5pm</p> <p>Group Intake at Service Center</p>   | <p>If not HIV+, the assessment ends and client is referred to other community resources.</p> <p>Must have HIV verification before housing and services provided.</p>   | <p>Refer to housing with service supports based on need and available beds/units.</p> <p>Refer to community housing, as necessary.</p>   |
| <p><b>Food Stamps (SNAP), TANF, and other State Mainstream Resources</b></p> <p>Oregon Department of Human Services<br/>503-846-3150<br/><a href="http://www.oregon.gov/DHS/pages/index.aspx">http://www.oregon.gov/DHS/pages/index.aspx</a></p>   | <p>*Walk-in to Office</p> <p>*Apply On-line</p> <p>*Call a Field Office at<br/>Beaverton: 503-646-9952<br/>Hillsboro: 503-693-4555<br/>Tigard: 503-670-9711</p>  | <p>SNAP and TANF benefits based on income eligibility.</p> <p>Other mainstream resources for people with disabilities include in-home services, community-based care, Medicaid/Medicare.</p>                     | <p>No established "Back Door" aligned with housing opportunities.</p> <p>Refer to community housing, as necessary.</p>   |
| <p><b>Developmental Disabilities</b></p> <p>Washington County Department of Health and Human Services<br/>155 N First Avenue<br/>Hillsboro, OR 97123<br/>503-846-3150<br/><a href="http://www.co.washington.or.us/HHS/DevelopmentalDisabilities/">http://www.co.washington.or.us/HHS/DevelopmentalDisabilities/</a></p>  | <p>Call Washington County Developmental Disabilities Intake Line at <b>503-846-4737</b></p> <p>After Hours Crisis Line <b>503-291-9111</b></p>   | <p>Must meet eligibility criteria and reside in Washington County to access Developmental Disability Services.</p>   | <p>Assigned Services Coordinator.</p> <p>Referral to housing based on client need and available resources.</p>   |
| <p><b>Mental Health</b></p> <p>Washington County Department of Health and Human Services<br/>155 N First Avenue<br/>Hillsboro, OR 97123<br/>503-846-4402<br/><a href="http://www.co.washington.or.us/HHS/MentalHealth/">http://www.co.washington.or.us/HHS/MentalHealth/</a></p>   | <p>Call Washington County Mental Health Access Line at <b>503-291-1155</b></p> <p>Call FamilyCare Health Plans at <b>503-222-2880</b></p>  | <p>Outpatient and Residential Treatment Services:</p> <p>Outpatient: MH Provider Agency. Client needs OHP/Medicaid.</p> <p>Residential: MH Provider Agency. Provider/hospital help client access SSI or OHP.</p> | <p>Outpatient Beds: Discharge to family or community housing.</p> <p>Residential Beds: Referral arranged by County and/or provider agency.</p>   |
| <p><b>Substance and Gambling Addiction Treatment for Adults</b></p> <p>Washington County Department of Health and Human Services<br/>155 N First Avenue<br/>Hillsboro, OR 97123<br/>503-846-4402<br/><a href="http://www.co.washington.or.us/HHS/Addiction/">www.co.washington.or.us/HHS/Addiction/</a></p>  | <p>Call Washington County at <b>503-846-2120</b></p> <p>A list of <i>Alcohol, Drug and Gambling Treatment Services Providers</i> is available upon request</p>   | <p>Evaluation performed by a provider agency.</p> <p>Cost based on sliding fee scale. Affordable Care Act may change cost 1/2014.</p>  | <p>Limited number of beds/units available for clients in treatment.</p> <p>Service provider will refer to community housing opportunities.</p>   |
| <p><b>Aging and Disability Resource Connection of Oregon</b></p> <p>Washington County Disability, Aging, and Veteran Services (DAVS)<br/>180 E Main Street<br/>Hillsboro, OR 97123<br/>503-846-3060<br/>TTY: 711<br/><a href="mailto:davsinfo@co.washington.or.us">davsinfo@co.washington.or.us</a><br/><a href="http://www.co.washington.or.us/HHS/DAVS/">www.co.washington.or.us/HHS/DAVS/</a></p> | <p>Contact Aging and Disability Resource Connection (ADRC) at <b>1-855-673-2372</b><br/><a href="http://www.ADRCoforegon.org">www.ADRCoforegon.org</a></p> <p>Receive information and referral to local resources.</p> | <p>Serving persons:<br/>*60+ years of age;<br/>*persons with physical disabilities ages 19 to 59 years</p>   | <p>Long-term Care, Medicare counseling, an array of services to include OPI, benefits enrollment, home repair programs, veteran programs.</p> <p>Service provider will refer to community housing opportunities.</p> |

Prepared by Annette M. Evans, Homeless Program Coordinator  
503-846-4760 [Annette\\_Evans@co.washington.or.us](mailto:Annette_Evans@co.washington.or.us)



**Client - (1) Case, Justin A**



(1) Case, Justin A

Release of Information: **None**

**Client Information**

**Service Transactions**

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

Measurements

**Assessments**

**WashCo CCAS Comprehensive Assessment**



|  |  |
|--|--|
| WashCo CCAS Screener name                    |  |
| Initial Screening Date                       | 01/01/2013                                       |
| Most Recent Contact                          | 04/07/2014                                       |
| Phone Number                                 | 123-456-7890                                     |
| Phone Number (Additional )                   | 123-789-4567                                     |
| Client's Current Street Address (or Mailing) |  |
| Client Location                              | OR-506 Hillsboro/Beaverton/Washington County CoC |
| Email Address                                |  |
| Referral Source                              |  |
| If Other, Please specify                     |  |
| WashCo CCAS Assessor's Name                  |  |
| <b>CC Assessment Location</b>                |  |
| <b>CCAS Assessment Date</b>                  | 04/07/2014                                       |
| Reason for prior no-show (if applicable)     |  |
| Assessment Type                              | In-Person  |

**Assessment Tracking**

Confirm no HH members are Attempting to Flee DV. If no DV safety issue then proceed.

Review Informed Consent policy with household

|  |     |
|--|-----|
| Review Entry/Exit History. Has HofH exited a Washington County homeless program in the last 2 years? | Yes |
| <i>Has HofH ever been homeless before?</i>   | Yes |
| If yes, at what age?   |     |
| <b>Recidivism Screen Total</b>   | 10  |
| Is this Client the Head-of-Household (tip: Veterans should always be HoH) Y/N                        | Yes |
| If adult, does client have photo ID?   | Yes |

**HUD UNIVERSAL DATA ELEMENTS**

|   |   |
|---|---|
| Relationship to Head of Household   | Head of household's spouse or partner     |
| <b>Date of Birth</b>  | 01/02/1990                                |
| Date of Birth Type  | Approximate or Partial DOB Reported (HUD) |
| Gender  | Client doesn't know                       |
| If Other Gender, specify  |   |
| Race  |   |
| Race-Additional   | White (HUD)                               |
| <b>Ethnicity (Hispanic/Latino)</b>  | Client refused (HUD)                      |
| Language  | English                                   |
| Domestic violence victim/survivor   | No (HUD)                                  |
| If yes for Domestic violence victim/survivor, when experience occurred          |   |
| <b>If yes for Domestic Violence Victim/Survivor, are you currently fleeing?</b> | No (HUD)                                  |

**DV Screen Total**

Does the client have a disabling condition?  Yes (HUD)



**Disabilities**

HUD Verification

| Disability Type                | Start Date * | Disability determination | End Date |
|--------------------------------|--------------|--------------------------|----------|
| Chronic Health Condition (HUD) | 07/21/2017   | No (HUD)                 |          |
| Physical (HUD)                 | 07/21/2017   | No (HUD)                 |          |
| Mental Health Problem (HUD)    | 07/21/2017   | No (HUD)                 |          |
| HIV/AIDS (HUD)                 | 07/21/2017   | No (HUD)                 |          |
| Developmental (HUD)            | 07/21/2017   | No (HUD)                 |          |

**Showing 1-5 of 15**

Developmental disability?  No

HH connected to Mentor Oregon or FAB?  No

If veteran- does client have copy of DD214?  No

**CHRONICALLY HOMELESS**

1)homeless HoH w/disab; 2)prior res streets, SH, ES, or interim housing; 3a)continuously homeless 12+ mos or 3b)4+ occasions/past 3 yrs; 4)combined mos = 12+; 5)if homeless when entering Institution where they stayed less than 90 days

Is Client Chronically Homeless?  Yes

Residence Prior to Project Entry  Place not meant for habitation (HUD)

Length of Stay in Previous Place

Approximate date homelessness started:

Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today

Total number of months homeless on the street, in ES or SH in the past three years

Is it safe for HH to stay there?  No

If no, is HH fleeing DV?  No

Length of Time Homeless - Status Documented?  Yes

**Housing Status Screen Total**  10

Zip Code of Last Permanent Address  97006

Income from Any Source  Yes (HUD)



**Monthly Income**

HUD Verification

| Start Date * | Source of Income | Receiving Income Source? | Monthly Amount | End Date |
|--------------|------------------|--------------------------|----------------|----------|
|--------------|------------------|--------------------------|----------------|----------|

Total Monthly Income

Garnishment  Yes

Amount of Garnishment  300

Type of garnishment  Child Support

Non-cash benefit from any source  No (HUD)



**Non-Cash Benefits**

HUD Verification

| Start Date * | Source of Non-Cash Benefit | Receiving Benefit? | Amount of Non-Cash Benefit | End Date |
|--------------|----------------------------|--------------------|----------------------------|----------|
|--------------|----------------------------|--------------------|----------------------------|----------|

Household Size  2

Percent of Median Family Income  50-80% MFI

Level of Family Income (% HHS Guidelines)  Up to 50%

|   |    |
|---|----|
| <b><u>Income Screen Total</u></b>           | 8  |
| Last Grade Completed (HUD)                  |    |
| All school age children enrolled in school? | No |
| If yes, what was the name of the school?    |    |
| Family requests contact from School Liaison | No |

**Housing Information**

|   |           |
|---|-----------|
| Has moved 2 or more times in 60 days  | Yes       |
| Has client ever been evicted?   | Yes       |
| Has client ever been evicted from subsidized housing?   | No (HUD)  |
| Number of Evictions in last 5 years   | 2         |
| Does client owe money to any housing programs or previous landlords for back rent or damages? | Yes (HUD) |
| Total \$ amount of housing arrearage  | 1500      |
| Total \$ amount owed to LOCAL utility companies:  | 500       |
| Do you have or have you ever had a housing voucher?   | No        |
| If Yes, please describe   |           |
| Restrictions on where any HH member can live?   | No        |
| <b><u>Housing Barriers score:</u></b>   | 14        |

**EMPLOYMENT & DEBT SUMMARY**

|  <b>WashCo 2Yr Employment History</b> |          |           |                              |                        |             |                                       |                           |  |
|--|----------|-----------|------------------------------|------------------------|-------------|---------------------------------------|---------------------------|--|
| Start Date *   | End Date | HH Member | Position/Title/Business Type | Employer/Business Name | Hourly Wage | Primary Reason For Leaving Employment | Good Employment Reference |  |
| Employment-related services currently receiving: <span style="float: right;">none</span>                               |          |           |                              |                        |             |                                       |                           |  |
| Services needed to maintain/secure employment: <span style="float: right;">transportation</span>                       |          |           |                              |                        |             |                                       |                           |  |
| Are you unable to work due to physical or emotional health issues?   |          |           |                              |                        |             |                                       |                           |  |
| Have you been denied disability benefits for which you are eligible?   |          |           |                              |                        |             |                                       |                           |  |
| If yes, would you like assistance in filling out an application for disability?  |          |           |                              |                        |             |                                       |                           |  |

**\*If YES to the two preceding questions, please refer client to ASSIST**

|   |              |
|---|--------------|
| <b>Referred to ASSIST?</b>                      |              |
| <b><u>Employment Screen Total</u></b>           | 15           |
| Debt Amount                                     | 3000         |
| Has client made payment plan(s) with creditors? | No           |
| Describe:                                       | medical debt |
| <b><u>Financial Status Screen Total</u></b>     | 3            |

Complete this section for all Household Members 18 years of age or older:

|   |           |
|---|-----------|
| Does client have a criminal history?                                      | Yes (HUD) |
| Convicted Sex Offender?   | No        |
| Does the client owe court fees/fines?                                     | Yes (HUD) |
| If yes, how much?   | \$3,000   |
| Is client restricted from having social contact with minors?              | No        |
| Convicted of arson, assault, drug distribution/manufacture or possession, | Yes (HUD) |

property destruction or other person-to-person crime within past 7 years?

**Criminal History - Past 7 Years**

| HH member | Date of Conviction * | Felony? | Misdemeanor | Charge                | Time Served? | End of Sentence |
|-----------|----------------------|---------|-------------|-----------------------|--------------|-----------------|
| just      | 12/12/2013           | No      | Yes         | discharge of fire arm | No           |                 |
| just      | 07/04/2012           | Yes     |             | possession            | No           |                 |

**Showing 1-2 of 2**

**Current legal system involvement:**

On parole/probation?  No

County (if applicable):  Washington County

If not an Oregon county, list:

Open Cases/Outstanding Warrants  No

Describe:

Do you have a recovery mentor through Community Corrections?  Yes

May we talk with your mentor about your housing plan?  Yes

If yes, Mentor Name:

Mentor Phone  123-456-8888

Complete and upload release of information

**Criminal History Screen Total**  20

**HEALTH SUMMARY**

Covered by Health Insurance  Yes (HUD)

**Health Insurance**

**HUD Verification**

| Start Date *   | Health Insurance Type | Covered?                           | End Date |
|--|-----------------------|------------------------------------|----------|
| Pregnant?  |                       | <input type="checkbox"/> Yes       |          |
| Due date, if pregnant  |                       |                                    |          |
| Receiving Prenatal Medical Care?   |                       |                                    |          |
| Do you have any of the listed chronic health issues?                         |                       | <input type="checkbox"/> Yes       |          |
| <i>If HIV/AIDS, refer to CAP</i>   |                       |                                    |          |
| Hospitalized in the last 12 months for any of the above conditions?          |                       | <input type="checkbox"/> Yes (HUD) |          |
| Serious or traumatic brain injury?   |                       | <input type="checkbox"/> No (HUD)  |          |
| # times in ER in the past 3 months:  |                       | <input type="checkbox"/> 2         |          |
| # times admitted to hospital in past 12 months:                              |                       | <input type="checkbox"/> 1         |          |
| Treatment for mental health issues currently or in the past?                 |                       | <input type="checkbox"/> Yes (HUD) |          |
| Hospitalization for mental health reasons?                                   |                       | <input type="checkbox"/> No (HUD)  |          |
| Residential/In-patient treatment for substance abuse in last 2 years         |                       | <input type="checkbox"/> Yes       |          |
| Have you had outpatient treatment for substance abuse in the last two years? |                       |                                    |          |

**Substance Abuse**

| HH Member | Sub Abuse Treatment or Recovery Plan | Substance Abuse Provider | Start Date * | End Date |
|-----------|--------------------------------------|--------------------------|--------------|----------|
| just      | Yes                                  | just say no              | 10/15/2012   |          |

Showing 1-1 of 1



**Undocumented Diagnoses or Health Conditions**

| Member Name | Start Date * | ConditionType           | Condition  | Comments |
|-------------|--------------|-------------------------|------------|----------|
| Just        | 04/04/2014   | Mental Health Diagnosis | depression |          |

Showing 1-1 of 1

Are you currently working with a counselor or case manager?  No



**Current Health Treatment/Service Providers**

| Start Date * | End Date | Agency/Provider/Hospital name | Physical Health/Mental Health |
|--------------|----------|-------------------------------|-------------------------------|
| 09/19/2013   |          | Virginia Garcia               | Physical Health               |

Showing 1-1 of 1

**Health Screen Total**  14

**FOSTER CARE & CHILD WELFARE SUMMARY**

Is/has been in foster care system?  Yes

If yes, age at exit from foster care:  18

If was/is in foster care, select state  OR

Current Child Services involvement?  No

DHS Branch:

DHS Caseworker Name:

Child Protective Services worker name & contact information:

Emergency Contact/Next-of-kin Information  Brother 750-111-2222

**VULNERABILITY INDEX (VI) SCORE**

**Comprehensive Screen Total**  94

Need Level  High

**WashCo Program Placement:**

Reasonable Accommodation signed  No

Homeless Verification on File  Verification from outreach worker (for on the street)

Assessor notes on referral to CWL(s)

**AGENCY RECEIVING THE REFERRAL**

**Referral accepted?**  Pending

If referral not accepted, primary reason for denial:

Receiving Agency Notes Re Assessment/Acceptance or Denial

Housing Placement

Date Client Secured Housing

Agency contact for follow-up

**Legal Clinic Eligibility**

Have you been denied housing because of an arrest or conviction?

Have you been denied employment or discouraged from seeking employment because of arrest/conviction?

|   |
|---|
| Do you have a low-level criminal record or misdemeanors?  |
| If you have debt that prevents you from obtaining housing, is it related to medical expenses?   |
| If you receive Social Security Disability or Income, do you have debt related to child support? |
| Do you have debt that could be resolved through bankruptcy?                                     |
| Have you been denied food stamps or discouraged from applying for food stamps?                  |
| Have you been denied medical services or government services due to lack of fixed address?      |

## Community Connect Comprehensive Assessment

| Community Connect Assessor Contact Information |              |
|--|--------------|
| Name: _____                                    |              |
| Agency: _____                                  |              |
| Phone: _____                                   | Email: _____ |

**HH Contact Info: Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Prior to completing assessment, please confirm that household is interested in remaining in Washington County**  
 Community Connect Assessment Date: \_\_\_\_\_

| Where Did You Stay Last Night?  |  |
|---|--|
| Literally Homeless  | Imminent Risk of Homelessness  |
| <input type="checkbox"/> In shelter: Exit Date: _____   | <input type="checkbox"/> With a friend<br>How long can you stay: _____ (14 days or less = eligible)        |
| <input type="checkbox"/> In transitional housing: Exit Date: _____  | <input type="checkbox"/> With a family member<br>How long can you stay: _____ (14 days or less = eligible) |
| <input type="checkbox"/> Camp, in a car or on the street <b>** Immediate Placement</b>  |  |
| <input type="checkbox"/> Hotel/Motel paid by voucher or 3 <sup>rd</sup> party <b>** Immediate Placement</b>   |  |
| <input type="checkbox"/> In a domestic violence situation <b>** Immediate Placement</b><br>If household is fleeing Domestic Violence refer to DV Crisis Line: (503)469-8620, 1(800)469-8600<br>Portland Women’s Crisis Line: 503-235-5333 | <input type="checkbox"/> In a hospital   |
|   | <input type="checkbox"/> Jail/Prison/Juvenile Detention  |
|   | <input type="checkbox"/> Hotel/Motel paid by HH  |
|   | <input type="checkbox"/> Foster Care or Group Home   |
|   | <input type="checkbox"/> Substance Abuse Treatment Facility  |
|   | <input type="checkbox"/> Detox Facility  |
|   | <input type="checkbox"/> In my own housing – Rental Eviction notice? Yes No                                |

|   |  |  |
|---|--|--|
| 1 | Was your situation caused by Domestic Violence?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | How long have you been staying there?  |  |
| 3 | Client entering from the streets, ES or SH   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | If Yes for “Client entering from streets, ES or SH” Approximate date started:  |  |
| 5 | Regardless of where they stayed last night-Number of times the client has been on the streets, in ES, or SH in the past three years including today.   |  |
| 6 | Total number of months homeless on the streets, in ES or SH in the past three years  |  |
| 7 | Is household chronically homeless?<br><i>(Chronically Homeless= adult or unaccompanied youth w/1 + LT disability(s) and that has been living in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously or on at least 4 occasions in the past 3 yrs where those occasions cumulatively total at least 12 month).</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | What was the City and zip code of your last permanent address?   |  |
|   | City (HMIS-Client Location): _____   | Zip Code: _____  |

### Housing Status Screen Total:

| Family Members<br>(Last, First, M.I.) | Relationship | Sex |   | D.O.B. | S.S. # | Race* & Ethnicity** | Primary Language | Disability Documented |   | Disability Type | Armed Services |   |
|---------------------------------------|--------------|-----|---|--------|--------|---------------------|------------------|-----------------------|---|-----------------|----------------|---|
|                                       |              | M   | F |        |        |                     |                  | Y                     | N |                 | Y              | N |
|                                       | H.O.H.       | M   | F |        |        |                     |                  | Y                     | N |                 | Y              | N |
|                                       |              | M   | F |        |        |                     |                  | Y                     | N |                 | Y              | N |
|                                       |              | M   | F |        |        |                     |                  | Y                     | N |                 | Y              | N |
|                                       |              | M   | F |        |        |                     |                  | Y                     | N |                 | Y              | N |
|                                       |              | M   | F |        |        |                     |                  | Y                     | N |                 | Y              | N |
|                                       |              | M   | F |        |        |                     |                  | Y                     | N |                 | Y              | N |

\*Race Key:

N = American Indian/Alaska Native P = Native Hawaiian/Pacific Islander W = White A = Asian

\*\*Ethnicity Key:

H = Hispanic / Latino

## Community Connect Comprehensive Assessment

B = Black/African American

NON = Non Hispanic / Latino

|                                 |   |  |  |   |
|---------------------------------|---|--|--|---|
| 9                               | If Developmental disability is YES. Is HH connected to Mentor Oregon or FAB (Full Access Brokerage)?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| 10                              | Review Entry/Exit History. Has any household member been enrolled in a Washington County homeless assistance program in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| 11                              | Has any household member been homeless before?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| 12                              | If Yes, at what age?  |  |  |   |
| <b>Recidivism Screen Total:</b> |   |  |  |   |
| 13                              | Is this client the Head of Household?(Tip: Veterans should always be HoH)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| 14                              | If adult, does client have photo ID?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| 15                              | Is Head of Household a Domestic Violence victim/Survivor?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| 16                              | If yes, when did the last experience of domestic violence occurred?   | <input type="checkbox"/> Within the past 3 months        | <input type="checkbox"/> 3 to 6 months ago | <input type="checkbox"/> 6 to 12 months ago |
|                                 |   | <input type="checkbox"/> More than 1 year ago            | <input type="checkbox"/> Don't know        | <input type="checkbox"/> Refused            |
| 17                              | If yes for Domestic Violence victim/survivor, are you currently fleeing?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| <b>DV Screen Total:</b>         |   |  |  |   |

| Income Sources                                    |   |           |  |
|---|---|-----------|--|
| Cash Benefits                                     |   | \$ Amount | Who?   |
| Supplemental Security Income (SSI)                | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| Social Security Disability Income (SSDI)          | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| Social Security                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| General Public Assistance                         | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| Temporary Aid to Needy Families (TANF)            | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| Veterans Benefits                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| Employment Income                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| Child Support                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| Farm work (Nursery, etc.)                         | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| Unemployment Benefits                             | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| No Financial Resources- 0 income                  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| Non Cash Benefits                                 |   |           |  |
| State Children's Health Insurance Program (SCHIP) | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| Veterans Health Care                              | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| Medicaid  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| Food Stamps                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| WIC   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| ERCD/ TANF Child Care                             | <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        |  |
| <b>18</b>   | <b>Total Household monthly income</b>   |           | <b>\$</b>  |
| 19  | Garnishments  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20  | If YES, Type of Garnishment:  | Amount \$ |  |
| 21  | Percent of Median Family Income (Refer to AMI chart)<br><input type="checkbox"/> 30% or below <input type="checkbox"/> 31%-50% <input type="checkbox"/> 51%-80% <input type="checkbox"/> above 80%  |           |  |
| 22  | Federal Poverty Level<br><input type="checkbox"/> Up to 50% <input type="checkbox"/> 51%-75% <input type="checkbox"/> 76%-100% <input type="checkbox"/> 101%-125% <input type="checkbox"/> 126%-150% <input type="checkbox"/> 151% and over |           |  |
| <b>Income Screen Total:</b>                       |   |           |  |

## Community Connect Comprehensive Assessment

|                                |   |             |
|--------------------------------|---|-------------|
| 23                             | Highest level of Education attained by Adults:  |             |
|                                | Name  | Grade Level |
|                                |   |             |
|                                |   |             |
| 24                             | All school age children enrolled in school? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |             |
| 25                             | If YES, What is the name of the School/s?   |             |
| 26                             | Family Requests contact from School Liaison: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  |             |
| 27                             | Has household moved 2 or more times in the past 60 days? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>                                      |             |
| 28                             | Has client ever been evicted? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |             |
| 29                             | Has client ever been evicted from subsidized housing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |             |
| 30                             | Number of Evictions in the last 5 years   |             |
| 31                             | Does client owe money to any housing programs or previous landlords for back rent or damages? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> |             |
| 32                             | Total amount of housing arrearage:  |             |
| 33                             | Total amount owed to Local utility companies:   |             |
| 34                             | Do you have or have you ever had a housing voucher? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |             |
| 35                             | If yes, Please describe:  |             |
| 36                             | Restrictions on where any HH member can live? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |             |
| <b>Housing Barriers Score:</b> |   |             |

### Employment & Debt History

#### Employment History – 2 YR Employment History

| Start Date  | End Date   | HH Member | Position/Title | Employer | Hourly Wage | Primary reason for leaving job | Good reference   |
|---|--|-----------|----------------|----------|-------------|--------------------------------|--|
|   |  |           |                |          |             |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |           |                |          |             |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |           |                |          |             |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |           |                |          |             |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37  | Employment-related services currently receiving:   |           |                |          |             |                                |  |
| 38  | Service needed to maintain/secure employment:  |           |                |          |             |                                |  |
| 39  | Are you unable to work due to physical or emotional health issues? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>               |           |                |          |             |                                |  |
| 40  | Have you been denied disability benefits for which you are eligible? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>             |           |                |          |             |                                |  |
| 41  | Would you like assistance in filling out an application for disability benefits? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> |           |                |          |             |                                |  |
| <b>*If YES to questions 40 or 41, please refer client to ASSIST</b> |  |           |                |          |             |                                |  |
| 42  | Referred to ASSIST <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |           |                |          |             |                                |  |
| <b>Employment Screen Total:</b>                                     |  |           |                |          |             |                                |  |

|                                       |   |  |           |
|---------------------------------------|---|--|-----------|
| 43                                    | Debt Amount                                   |  | \$        |
|                                       | Describe:                                     |  |           |
| 44                                    | Has client made payment plans with creditors? |  | Describe: |
|                                       |   |  |           |
| <b>Financial Status Screen Total:</b> |   |  |           |

## Community Connect Comprehensive Assessment

| Criminal History – please complete this section for all HH members over 18 |   |  |  |        |  |  |  |
|--|---|--|--|--------|--|--|--|
| 45   | Does client have criminal history?  |  |  |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 46   | Convicted sex offender?   |  |  |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 47   | Does the client owe court fees/fines?   |  |  |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 48   | If Yes, how much?   |  |  |        |  | \$   |  |
| 49   | Is client restricted from having social contact with minors?  |  |  |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 50   | Convicted of arson, assault, drug distribution/manufacture or possession, property destruction or other person-to-person crime within past 7 years? |  |  |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Criminal History – Past 7 years  |   |  |  |        |  |  |  |
| HH member  | Date of conviction  | Felony   | Misdemeanor  | Charge | Time served  | End of Sentence  |  |
|  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
|  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
|  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
|  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Current legal system involvement   |   |  |  |        |  |  |  |
| 51   | On parole/probation?  |  |  |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 52   | County, State:  |  |  |        |  |  |  |
| 53   | Open Cases/Outstanding Warrants:  |  |  |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 54   | Describe:   |  |  |        |  |  |  |
| 55   | Do you have a recovery mentor through Washington County Community Corrections?  |  |  |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 56   | May we talk with your mentor about your housing plan?   |  |  |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 57   | If YES, Mentor Name:  |  |  |        | Phone:   |  |  |
|  | Release of information completed  |  |  |        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Criminal History Screen Total:   |   |  |  |        |  |  |  |

| Health Summary |  |   |  |  |  |  |  |
|----------------|--|---|--|--|--|--|--|
| 58             | Health Insurance   |   |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                | <input type="checkbox"/> Public  | <input type="checkbox"/> Private  | <input type="checkbox"/> None                                      | <input type="checkbox"/> Unknown                           |  |  |  |
| 59             | Health Insurance Type  |   |  |  |  |  |  |
|                | <input type="checkbox"/> MEDICAID  | <input type="checkbox"/> State Children’s Health Insurance Program      | <input type="checkbox"/> Employer – Provided Health Care Insurance | <input type="checkbox"/> State Health Insurance for adults |  |  |  |
|                | <input type="checkbox"/> MEDICARE  | <input type="checkbox"/> Veteran’s Administration (VA) Medical Services | <input type="checkbox"/> Health Insurance obtained through COBRA   | <input type="checkbox"/> Private Pay Health Insurance      |  |  |  |
| 60             | Pregnant?  |   |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                | Due date, if pregnant:   |   |  | Receiving Prenatal Medical Care?                           |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 61             | Do you have any of the listed chronic health issues:<br><i>Kidney disease/End Stage Renal Disease or Dialysis; History of frostbite hypothermia or immersion foot; Liver disease, Cirrhosis, or End-stage Liver Disease; Heart disease, Arrhythmia or irregular heartbeat; HIV/AIDS; Emphysema; Diabetes; Asthma; Cancer; Hepatitis C; Tuberculosis; High blood pressure or hypertension, mental health issue</i> <b>**If HIV/AIDS, Refer to CAP</b> |   |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 62             | Hospitalized in the last 12 months for any of the above conditions?  |   |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 63             | Serious or traumatic brain injury?   |   |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 64             | # of times in ER in past 3 months:   |   |  |  |  |  |  |
| 65             | # of times admitted to the hospital in the past 12 months:   |   |  |  |  |  |  |

## Community Connect Comprehensive Assessment

|    |  |  |
|----|--|--|
| 66 | Treatment for mental health issues currently or in the past?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 67 | Hospitalization for mental health reasons?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 68 | Residential in-patient treatment for substance abuse in last 2 years?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 69 | Have you had outpatient treatment for substance abuse in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Substance Abuse |               |  |          |          |
|-----------------|---------------|--|----------|----------|
| HH member       | Sobriety Date | Treatment or Rec. Plan                                   | Provider | End Date |
|                 |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |          |
|                 |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |          |
|                 |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |          |

| Undocumented Diagnoses or Health Conditions |            |   |           |          |
|---|------------|---|-----------|----------|
| HH member                                   | Start Date | Condition Type  | Condition | Comments |
|   |            | <input type="checkbox"/> Behavior <input type="checkbox"/> Mental Health<br><input type="checkbox"/> Physical <input type="checkbox"/> Medical<br><input type="checkbox"/> Other: _____ |           |          |
|   |            | <input type="checkbox"/> Behavior <input type="checkbox"/> Mental Health<br><input type="checkbox"/> Physical <input type="checkbox"/> Medical<br><input type="checkbox"/> Other: _____ |           |          |
|   |            | <input type="checkbox"/> Behavior <input type="checkbox"/> Mental Health<br><input type="checkbox"/> Physical <input type="checkbox"/> Medical<br><input type="checkbox"/> Other: _____ |           |          |

|    |   |  |
|----|---|--|
| 70 | Are you currently working with a counselor or case manager to address your housing situation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|    | Organization:   |  |
|    | Counselor/Case Manager Name:  | Phone:   |

| Current Health Treatment/Service Providers |            |                               |                           |
|--|------------|-------------------------------|---------------------------|
| HH member                                  | Start Date | Agency/Provider/Hospital Name | Physical or Mental Health |
|  |            |                               |                           |
|  |            |                               |                           |
|  |            |                               |                           |

|                             |  |
|-----------------------------|--|
| <b>Health Screen Total:</b> |  |
|-----------------------------|--|

| Foster Care and Child Welfare Summary |   |  |
|---------------------------------------|---|--|
| 71                                    | Is/has been in foster care system?<br>If Yes, age at exit from foster care:      State: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 72                                    | Current Child Welfare involvement?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 73                                    | Child Protective Services worker name:  | Phone:   |

| Emergency Contact or next-of-kin information: |  |
|---|--|
| 74  |  |
| <b>Comprehensive Screen Total:</b>            |  |

| Eligibility for Legal Clinic Services |  |  |
|---------------------------------------|--|--|
| 75                                    | Have you been denied housing because of an arrest or conviction?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 76                                    | Have you been denied employment or discouraged from seeking employment because of an arrest or conviction?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 77                                    | Do you have a low-level criminal record that includes sidewalk obstruction, camping/trespass, park exclusion, or a misdemeanor conviction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 78                                    | If you have debt that prevents you from obtaining housing, is it related to medical expenses?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 79                                    | If you receive Social Security Disability or Social Security Income, do you have debt that is related to child support?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 80                                    | Do you have debt that could be resolved through bankruptcy?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 81                                    | Have you been denied food stamps or discouraged from applying for food stamps?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Community Connect Comprehensive Assessment

|    |   |  |
|----|---|--|
| 82 | Have you been denied medical services or been unable to receive government services because of the lack of a fixed address? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 83 | <b>Referred to Legal Clinic</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Community Connect Documents Check list

#### Required Forms (Community Connect Packet)

- 1. Homeless Verification and Self- Declaration of Housing Status form (Appendix 10.7)
- 2. Resource Eligibility and Housing Option form (Appendix 10.6)
- 3. Self-Declaration of Income form

#### Documents required from client:

- 4. ID's for all adults in the household
- 5. Social Security Cards for all members in the household
- 6. Birth Certificates for all children under 18



# A Road Home

## NW Social Service Connections' HMIS/CMIS

### Client Consent to Release of Information for Data Sharing in Washington County, Oregon

Northwest Social Service Connections' Homeless Management Information System/Client Management Information System (HMIS/CMIS) is a computer system that is used to collect and share information on homelessness and social services throughout Washington County. The information gathered by HMIS/CMIS allows agencies to plan and deliver services that help people in need. By sharing information with each other, agencies are able to simplify service delivery by coordinating services and referrals across agencies.

**Maintaining the privacy and safety of those using our services is very important to us.** The HMIS/CMIS runs in compliance with all Federal and State laws and codes, including Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has been trained on client confidentiality policies and has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights ended and may be subject to further penalties.

Services will not be denied should you choose not to share information. Information will still be collected and entered because of our federal and state requirements. **Certain minimum client information is shared throughout our HMIS/CMIS in order to avoid creating duplicate client records.** Authorized HMIS/CMIS persons at participating community agencies will be able to see the following data elements of all client records:

- First Name
- Last Name
- Date of Birth
- Veteran Status
- Gender
- Social Security Number (required for specific services)

**Please read the following statements and consult with your agency staff if you have any questions:**

I UNDERSTAND THAT:

- I will not be denied services if I decline to share my data beyond the minimum requirements.
- The release of my information does not guarantee that I will receive assistance.
- The partner agencies will share my basic identifying information (Name, DOB, Veteran Status, Gender, SSN) in order to improve service delivery and reduce duplicate data collection.
- Any details about the programs I participate in or information I share with agency staff will not be disclosed to any third party unless I give written authorization or it is otherwise required by law. We must still report some information because our federal, state or funder requirements.
- This authorization will remain in effect for 7 years unless I revoke it in writing by signing a written statement or Revocation form.
- I understand that I may cancel my consent to data sharing at any time. However, doing so will not change information that has already been given out or actions already taken. Revocation will be effective as of that date.
- I have the right to see my HMIS/CMIS record, ask for changes, and to have a copy of my record from this agency upon written request.
- I have the right to file a complaint if I feel I have been harmed in some way by the use of HMIS/CMIS.
- I have the right to receive a copy of the HMIS/CMIS Notice to Clients of Uses and Disclosures.

Maintaining the privacy and safety of those using our services is very important to us. Your record will only be shared if you give us permission to do so. There may be risks and/or benefits for you to consider before you decide whether or not to consent to the release of information.

**By writing your initials below, you agree to share the following level of information for yourself and all household members listed below with other Northwest Social Service Connections' HMIS/CMIS partner agencies:**

- \_\_\_\_\_ 1) In addition to the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), I **agree to share** additional demographic information (including Race and Ethnicity), program enrollment and exit information, information about the nature of my situation, services and referrals I receive, and contact information via the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies.
  
- \_\_\_\_\_ 2) Beyond the minimum required data elements (Name, DOB Gender, Veteran Status, SSN), I **DO NOT agree to share** any additional information through the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies.

**Please list the names and dates of birth of all household members participating in services:**

---

---

---

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---

---

\_\_\_\_\_  
Client/Parent or Guardian Name (please print)      Client/Parent or Guardian Signature      Date

\_\_\_\_\_  
Agency Personnel Name (please print)      Agency Personnel Signature      Date

Secure Electronic File: HMIS ROI

## RESOURCE ELIGIBILITY AND HOUSING OPTIONS (2 of 3)

Applicant Name: \_\_\_\_\_

HMIS Client I.D. #: \_\_\_\_\_ (To be completed by Community Connect staff)

*Please assess with the applicant what appropriate subsequent options might be available to the household:*

### Subsequent Housing Options:

1. Are there any appropriate subsequent housing options for this household?  Yes  No  
If **yes**, please note below:

2. Have you verified that no other appropriate subsequent housing options are available?  Yes  No

### Financial Resources and Support Networks:

3. Are there any financial resources or support networks available to this household that can be used to help them remain in their current housing or to obtain appropriate subsequent housing?  Yes  No

If **yes**, please note below:

4. Does anyone in the household have a checking or savings account?  Yes  No  
If **yes**, please note **account balances** below:

Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

5. Have you verified that the household lacks the financial resources and support networks to maintain housing or obtain new housing?  Yes  No

### Please document below (check all that apply):

- Applicant's income is insufficient to obtain and/or maintain housing (see attached income verification).  
Applicant is at \_\_\_\_\_% AMI.
- Applicant has no friends or family in the area.
- Applicant has no friends or family with housing that can support them space wise.
- Applicant has no friends or family that is allowed to house them due to lease restrictions.
- Friends and family lack the financial resources to support the applicant.
- Friends and family refuse to provide assistance.
- The applicant does not qualify for housing assistance through other agencies at this time.

Community Connect Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this form, I declare that all of the Subsequent Housing, Financial Resource and Support Networks information provided in this document is true and correct to the best of my knowledge.  
I understand that by providing fraudulent information, I could be prosecuted to the fullest extent of the law.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Resource Eligibility and Housing Options Documentation is valid for 60 days from the Staff Certification date listed above.



## SELF-DECLARATION OF INCOME (3 of 3)

**Applicant Name:** \_\_\_\_\_

**HMIS Client I.D. #:** \_\_\_\_\_ (To be completed by Community Connect staff)

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

### Check only one box and complete only that section

#### Income:

I certify, under penalty of perjury, that I currently receive the following income:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### No Income:

I certify, under penalty of perjury, that I do not have any income from any source at this time.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Staff Verification

I understand that third-party verification is the preferred method of certifying income for assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

**Documentation of attempt made for third-party verification:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community Connect Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# STAFF AFFIDAVIT FOR ACCOMMODATION

Applicant Name: \_\_\_\_\_

The homeless applicant named below has been assessed for housing placement by Community Connect. The applicant assessment score and the recommended scoring range for program referrals based on specific housing/service needs are not in the best interest of the applicant for the reason stated below. After consultation with the following program agency, it has been agreed to grant a reasonable accommodation to this applicant for placement in the following program based on:

- a) The applicant is eligible for the program; and
- b) The program is more appropriate to meet the applicant needs; and
- c) The assessment score does not accurately capture the housing and/or service needs of the applicant based on:

Applicant Assessment Score: \_\_\_\_\_ points

Proposed Program Eligibility Score: \_\_\_\_\_ points

Reason for accommodation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

|   |
|---|
| Program Score Range (Appendix 10.9):        |
| 0-35 points = Low Barrier (Prevention, RRH) |
| 35-75 points = Moderate Barrier (TH, RRH)   |
| 75+ points = High Barrier (PSH)             |

Refer to: \_\_\_\_\_ Agency  
 \_\_\_\_\_  
 Program Contact  
 \_\_\_\_\_  
 Phone/Email Contact Information

**This Affidavit certifies that true and complete information was used to determine eligibility, and certifies that no conflict of interest exists related to the provision of assistance, and that it is in the best interest of the applicant to be referred to the above referenced program.**

**Each person signing below certifies that the applicant named above meets all requirements to receive assistance and that all of the information provided above is true and complete, to the best of my knowledge. This Affidavit certifies that the provision of assistance to the applicant named above has not resulted, nor will result, in a personal or financial interest or benefit, either for myself or for anyone with whom I have family or business ties.**

Community Connect Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

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

Community Connect Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name



## Community Connect Assessment Scoring Guide

### Recidivism – Max= 10

|  |      |
|--|------|
| Use of Washington County CoC or other Washington County homeless program entry in last 2 years | 5pts |
| Previously Homeless  | 5pts |

### Domestic Violence History – Max 10

|                                    |       |
|------------------------------------|-------|
| Last incident within last 6 months | 10pts |
| Last incident 6-12 months          | 5pts  |

### Housing Status – Max= 10

|                      |        |
|----------------------|--------|
| Literally homeless   | 5 pts  |
| Chronically homeless | 10 pts |

### Income – Max= 10

|               |        |
|---------------|--------|
| 0 income      | 10 pts |
| Below 30% AMI | 8 pts  |
| Above 30%     | 0 pts  |

### Housing History – Max= 12+ (base points on Worst History)

|  |                   |                             |
|--|-------------------|-----------------------------|
| Moved 2 or more times in last 60 days        |                   | 5 pts                       |
| Owe \$ to previous Landlord/arrearage        | 0-\$1,000         | 0 Pts                       |
|  | More than \$1,000 | 5 pts                       |
| Owe Utility                                  | Yes               | 2 pts                       |
|  | No                | 0 Pts                       |
| Evicted from federally funded/public housing | Yes               | 5 pts                       |
|  | No                | 0 Pts                       |
| Evictions in the last 3 years                |                   | 1 pt.<br>for every eviction |

## Community Connect Assessment Scoring Guide

### Employment – Max=15 (base points on best history)

|  |                             |        |  |
|--|-----------------------------|--------|--|
| Unemployed   |                             |        | 5 pts  |
| No employment & not in school                      | In past <b>2 years</b>      | 10 pts | <b>Plus 5 pts</b><br>If currently unemployed |
|  | In the <b>last year</b>     | 5 pts  |  |
|  | In the last <b>6 months</b> | 2 pts  |  |
| Unsteady employment/<br>multiple jobs in last year |                             |        | 2 pts  |
| Regular/Steady employment over past <b>2 years</b> |                             |        | 0 Pts  |

### Financial Status – Max= 10 (base points on worst history)

|   |                     |               |
|---|---------------------|---------------|
| Debt  | More than \$ 10,000 | 10 pts        |
|   | 5-10K               | 7 pts         |
|   | 1-5k                | 3 pts         |
|   | Less than 1K        | 0 pts         |
| Currently making payments/Payment plan in place |                     | <b>-3 pts</b> |

### Criminal History – Max= 36 (base points on worst history)

|  |  |                  |
|--|--|------------------|
| Convicted Sex Offender                     |  | 10 pts           |
| Restricted from having contact with minors |  | 5 pts            |
| Conviction on list in 7 years              | Yes  | 5 pts            |
| Felony/Misdemeanor                         | Felony conviction in the last 2 Years      | <b>OR</b> 10 pts |
|  | Misdemeanor conviction in the last 2 years | <b>OR</b> 5 pts  |
|  | Felony over 2 years                        | <b>OR</b> 5 pts  |
|  | Misdemeanor over 2 years                   | <b>OR</b> 3 pts  |
| Currently on Parole/probation              | Yes  | 3 pts            |
| Current open case or warrant               | Yes  | 3 pts            |

## Community Connect Assessment Scoring Guide

### Health Summary = up to 43 points

|   |                       |            |
|---|-----------------------|------------|
| Health Insurance  | Yes                   | 0 pts      |
|   | No                    | 5 pts      |
| Number of Chronic Health Issues: How many of the following chronic Health Issues has the client been diagnosed and/or been treated for any of the following: Kidney disease/End Stage Renal Disease or Dialysis; History of frostbite hypothermia or immersion foot; Liver disease, Cirrhosis, or End-stage Liver Disease; Heart disease, Arrhythmia or irregular heartbeat; HIV/AIDS; Emphysema; Diabetes; Asthma; Cancer; Hepatitis C; Tuberculosis; High blood pressure or hypertension, mental health issue | Yes                   | 5 pts      |
| Serious or traumatic brain injury   | Yes                   | 5 pts      |
| Hospitalized in the last 12 months for any of the above conditions  | Yes                   | 5 pts      |
| # of times in ER in past 3 months   |                       | 1 pt each  |
| # of times admitted to the hospital in past 12 months   |                       | 2 pts each |
| Hospitalization for mental health reasons <b>in last year</b>   | Yes                   | 10 pts     |
| Inpatient treatment for substance Abuse/Detox   | Less than 1 year      | 10 pts     |
|   | 1-2 years             | 5 pts      |
|   | Longer than 2 yrs ago | 0 pts      |

# Community Connect Assessment Scoring Guide

## COMMUNITY CONNECT

### Immediate Placement Regardless of Points: Literally Homeless

- DVRC/Monica's House
- Family Shelter Network: Community Action, Family Promise of Beaverton, Family Promise of Washington County, Good Neighbor Center
- Safe Place Youth – Boys And Girls Aid
- Severe Weather Shelters

### Housing Placement Options based on Score

#### Below 35 pts = low barrier

#### Housing Program Enrollment: 1 to 12 months

#### **Prevention Assistance (rent and utility)**

Community Action Rent Assistance Programs

County Prevention Assistance (CPA) for Severely Rent Burdened Households <50% AMI

#### **Transitional Housing:**

Homeless to Work

#### **Rapid Rehousing**

Emergency Solution Grant (ESG)

Community Action Rent Assistance

Support Services for Veteran Families (SSVF)

#### 35-75= moderate

#### Housing Program Enrollment: 1 to 24 months

#### **Transitional Housing:**

Fredrick House

Salvation Army Veterans & Family Center

Transitional Living Program – Boys & Girls Aid

#### **Rapid Rehousing with Case Management:**

Emergency Solutions Grant (ESG)

CoC Rapid Re-Housing for Families

Housing Stabilization Program

Support Services for Veteran Families (SSVF)

#### 75+=high

#### Housing Program Enrollment: long-term/permanent

#### **Permanent Supportive Housing:**

Legacy Shelter Plus Care – Service Providers include: Cascade AIDS Project; Community Action; Housing Independence; LifeWorks NW; Luke-Dorf, Inc.; Open Door Counseling Center; and Sequoia Mental Health Services, Inc.

The Knoll (Veterans)

HUD –Veteran Affairs Supportive Housing (VASH)

Safe Haven (Must meet federal chronic homeless definition)

Hillsboro GILP/Hartner House (Must meet federal chronic homeless definition)

Tom Brewer House

Tri-Haven

## Community Connect - Occupied Beds Summary

11/17/15

Page 1 of 2

### Emergency Shelter

| Entry Exit Provider Id                      | Max HH (worksheet) | Households | Max Persons (worksheet) | Persons |
|---|--------------------|------------|-------------------------|---------|
| BGA - Safe Place Youth Shelter (ESG)(2533)  | 4                  | 4          | 4                       | 4       |
| CAO - Family Shelter - ESG(2385)            | 5                  | 5          | 20                      | 14      |
| Family Promise - SP - ESG(2280)             | 3                  | 3          | 14                      | 10      |
| Good Neighbor Center (GNC) (OHCS ESG)(2285) | 9                  | 9          | 36                      | 39      |

### Homelessness Prevention (HUD)

| Entry Exit Provider Id           | Max HH (worksheet) | Households | Max Persons (worksheet) | Persons |
|----------------------------------|--------------------|------------|-------------------------|---------|
| CAO - OCD-ESG Prevention(3950)   | 10                 | 19         | 25                      | 47      |
| CAO - OHCS-ESGP Prevention(3948) | 2                  | 2          | 3                       | 3       |

### PH - Housing only (HUD)

| Entry Exit Provider Id   | Max HH (worksheet) | Households | Max Persons (worksheet) | Persons |
|--------------------------|--------------------|------------|-------------------------|---------|
| WashCo - The Knoll(3210) | 12                 | 12         | 12                      | 12      |
| WashCo - VASH - SP(3035) | 87                 | 70         | 108                     | 104     |

### Permanent Supportive Housing

| Entry Exit Provider Id                               | Max HH (worksheet) | Households | Max Persons (worksheet) | Persons |
|--|--------------------|------------|-------------------------|---------|
| LifeWorks NW - Tom Brewer Recovery House(2816)       | 18                 | 15         | 18                      | 16      |
| Luke-Dorf Graduated Independent Living (HILP) (2651) | 14                 | 8          | 14                      | 8       |
| Sequoia MH - Tri-Haven(2513)                         | 12                 | 15         | 12                      | 15      |
| WashCo-SPC-CH0140C(3324)                             | 3                  | 4          | 3                       | 4       |
| WashCo-SPC-ch0152c(3988)                             | 3                  | 3          | 3                       | 3       |
| WashCo-SPC-OR0095L(2928)                             | 160                | 155        | 230                     | 224     |
| WashCo-SPC-OR0155L (CH706001)(2802)                  | 22                 | 28         | 22                      | 29      |

### Rapid Re-Housing

| Entry Exit Provider Id              | Max HH (worksheet) | Households | Max Persons (worksheet) | Persons |
|-------------------------------------|--------------------|------------|-------------------------|---------|
| CAO - CoC RRH Families(4726)        | 30                 | 28         | 75                      | 84      |
| CAO - OCD-ESG Rehousing(3949)       | 1                  | 11         | 6                       | 34      |
| CAO - OHCS-ESGP Rehousing(3942)     | 9                  | 3          | 9                       | 9       |
| CAO - Rent Assistance Program(2384) | 18                 | 79         | 50                      | 183     |
| CAO - SSVF Rehousing(3928)          | 20                 | 29         | 36                      | 49      |

## Community Connect - Occupied Beds Summary

11/17/15

Page 2 of 2

| Entry Exit Provider Id  | Max HH (worksheet) | Households | Max Persons (worksheet) | Persons |
|---|--------------------|------------|-------------------------|---------|
| GNC - Housing Stabilization Program(2402)                                 | 12                 | 8          | 24                      | 29      |
| Lutheran Community Services NW - HopeSpring Program (OHCS ESG 2012)(2294) | 15                 | 3          | 36                      | 9       |

### Safe Haven

| Entry Exit Provider Id       | Max HH (worksheet) | Households | Max Persons (worksheet) | Persons |
|------------------------------|--------------------|------------|-------------------------|---------|
| Luke-Dorf - Safe Haven(2530) | 10                 | 6          | 10                      | 6       |

### Transitional Housing

| Entry Exit Provider Id   | Max HH (worksheet) | Households | Max Persons (worksheet) | Persons |
|--|--------------------|------------|-------------------------|---------|
| BGA - Transitional Living Program(2534)                          | 11                 | 9          | 13                      | 12      |
| Homeless to Work (HtW) (Wash Co)(2837)                           | 13                 | 11         | 13                      | 11      |
| Salvation Army Veterans and Family Center - SP (4101)            | 59                 | 51         | 70                      | 76      |
| Washington County Transitional Corrections Housing Program(2401) | 3                  | 3          | 9                       | 16      |

| Prompt Information |  |
|--------------------|--|
| Report:            | WashCo - Community Connect - Occupied Beds Summary v04 |
| Report effective:  | Nov 17, 2015 3:11:28 AM                                |
| Provider Group:    | WashCo Community Connect(733)                          |

# Community Connect

## PROGRAM INFORMATION FOR CLIENTS

Click on the PDF icon to review information on the program. This information is available for printing and sharing with the participant being referred to the Provider Agency below



TH  
Program\_WashCo\_Tr

-----  
**Not for Release – All Information Below is Internal to Community Connect**

## PROGRAM REFERRAL CONTACT INFORMATION

PROJECT NAME: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY STREET ADDRESS: \_\_\_\_\_

AGENCY CITY, STATE ZIP \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE & EMAIL INFORMATION: \_\_\_\_\_

OFFICE HOURS/DAYS: \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_

PHONE & EMAIL INFORMATION: \_\_\_\_\_

OFFICE HOURS/DAYS: \_\_\_\_\_

PROGRAM DESCRIPTION: \_\_\_\_\_

*Examples of items to include:  
Type of housing, target population  
(chronic, family, youth, etc.), target  
subpopulation (men only, women only,  
veteran, fleeing domestic violence),  
target age (youth ages, seniors 55+)*

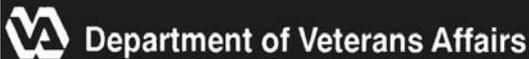
SPECIAL ELIGIBILITY \_\_\_\_\_

REQUIREMENTS: \_\_\_\_\_

*Examples of items to include:  
Required of diagnosed disabling  
condition, diagnosis of mental health,  
must meet SPMI, required clean and  
sober 6+ months, etc.*

HOMELESS REQUIREMENTS: \_\_\_\_\_

HUD homeless definition:  
Category 1 “Literally Homeless” on the street or in shelter.  
Category 2. “Imminent Risk of Homelessness” within 14 days.



**REQUEST FOR AND AUTHORIZATION TO  
RELEASE HEALTH INFORMATION**

**PRIVACY ACT INFORMATION:** The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VHA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS *(Name and Address of VA Health Care Facility)*  
 Portland VA Health Care System  
 3710 SW U.S. Veterans Hospital Rd.  
 Portland, OR 97239  
 503-220-8262

|                                       |            |               |
|---------------------------------------|------------|---------------|
| LAST NAME- FIRST NAME- MIDDLE INITIAL | LAST 4 SSN | DATE OF BIRTH |
|---------------------------------------|------------|---------------|

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED  
 Veteran Continuum of Care Partners: Washington County Continuum of Care: Salvation Army, Community Action, Luke-Dorf, LifeWorks, Sequoia Mental Health, Open Door, Washington County Housing, HomePlate

**VETERAN'S REQUEST**

I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

- DRUG ABUSE
- SICKLE CELL ANEMIA
- ALCOHOLISM OR ALCOHOL ABUSE
- TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)

**DESCRIPTION OF INFORMATION REQUESTED**

Check applicable box(es) and state the extent or nature of information to be provided:

- HEALTH SUMMARY *(Prior 2 Years)*
- INPATIENT DISCHARGE SUMMARY *(Dates):* \_\_\_\_\_
- PROGRESS NOTES:
  - SPECIFIC CLINICS *(Name & Date Range):* \_\_\_\_\_
  - SPECIFIC PROVIDERS *(Name & Date Range):* \_\_\_\_\_
  - DATE RANGE: \_\_\_\_\_
- OPERATIVE/CLINICAL PROCEDURES *(Name & Date):* \_\_\_\_\_
- LAB RESULTS:
  - SPECIFIC TESTS *(Name & Date):* \_\_\_\_\_
  - DATE RANGE: \_\_\_\_\_
- RADIOLOGY REPORTS *(Name & Date):* \_\_\_\_\_
- LIST OF ACTIVE MEDICATIONS \_\_\_\_\_
- OTHER *(Describe):* 2 way verbal/written communication-includes Veteran's ID info for purposes related to Veteran's needs and requested assistance

**PURPOSE(S) OR NEED**

Information is to be used by the individual for:

- TREATMENT
- BENEFITS
- LEGAL
- OTHER *(Specify below)*

To coordinate placement into housing and/or assist Vet with housing retention services

|  |  |                         |               |
|--|--|-------------------------|---------------|
| LAST NAME- FIRST NAME- MIDDLE INITIAL  |  | LAST 4 SSN              | DATE OF BIRTH |
| <b>AUTHORIZATION</b>   |  |                         |               |
| <p>I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.</p> <p>I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.</p> |  |                         |               |
| <b>EXPIRATION</b>  |  |                         |               |
| Without my express revocation, the authorization will automatically expire.  |  |                         |               |
| <input type="checkbox"/> UPON SATISFACTION OF THE NEED FOR DISCLOSURE<br><input type="checkbox"/> ON _____ (enter a future date other than date signed by patient)<br><input checked="" type="checkbox"/> UNDER THE FOLLOWING CONDITION(S): <u>upon resolution of housing crisis</u><br>_____  |  |                         |               |
| PATIENT SIGNATURE (Sign in ink)  |  | DATE (mm/dd/yyyy)       |               |
| LEGAL REPRESENTATIVE SIGNATURE (if applicable) (Sign in ink)   |  | DATE (mm/dd/yyyy)       |               |
| PRINT NAME OF LEGAL REPRESENTATIVE   |  | RELATIONSHIP TO PATIENT |               |
| <b>FOR VA USE ONLY</b>   |  |                         |               |
| TYPE AND EXTENT OF MATERIAL RELEASED   |  |                         |               |
| DATE RELEASED  |  | RELEASED BY:            |               |



# A Road Home

## NW Social Service Connections' HMIS/CMIS

### Client Consent to Release of Information for Data Sharing in Washington County, Oregon

Northwest Social Service Connections' Homeless Management Information System/Client Management Information System (HMIS/CMIS) is a computer system that is used to collect and share information on homelessness and social services throughout Washington County. The information gathered by HMIS/CMIS allows agencies to plan and deliver services that help people in need. By sharing information with each other, agencies are able to simplify service delivery by coordinating services and referrals across agencies.

**Maintaining the privacy and safety of those using our services is very important to us.** The HMIS/CMIS runs in compliance with all Federal and State laws and codes, including Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has been trained on client confidentiality policies and has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights ended and may be subject to further penalties.

Services will not be denied should you choose not to share information. Information will still be collected and entered because of our federal and state requirements. **Certain minimum client information is shared throughout our HMIS/CMIS in order to avoid creating duplicate client records.** Authorized HMIS/CMIS persons at participating community agencies will be able to see the following data elements of all client records:

- First Name
- Last Name
- Date of Birth
- Veteran Status
- Gender
- Social Security Number (required for specific services)

**Please read the following statements and consult with your agency staff if you have any questions:**

I UNDERSTAND THAT:

- I will not be denied services if I decline to share my data beyond the minimum requirements.
- The release of my information does not guarantee that I will receive assistance.
- The partner agencies will share my basic identifying information (Name, DOB, Veteran Status, Gender, SSN) in order to improve service delivery and reduce duplicate data collection.
- Any details about the programs I participate in or information I share with agency staff will not be disclosed to any third party unless I give written authorization or it is otherwise required by law. We must still report some information because our federal, state or funder requirements.
- This authorization will remain in effect for 7 years unless I revoke it in writing by signing a written statement or Revocation form.
- I understand that I may cancel my consent to data sharing at any time. However, doing so will not change information that has already been given out or actions already taken. Revocation will be effective as of that date.
- I have the right to see my HMIS/CMIS record, ask for changes, and to have a copy of my record from this agency upon written request.
- I have the right to file a complaint if I feel I have been harmed in some way by the use of HMIS/CMIS.
- I have the right to receive a copy of the HMIS/CMIS Notice to Clients of Uses and Disclosures.

Maintaining the privacy and safety of those using our services is very important to us. Your record will only be shared if you give us permission to do so. There may be risks and/or benefits for you to consider before you decide whether or not to consent to the release of information.

**By writing your initials below, you agree to share the following level of information for yourself and all household members listed below with other Northwest Social Service Connections' HMIS/CMIS partner agencies:**

- \_\_\_\_\_ 1) In addition to the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), I **agree to share** additional demographic information (including Race and Ethnicity), program enrollment and exit information, information about the nature of my situation, services and referrals I receive, and contact information via the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies.
  
- \_\_\_\_\_ 2) Beyond the minimum required data elements (Name, DOB Gender, Veteran Status, SSN), I **DO NOT agree to share** any additional information through the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies.

**Please list the names and dates of birth of all household members participating in services:**

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---

---

---

---

---

\_\_\_\_\_  
Client/Parent or Guardian Name (please print)      Client/Parent or Guardian Signature      Date

\_\_\_\_\_  
Agency Personnel Name (please print)      Agency Personnel Signature      Date

Secure Electronic File: HMIS ROI



# **EMERGENCY SOLUTIONS GRANT (ESG)**

## **Program Manual**

**Washington County**

**Office of Community Development**

**FY 2018**

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## **I. Program Summary**

The Emergency Solutions Grant (ESG) provides federal funds to assist individuals and families to quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG funds are available for five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and data collection through the Homeless Management Information System; as well as administrative activities. The ESG program is authorized by subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11371 – 11378).

In PY 2018, Washington County will receive an estimated \$166,014 in Emergency Solutions Grant (ESG) funds. In coordination with the activities of the County's Continuum of Care – The Housing and Supportive Services Network (HSSN), OCD administers the ESG program. After consulting with the HSSN, it was decided that Washington County will use FY 2018 ESG funds primarily for rapid re-housing activities, with 7.5 percent of the total FY 2108 ESG allocation to be used for administration of the program. The reduction in County ESG funds from previous years used for street outreach, emergency shelter operations, and homeless prevention will be offset by a comparable increase in State funds administered through Community Action for these activities so that the total distribution of funds administered by Community Action relative to these different activities to address homelessness in the Washington County Continuum of Care network will remain approximately the same.

### **A. Program Standards**

Subgrantees are required to comply with the following minimum program standards as outlined in 24 CFR Part 576.

#### **1. Evaluating Eligibility for Assistance/Coordinated Entry**

The Washington County Emergency Solutions Grant (ESG) Program participates in and complies with the Housing and Supportive Services Network (HSSN) coordinated entry process, commonly known as Community Connect. Community Connect utilizes standard assessment tools and protocols approved by the HSSN. Specific protocols have been established to address the specific health and safety concerns for youth, those who are in the midst of a mental health crisis, and individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

The eligibility process includes an initial phone or in person screening to determine whether or not the applicant meets one of HUD's categorical definitions of homeless or at risk of homelessness. If yes, then a more comprehensive assessment is completed in person either by Community Connect staff or approved outreach staff to verify applicants' homeless status and determine which ESG service components they qualify for and that will address their housing need. Eligibility determinations must be documented in client files and preferably through third-party documentation. Intake worker observation or participant self-certification can be

used when due diligence by staff and client is documented in the file indicating third-party verification is unavailable.

Re-evaluations of eligibility for continued receipt of homelessness prevention and rapid re-housing assistance are required—every three (3) months for prevention and annually for rapid re-housing. Minimally, each re-evaluation of eligibility must verify that the client household does not have an annual income that exceeds thirty (30) percent of HUD determined median family income for the service area **and** the household continues to lack sufficient resources and support networks needed to retain housing without ESG assistance. If a program participant informs the subgrantee of a change in income there is no immediate effect on the program participant’s eligibility and assistance can continue at the discretion of the subgrantee until the next required re-evaluation. There is no HUD or OCD requirement that the client notify the subgrantee of changes to income prior to the required re-evaluations, as specified above.

## **2. Assessment and Prioritization**

Subgrantees are required to have a written standard assessment process and tool(s) that are applied to all eligible recipients of shelter essential services. Prioritization for services must align with service area homeless and/or community needs assessment plans. When developed, subgrantees are required to comply with their services area(s) Continuum of Care assessment and prioritization requirements (576.400(d)), including verifying and documenting eligibility.

The CoC shall organize training opportunities for new hires and at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments as part of the Community Connect coordinated entry system. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoCs coordinated entry written policies and procedures.

New hire training and orientation for Assessment Specialists performing Community Connect Screening shall include the following:

- Overview of the housing programs and resources aligned with Community Connect.
- Training in how to perform and assessment using client-centered approach.
- Confidentiality/privacy training that includes safety for persons fleeing domestic violence and how to determine program eligibility for appropriate referrals for persons with disabilities.
- Training on nondiscrimination and how to perform an assessment using a client centered approach that is culturally and linguistically sensitive.
- Safety planning and training.
- ServicePoint HMIS training.
- Training on how to conduct a trauma-informed assessment. Enroll and complete within 6 months of hire Trauma Informed Care course.

- Enroll and complete within 6 months of hire the Rent Well course, as this training provides the Assessment Specialist with information that is beneficial to serving people who are at risk of homelessness or have housing barriers.

Annual training for Assessment Specialists performing Community Connect Screening shall include the following:

- Overview of the most recent CoC Housing Inventory Chart (HIC) submitted to HUD, with emphasis on new/future housing resources
- Review of the assessment and referral process to ensure fidelity to the Community Connect policies and procedures
- Confidentiality/privacy training that includes safety for persons fleeing domestic violence and hot to determine program eligibility for appropriate referrals for persons with disabilities
- Mental Health First Aid training
- Safety planning and training

Shelter essential services include: case management; child care; education services; employment assistance and job training; outpatient health services; legal services; life skills training; mental health services; substance abuse treatment services; transportation; and services for special populations. Provision of services should be determined based on client need and in alignment with subgrantee’s targeted populations.

Provision of essential services and shelter must be available to shelter residents for at least the time period during which the ESG funds are provided. Services do not need to be limited to a particular site as long as the site serves the same categories and types of homeless originally provided with essential services or serves homeless persons in the same service area where the subgrantee originally provided the services.

### **3. Integration/Coordination with Mainstream Services**

Subgrantees are required to be active members of the COC and contribute to the identification, development and coordination of resources that will promote and increase the efficiency and effectiveness of the community’s homeless system. Subgrantees must coordinate and integrate, to the extent possible, their ESG-funded assistance with other programs serving homeless and at-risk of homelessness people within the service area, including referral process (refer to 24 CFR 576.400).

### **4. Street Outreach**

Subgrantees are required to target unsheltered homeless individuals and/or families whose primary nighttime residence is a public or private place not meant for human habitation. It is recommended that preference be given to those special populations who are most vulnerable

to being harmed by living in unsafe and unprotected places, i.e. victims of domestic and other forms of violence, youth, families with children, disabled, elderly, etc.

Engagement activities must include an initial assessment of needs and eligibility in order to prioritize the type and source of assistance required with safety and urgent health needs being the highest priority. Emergency health services, including mental health, can be funded with ESG only to the documented extent that other non-ESG funded appropriate health services are inaccessible or unavailable within the service area. Based on need and assessment, qualifying individuals and/or families will be offered essential services beyond emergency health and other crisis intervention assistance that include case management, transportation, and housing stabilization. Whenever feasible, rapid re-housing will be a priority over the provision or referral to emergency shelter or transitional housing.

The three agencies in Washington County that currently provide street outreach services to the homeless include Open Door Counseling Center, Luke Dorf, and HomePlate Youth Services, which perform this work under subcontract through Community Action Organization. They are required to target unsheltered homeless individuals and/or families whose primary nighttime residence is a public or private place not meant for human habitation. It is recommended that preference be given to those special populations who are most vulnerable to being harmed by living in unsafe and unprotected places, i.e. victims of domestic and other forms of violence, youth, families with children, disabled, elderly, etc.

Street outreach providers may have multiple contacts with an individual or family prior to engagement in services. Engagement is defined as those activities intended to locate, identify and build relationships with unsheltered homeless people for the purpose of providing immediate support, intervention and connections with the homeless services and/or mainstream social services and housing programs. An individual or family is considered to have achieved “engagement” when an interactive client relationship results in a deliberate client assessment or beginning of a case plan and, therefore, requires an initial assessment of needs and eligibility in order to prioritize the type and source of assistance required. Safety and urgent health needs should be the highest priority. Based on need and assessment, qualifying individuals and/or families will be offered essential services that include case management, transportation, and housing stabilization. Whenever feasible, rapid re-housing will be a priority over the provision or referral to emergency shelter or transitional housing.

## **5. Emergency Shelter Operations**

The Washington County Shelter Network is made up of five shelters; three in a system coordinated by Community Action and two others that operate in concert with the system but with procedures that are slightly different due to the special needs populations they serve. The three shelters coordinated by Community Action include the Community Action Shelter located in downtown Hillsboro, Family Promise of Washington County located in downtown Hillsboro, and the Good Neighbor Center located in Tigard. The two additional shelters that operate in concert with the system include Boys and Girls Aid Safe Place for Youth and the Domestic

Violence Resource Center (Monica's House). The Shelter Network works collaboratively to find other housing options, or if none, shelter opportunities, within the network of shelters so as to prevent households from living on the street.

**Procedure for the Shelters Coordinated by Community Action:**

**Admission:** To be admitted onto the Shelter Waitlist, the household must be a household with children and qualify as "homeless" based on HUD's definitions under the HEARTH Act. Documentation of homelessness occurs either at the Community Connect Assessment, or at the point of entry into the shelter. The Network will refer the household at the top of the list to re-housing opportunities (if applicable) or the next available shelter with open beds. The list for shelter is administered on a first come, first served basis with priority given to literally homeless families and families with an immediate safety need. Each shelter must adhere to the standardized method for documenting homeless status approved by the HSSN in order to be eligible for ESG assistance.

Individual Shelter admission criteria must be in compliance with Fair Housing Law and cannot force involuntary family separation by denying family admission based on the age of a child less than 18 years. All individuals, including transgender individuals and other individuals who do not identify with the sex they were assigned at birth, will receive equal access to program, benefits, services and accommodations in accordance with their gender identity without being subjected to intrusive questioning or being asked to provide documentation, in accordance with the HUD final rule entitled "Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs."

**Diversion from Shelter:** Based on the results of the standardized assessment, individuals and families should be diverted when appropriate to the most stable housing available including supportive or subsidized permanent housing using the Housing First or Rapid Re-housing service models.

**Essential Services and Referral:** Emergency shelter participants must have access to essential services either through direct service delivery by the subgrantee and/or provision of information and referral to other service providers. Essential services include: case management; child care; education services, employment assistance and job training; outpatient health services; legal services; life skills training; mental health services; substance abuse treatment services; transportation; services for special populations and mainstream income and health benefits where appropriate.

**Length of Stay and Discharge:** Shelters will discharge families when they have reached the end of the stay (as dictated by Shelter policy). The Shelters will coordinate with the Shelter Network Coordinator to determine whether there are other options for housing available before the household is moved to the next shelter (to prevent discharging onto the street). To the maximum extent possible given resources in this jurisdiction, shelters will work to prevent release of households into homelessness. Limitations on individual and family shelter stays must be identified in writing in the subgrantees' policies and procedures governing shelter

operations and provided to all shelter residents at intake. The subgrantee must also have written denial, termination and grievance policies and procedures, in accordance with the requirements identified in this manual.

***Safety and Accommodations for Special Populations:*** Any shelter facility that receives ESG assistance operations is required to meet all federal, state and local government safety, sanitation and accessibility standards including compliance with the safety, sanitation and privacy requirements contained in 24 CFR 576.403. Subgrantees are required to develop and implement written procedures and communication tools/materials that ensure persons of any particular race, color, ethnicity, religion, sex, age, national origin, familial status, or disability who may qualify for shelter and essential services are aware of and have access to such facilities and assistance. Reasonable accommodations for persons with disabilities must be available in order to ensure disabled participants have an equal opportunity to utilize the shelter and receive essential services. Greater levels of accessibility may be required for some shelters in compliance with The Americans with Disabilities Act.

Subgrantees are also required to have written procedures in place that ensure access to shelter facilities, assistance and services for limited English proficiency (LEP) persons. It is highly recommended that subgrantees develop and implement an agency Language Access Plan following guidelines provided in the Fair Housing Guide for Shelter and Transitional Housing Providers which can be accessed at [www.fhco.org](http://www.fhco.org) or HUD guidelines located at: [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/fair\\_housing\\_equal\\_opp/promotingfh/lep-faq](http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/promotingfh/lep-faq).

Domestic violence victims and other persons in need of victim services must have access to a safe setting and have their identity protected. Subgrantees are required to implement procedures to ensure confidentiality of records pertaining to any individual who is provided family violence prevention, treatment or other services. Subgrantees must also certify that the address of a family/individual violence shelter will not be made public without permission of the shelter agency.

Subgrantee emergency shelter policies and procedures must:

- Prohibit disclosing personally identifying victim information to any third party without consent of the victim;
- Ensure victim consent is reasonably time-limited, written and specific as to whom information will be shared;
- Identify and utilize an alternative HMIS to collect program data that will prevent the disclosure of personally identifying victim information; **and**
- Include confidentiality policies and procedures that require staff to refrain from discussing client information in public and ensure client records are secure and only accessible to authorized staff.

**Procedure for Boys and Girls Aid Safe Place for Youth:**

**Admission:** Youth self-refer or are referred by outside source (Community Connect, police, schools, HomePlate, counseling services). Shelter accepts youth age 12 – 19. Clients must be sober (can work with clients seeking help with sobriety), have the ability to keep themselves safe in the community during daily unsupervised community time and non-aggressive. Agency does manage a waitlist and there are criteria (risk factors) for pulling off the list (not by first come first serve). Youth will not be placed on the list unless he or she has talked directly to staff, either by phone or in person.

All individuals, included transgender individuals and other individuals who do not identify with the sex they were assigned at birth, will receive equal access to program, benefits, services and accommodations in accordance with their gender identity without being subjected to intrusive questioning or being asked to provide documentation, in accordance with the HUD final rule entitled “Equal Access in Accordance with an Individual’s Gender Identity in Community Planning and Development Programs.”

**Diversion:** If the youth has just run away, Agency will try to divert from shelter by trying to get him or her back with family or family member before placing in the shelter.

**Referral:** While in care, Agency places a priority on a return to home or another family member if possible. Getting the youth to a stable resource is priority. Refer to Boys & Girls Aid’s Transitional Living Program (TLP) or other housing programs if available (Portland youth housing programs or Job Corps).

**Discharge:** Discharge after up to 30 days of stay at shelter (extensions possible). Discharge is ideally dictated by plan in place. Discharge into homelessness ONLY occurs when youth discharge themselves. Discharge into homelessness may occur for adults when they have exhausted their eligibility for shelter and no other housing resource/shelter is available. All efforts are made to prevent this type of discharge. If youth is making progress and space is available, youth may enter Extended Support Services at Safe Place and receive up to 90 additional days of shelter. The subgrantee must also have written denial, termination and grievance policies and procedures, in accordance with the requirements identified in this manual.

**Procedure for Domestic Violence Resource Center (Monica’s House):**

**Admission:** Clients will typically call in (drop-ins are not welcomed due to the confidential nature of the shelter). Stay at the shelter (Monica’s House) is intended to be only for those in imminent danger. Referrals are taken for all ages and clients are accepted regardless of gender. Single adults with their children are accepted, but not dual parents. Client must be sober, and exhibit appropriate behavior for communal living; a drug test is required and used as a method to assess needs of the individual, not to deny services. No wait list, clients are accepted into the shelter on a first come, first serve, based upon availability and that the victim is in “imminent danger”.

All individuals, included transgender individuals and other individuals who do not identify with the sex they were assigned at birth, will receive equal access to program, benefits, services and accommodations in accordance with their gender identity without being subjected to intrusive questioning or being asked to provide documentation, in accordance with the HUD final rule entitled “Equal Access in Accordance with an Individual’s Gender Identity in Community Planning and Development Programs.”

***Diversion:*** DVRC evaluates the safety of a household to determine first whether there are options for diversion away from shelter prior to placing the household in shelter. If under imminent danger, then they are accepted. DVRC coordinates other services as needed to ensure that clients do not have to go into shelter if there are other options that do not compromise safety. Most are not “homeless”, or are only temporarily without housing, or have other housing options. Those who are literally “homeless” are referred to Community Action.

***Referral:*** Referrals come from hospitals, other agencies, and even other jurisdictions across the country. The common thread of clients served by DVRC is not socioeconomic; DVRC primarily serves low-income clients, but that is not a criterion for services. 120 adult clients and 150 children (270 total) stay at Monica’s House annually. Some are referred to Survivor House (similar to Oxford House) or Oxford Recovery Living. Some are referred to Community Connect to access other homeless assistance programs, or will access the DV emergency grant to obtain financial assistance to secure housing (1st and last month’s rent, fees, etc.).

***Discharge:*** DVRC will discharge clients when they are no longer in imminent danger and have identified a permanent housing option, typically 4 weeks, though there is no specified time limit. DVRC’s Case Manager coordinates with the clients weekly to discuss options for available housing before the household is moved to another shelter or to another housing option (to prevent discharging onto the street). To the maximum extent possible given resources in this jurisdiction, DVRC works to prevent release of households into homelessness, unless the client poses a threat to other clients staying at the shelter. Examples of unacceptable behavior include bringing alcohol or drugs into the shelter, bringing a perpetrator to the shelter, or bringing weapons on site. Additionally, aggressive or inappropriate behavior that is not conducive to communal living is also grounds for immediate dismissal from the shelter (clients with children are given more time to identify another housing option to prevent discharging to the street). The subgrantee must also have written denial, termination and grievance policies and procedures, in accordance with the requirements identified in this manual.

***Safety and Accommodations for Special Populations:*** Any shelter facility that receives ESG assistance operations is required to meet all federal, state and local government safety, sanitation and accessibility standards including compliance with the safety, sanitation and privacy requirements contained in 24 CFR 576.403.

Subgrantees are required to develop and implement written procedures and communication tools/materials that ensure persons of any particular race, color, ethnicity, religion, sex, age, national origin, familial status, or disability who may qualify for shelter and essential services are aware of and have access to such facilities and assistance. Reasonable accommodations for persons with disabilities must be available in order to ensure disabled participants have an equal opportunity to utilize the shelter and receive essential services. Greater levels of accessibility may be required for some shelters in compliance with The Americans with Disabilities Act.

Subgrantees are also required to have written procedures in place that ensure access to shelter facilities, assistance and services for limited English proficiency (LEP) persons. It is highly recommended that subgrantees develop and implement an agency Language Access Plan following guidelines provided in the Fair Housing Guide for Shelter and Transitional Housing Providers which can be accessed at [www.fhco.org](http://www.fhco.org) or HUD guidelines located at: [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/fair\\_housing\\_equal\\_opp/promotingfh/lep-faq](http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/promotingfh/lep-faq).

Domestic violence victims and other persons in need of victim services must have access to a safe setting and have their identity protected. Subgrantees are required to implement procedures to ensure confidentiality of records pertaining to any individual who is provided family violence prevention, treatment or other services. Subgrantees must also certify that the address of a family/individual violence shelter will not be made public without permission of the shelter agency.

Subgrantee emergency shelter policies and procedures must:

- Prohibit disclosing personally identifying victim information to any third party without consent of the victim;
- Ensure victim consent is reasonably time-limited, written and specific as to whom information will be shared;
- Identify and utilize an alternative HMIS to collect program data that will prevent the disclosure of personally identifying victim information; **and**
- Include confidentiality policies and procedures that require staff to refrain from discussing client information in public and ensure client records are secure and only accessible to authorized staff.

## **6. Homeless Prevention Assistance**

An agency awarded ESG assistance under homelessness prevention will be required to utilize OCD-approved documentation standards for income, HUD standards for at risk of homelessness, risk factors (if applicable), and assessment tools. Prioritization for homeless prevention assistance must comply with Continuum of Care standards. Minimally, prioritization should align with vulnerable homeless and at-risk of homelessness populations identified in subgrantee's service area homeless plan(s) and/or community assessment(s).

ESG regulations require that subrecipients use the Part 5 definition of income for all activities under the ESG program, define at 24 CFR 5.609. OCD staff will conduct training to provide agencies technical assistance on how to count income and calculate rent assistance payments under this definition. Households assisted with prevention assistance will be required to pay 30% of their income towards rent and utilities. This calculation shall be included in the income documentation so that both household income and household's share of rent will be clearly documented. ESG Program Participants will be eligible to receive up to 24 months of assistance for prevention, but not to exceed a maximum of 24 months of assistance per 24 CFR 576.105(a)(3) and 576.106(a)(2). There will be no adjustment of the portion of rent paid by tenant over the assistance period, which will remain at 30% of adjusted gross income as determined under the Part 5 definition of income. The subrecipient must re-evaluate the program participant's eligibility and amount of assistance needs every 3 months for prevention assistance. A participant may come back to the program at any point within the program year to receive homeless prevention and rapid re-housing rent and financial assistance, but the total amount of assistance received must be within the above limits.

Housing Relocation and Stabilization Services (HRSS) may include housing search and placement, housing stability case management, and mediation. Credit repair and legal services are allowed and may be included but would only be eligible if provided by a third party that had gone through OCD-approved procurement process. The minimum amount of HRSS shall be a once per month in-person meeting with the client, though the goal would be for more. The duration of HRSS will be tied at a minimum to the length of rent assistance provided, but can continue for a longer period depending on the needs of the household. A participant may come back to the program at any point to receive HRSS but the total amount of assistance received must be within the above limits.

Other general program requirements for either rent-assistance activity under the ESG program include provisions that:

- The unit must be suitable for household size. The unit rents must not exceed Section 8 Fair Market Rents. The unit must have a rent that is documented by staff as being reasonable as compared to other units of similar size and with similar amenities. The unit and shelter must conform with Lead Based Paint remediation and disclosure.
- The unit must be Habitable (as documented by the Habitability Checklist, completed by ESG Subrecipient). The shelter must be habitable to receive ESG assistance (documented by OCD staff).

## **7. Rapid Re-Housing Assistance**

An agency awarded ESG assistance under rapid re-housing will be required to utilize HUD standards for homelessness, risk factors (if applicable), and assessment tools. Prioritization for

rapid re-housing must comply with Continuum of Care standards and be supported by subgrantee service area homeless plans and/or community assessment data. Local prioritization should also align with HUD's homeless strategic plan goals for ending chronic homelessness, homelessness among Veterans, and families with children and youth homelessness.

ESG Program Participants will be eligible to receive up to 24 months of assistance for rapid re-housing, but not to exceed a maximum of 24 months of assistance per 24 CFR 576.105(a)(3) and 576.106(a)(2). There will be no adjustment of the portion of rent paid by a tenant over the assistance period, which will remain at 30% of adjusted gross income as determined under the Part 5 definition of income. The subrecipient must re-evaluate the program participant's eligibility and amount of assistance needs annually for re-housing assistance. A participant may come back to the program at any point within the program year to receive rapid re-housing rent and financial assistance, but the total amount of assistance received must be within the above limits.

Housing Relocation and Stabilization Services (HRSS) will include housing search and placement, housing stability case management, and mediation. Credit repair and legal services are allowed and may be included but would only be eligible if provided by a third party that had gone through OCD-approved procurement process.

The minimum amount of HRSS shall be a once per month in-person meeting with the client, though the goal would be for more. The duration of HRSS will be tied at a minimum to the length of rent assistance provided, but can continue for longer period depending on the needs of the household. A participant may come back to the program at any point to receive HRSS but the total amount of assistance received must be within the above limits. Other general program requirements for either rent-assistance activity under the ESG program include provisions that:

- The unit must be suitable for household size.
- The unit rents must not exceed Section 8 Fair Market Rents.
- The unit must have a rent that is documented by staff as being reasonable as compared to other units of similar size and with similar amenities.
- The unit and shelter must conform with Lead Based Paint remediation and disclosure.
- The unit must be Habitable (as documented by the Habitability Checklist, completed by ESG Subrecipient).

## **B. HMIS Data Collection**

All data on persons served and all activities funded with ESG must be entered into HMIS in accordance with current data standards. The purpose of the HMIS is to record and store client-level information about the numbers, characteristics, and needs of homeless and at risk homelessness persons who receive program assistance.

HMIS (Homeless Management Information System) is a single platform database providing an unduplicated count of homeless people in Washington County. To date there are 15 service

providers entering data into HMIS representing 48 service agencies. The programs include Emergency Shelters, Transitional Housing Programs, Permanent Supportive Housing Programs, Services only programs, Homelessness Prevention and Rapid Rehousing (HPRP) and other local funding programs. That data is used to inform both local and statewide public policy about the extent and nature of homelessness, captures client level data and assists agencies with tracking outcome measures for each homeless client entered into the system, allows agencies to pull aggregate data to assist with writing grants and applying for needed funds, plan for the reduction/ending of homelessness with uniform, longitudinal data by which to make effective programming decisions, to educate citizens about homeless families and youth in Washington County.

All ESG recipients must ensure that data on all persons served and all activities assisted under ESG are entered into the applicable community-wide HMIS in the area in which those persons and activities are located, or a comparable database, in accordance with HUD's standards on participation, data collection, and reporting under a local HMIS.

If the subrecipient is a victim service provider or a legal services provider, it may use a comparable database that collects client-level data over time (i.e., longitudinal data) and generates unduplicated aggregate reports based on the data. Information entered into a comparable database must not be entered directly into or provided to an HMIS. All ESG-funded agencies must either currently be an HMIS user or will be required in their contract for ESG funding to obtain HMIS licensing as a condition of funding. This will be a requirement of any ESG funded contract. Washington County HMIS policies and procedures are in compliance with generally accepted standards adopted by regional partner agencies that form the Northwest Social Services Consortium (coordinated by the City of Portland). Washington County's victim service provider will use an accepted HMIS-like system approved by the County's HMIS Administrator. (Note: this is already in place in Washington County).

### **C. Continuum of Care Coordination**

Washington County Office of Community Development (OCD) consulted with members of the Housing and Supportive Services Network (HSSN), the Continuum of Care (CoC) body for the area to discuss the activities to be funded under new regulatory guidelines of ESG. The HSSN Strategic Planning Workgroup members were asked to attend a meeting held on February 10, 2017 to assist in the consultation process. Participants of this meeting included current recipients under the Emergency Shelter Grant program and other service providers in the area representing all segments of the CoC; including domestic violence providers, permanent supportive housing providers, emergency shelter providers, and emergency service providers.

The general consensus of the HSSN Strategic Planning Workgroup was for the continued funding of all activities allowable under the new ESG (with the exception of HMIS activities), with an emphasis on Homelessness Prevention and Rapid Re-Housing activities due to the importance that the U.S. Department of Housing and Urban Development has placed on

looking predominantly toward Prevention and Rapid Re-Housing as an effective way for communities to combat homelessness. In addition, it was agreed that funding for operations of shelters and street outreach activities serves a crucial element in the road to transitioning individuals and families from homelessness and into permanent housing. After the HSSN Strategic Planning Workgroup determined funding priorities, final consultation with the entire HSSN occurred on March 1, 2017.

Washington County's Continuum of Care (Housing and Supportive Services Network) provides the main coordination function to ensure knowledge of the services available in the Continuum from shelter providers, essential services providers, homelessness prevention and rapid re-housing providers, other homeless assistance providers, and mainstream, employment service and housing providers. The Coordination Policy is carried out by the following:

HSSN:

- Regular attendance at HSSN monthly meetings.
- Homeless subcommittee monthly meetings
- Annual updates from ESG Recipient to HSSN on status of ESG activities including consultation opportunities.
- Ensuring the mainstream and employment service providers attend HSSN meetings regularly.
- Encourage homeless consumer input in developing programs and the homeless response system.

Other:

- Coordination of the Shelter Network
- Requirement of ESG-funded agencies to coordinate and integrate to the maximum extent practicable with mainstream and employment service providers.

## **D. Discharge Planning**

The McKinney Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To comply with the requirement at 24 CFR 91.220(i)(1)(iv)(A), Washington County Continuum of Care (CoC) has developed planning policies and protocols for assisting low-income persons being discharged from publicly-funded institutions or systems of care.

Washington County certifies yearly that there are policies regarding discharge planning to minimize homelessness following discharge from publicly funded institutions. Through the County's application under the Continuum of Care, protocols are outlined that deal with youth exiting foster care, persons leaving the health care system, persons leaving the Oregon State Hospital and inmates being released from correctional facilities. In summary, Oregon's

Department of Human Services' Child Welfare Division prepares individual discharge plans for youth leaving the foster care system. The transition plan is carried out through three different Independent Living Programs. The Oregon State Hospital defines the discharge process for clients leaving the hospital through a comprehensive treatment care plan. Discharge assessment and planning for discharge begins upon admission and continues through hospitalization. Washington County's Mental Health and the Oregon State Hospital have entered into an agreement concerning policies and procedures to be followed by the local program and the hospital when a patient is admitted and discharged. The Oregon Department of Corrections prepares a discharge plan for inmates as they near release from incarceration. The Department of Corrections forwards to Washington County's Community Corrections a copy of the individualized Transition Plan. Prison release counselors, Corrections Center residential counselors and probation/parole officers take an active role in developing transitional release plans that may include provisions for, but are not limited to, housing, employment, continuing education, supportive services, conditions and level of supervision. Local hospitals perform discharge in accordance with Standards of Practice governing health care operations. Both non-profit hospitals have internal social service departments that manage the discharge of patients through job descriptions and electronic discharge forms completed by hospital case managers. Hospitals work in partnership with community social service providers to refer homeless to appropriate programs. The following describes Washington County CoC's efforts to coordinate with and/or assist in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

### **1. Discharge Planning: Foster Care**

The discharge plan was not developed by the State or the CoC. Providence St. Vincent Medical Center and Tuality Healthcare hospitals are local, independent health care providers, and discharge in accordance with Standards of Practice governing health care operations. Providence St. Vincent Medical Center and Tuality Healthcare participate in CoC planning and hospital administration is represented on the Homeless Plan Advisory Committee, a high-level leadership committee. Both hospitals have internal Social Service departments that manage the discharge of patients through job descriptions and electronic discharge forms completed by hospital case managers.

The CoC reviews the hospital discharge process annually. Hospital case managers work in partnership with CoC outreach workers and community social service agencies to refer homeless to appropriate community-based service programs and address special needs of the homeless beyond healthcare. Hospitals partner with Central City Concern to discharge homeless needing acute medical care into the Recuperative Care Program, or provided motel accommodations for homeless with less severe health care issues.

The CoC and hospital case managers work collaboratively to support the needs of homeless people, as many homeless experiencing a major health crisis will decide to engage in services to end their homelessness.

The Homeless Plan Advisory Committee is a high-level leadership committee including hospital administration, elected officials, directors of housing and service programs, formerly homeless, and other representatives. These stakeholders support research to prepare a Homeless Cost Study that will provide the CoC and community leaders with data on the cost of homelessness on health care and other institutions. The report will demonstrate costs of chronic homelessness in the community, and support reallocation and creation of funding to provide housing programs demonstrating outcomes in ending chronic homelessness, and reducing occurrences of homelessness.

A holistic assessment is performed by the hospital to determine the individual's needs for ongoing health care, services and housing prior to discharge from the health care system. Where possible, the hospital case worker will contact family and friends of the homeless client to support reunification that leads to housing outcomes.

Homeless with acute health care conditions are referred to the Recuperative Care Program, a locally funded program. Homeless with less severe health care are provided assistance through motel vouchers, and assistance in connecting with community service providers and mainstream resources. This may include locally-funded resident recovery and transitional housing programs, group homes, and low-income affordable housing.

## **2. Discharge Planning: Health Care**

The State mandated discharge policy for the Oregon State Hospital is managed by the Oregon Health Authority (OHA), Addiction and Mental Health Division, as outlined in OAR 309-091, Division 91 State Hospital Admission and Discharge. The Washington County Mental Health Division is an active participant in the CoC planning process, and provides revised statute updates on Discharge Planning, in addition to the State's work to develop coordinated care organizations (CCO) that are responsible for delivering integrated physical health, mental health and addictions care to people served by the Oregon Health Plan, and to ensure that the new model of care includes a clear understanding of the essential role peer-delivered services play in behavioral health.

Mental Health Services are delivered through a network of non-profit mental health providers that are actively involved in the CoC planning, to include LifeWorks NW, Luke-Dorf, Inc., and Sequoia Mental Health Services, Inc.

The Oregon State Hospital (OSH) begins discharge assessment and planning for discharge upon admission to the hospital, and continues this process throughout hospitalization resulting in a comprehensive treatment plan. OSH and the Washington County Mental Health Division have entered into an agreement outlining the policies and procedures to be followed by the local Community Mental Health program when an individual is admitted to OSH, and upon determination of discharge to support the transition with housing, treatment, and other services assessed as needed to support the continuity of care necessary to maintain the individual's

stability in the community. The CoC's Mental Health and Special Needs Community Consortium (MHSNCC) include the Oregon Health Authority (OHA), National Alliance for the Mentally Ill (NAMI), County and non-profit mental health and substance providers, health care, homeless consumer, and housing providers. The State and local MHSNCC collaborate to ensure persons are not discharged into homelessness.

The Washington County Mental Health Division provides care coordination with the hospital social workers for persons discharging from the Oregon State Hospital to ensure that individuals are connected to mental health treatment, social services and housing appropriate to the client's needs and desires. Housing opportunities include licensed residential services, group homes, State and locally-funded transitional housing, and market rate apartments.

The Oregon Addictions and Mental Health Division together with consumers, Oregon's Mental Health Organizations (MHO) and Community Mental Health Programs, implemented a new innovative program, Adult Mental Health Initiative (AMHI) that transfers responsibility for managing residential services to Oregon's Mental Health Organizations in local communities. This partnership improves coordination for adult mental health services at all levels of care in the system. The CoC was briefed on this program at the time of implementation.

### **3. Discharge Planning: Mental Health**

For persons preparing to leave the Oregon State Prison, the State-mandated discharge policy is administered by the Oregon Department of Corrections (OR-DOC) under OAR 255-060-0008, Division 60 Release to Post-Prison Supervision or Parole and Exit Interviews and statutory authority ORS 144.096, ORS 144.125 and ORS 144.185. For offenders who originated in Washington County, thirty days before discharge the OR-DOC forwards a copy of the offenders Release Plan (Form PBM208B) to Washington County Department of Corrections (WCCC), the Local Supervisory Authority.

The WCCC and local law enforcement are active members in the CoC planning process, and work collaboratively with CoC partner agencies to support the offenders individualized Release Plan, to include housing, employment, education, support services and treatment programs. HMIS is used to track homeless people who reported recent discharge from the Prison system. The Washington County Department of Community Corrections (WCCC), the Local Supervisory Authority, in partnership with the Oregon State Prison and Oregon Department of Corrections (OR-DOC) work collectively to develop the Release Plan approved by the Oregon Board of Parole and Post-Prison Supervision prior to offender's discharge. The Board works in partnership with the OR-DOC and the WCCC to set conditions of supervision for all offenders being released from Oregon prisons, and determines whether discharge from supervision is compatible with public safety.

The Oregon State Prison nurse sends referrals to Cascade AIDS Project (CAP) for persons being discharged that are HIV+. CAP has a HOPWA SPNS grant for housing assistance and services for people involved with the corrections system and assists with discharge planning.

WCCC and Washington County Jail are represented on the Homeless Plan Advisory Committee that provides policy leadership to address State-mandated discharge.

Washington County Department of Community Corrections (WCCC) has established partnerships with housing providers offering private, State and locally-funded beds within 38 separate clean and sober housing facilities, 20 regular group housing facilities that are used by people under supervision, and the 12 bed Community Corrections Center's transitional program. WCCC maintains close relationships with each of these housing facilities, with Probation Officer (PO) visits to each home on a regular basis (when supervised offenders reside in the home). These strong collaborative ties have enhanced the County's ability to quickly access beds.

The majority of people transitioning from prison facilities eventually reside in private housing either with family, friends or by themselves. Each person releasing from prison must have a residence approved by their PO.

## **E. Performance Standards**

The 2015-2020 Consolidated Plan for Washington County and the Cities of Beaverton and Hillsboro describes community needs and determines local priorities for using public resources to assist low and moderate-income residents. The Consolidated Plan includes performance objectives and outcomes for all of its programs, including the Emergency Solutions Grant (ESG) funds. The performance objectives and standards by activity shows how the eligible activities of street outreach, emergency shelter operations, homeless prevention assistance and rapid re-housing assistance fit into HUD performance objectives, performance standards, federal and local plans to end homelessness, and Consolidated Plan Objectives.

| <b>ESG Performance Objectives and Standards by Activity</b>   |  |   |  |  |
|---|--|---|--|--|
| Eligible Activities*  | Street Outreach  | Emergency Shelter   | Homeless Prevention  | Rapid Re-Housing   |
| <b>Performance Objectives</b><br>(HUD standards)  | Objective:<br>Suitable Living Environment<br>Outcome: Availability/<br>Accessibility   | Objective:<br>Suitable Living Environment<br>Outcome:<br>Availability/Accessibility   | Objective: Decent<br>Housing<br>Outcome:<br>Affordability  | Objective: Decent<br>Housing<br>Outcome: Affordability   |
| <b>Performance Standards</b>  | <b>Entry and exit measures Destination at exit</b><br>Measurement: Number of individuals who participate in Community Connect, Washington County's Coordinated and Centralized Assessment System   | <b>Reducing the time spent homeless</b><br>Measurement: Average shelter stay for families exiting to permanent housing<br>Measurement: Length of time families spent on the shelter wait list last year   | <b>Reduce the time spent homeless</b><br>Measurement:<br>Reduction in new incidences of homelessness and a reduced recidivism rate.  | <b>Reduce the time spent homeless</b><br>Measurement: Reduction in new incidences of homelessness and a reduced recidivism rate.   |
| <b>Opening Doors: Federal Strategic Plan to Prevent and End Homelessness Objectives</b><br>(U.S. Interagency Council on Homelessness) | Objective 10: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.  | While funding to support Emergency Shelter activities cannot be directly linked to a goal identified in the federal strategic plan, the need for shelters is still recognized as a crucial component of the County's homelessness crisis response system.                           | Objective 6: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness.  | Objective 3: Provide affordable housing to people experiencing or most at risk of homelessness<br>Objective 4: Provide permanent supportive housing to prevent and end homelessness. |
| <b>Washington County's 10-Year Plan to End Homelessness Goals</b>   | Goal 3: Link people to appropriate services and remove barriers  | While funding to support Emergency Shelter activities cannot be directly linked to a goal identified in Washington County's 10-Year Plan to End Homelessness, the need for shelters is still recognized as a crucial component of the County's homelessness crisis response system. | Goal 1: Prevent people from becoming homeless  | Goal 2: Move people into housing   |
| <b>Consolidated Plan Objective</b>  | C.8.v Provide outreach services to homeless persons and families.<br>C.8.n Provide services through "Community Connect", Washington County's Coordinated and Centralized Assessment System (CCAS), to provide a central point of referral for homeless and at-risk households to prevent and end episodes of homelessness. | C.8.b Provide supportive services and case management to vulnerable populations including homeless, mentally ill, persons with HIV/AIDS.  | C.8.e Provide one-time or short-term rental support for low-income persons at risk of becoming homeless.<br>C.8.w Provide case management services to homeless families or those at risk of becoming homeless including those fleeing from domestic violence.<br>C.8.u Provide supportive services to homeless individuals and families (and those at risk of homelessness) that would include, but not be limited to, child care, housing education (e.g. Rent Well), mental health and addiction counseling, employment training, information and referral, parenting skills, accessing housing, and homeless prevention services. |  |
| <b>*Note: Objective and outcomes reporting is not applicable for Administration and HMIS activities.</b>                              |  |   |  |  |

## II. Client Eligibility

### A. Assessment

All applicants must be assessed to determine eligibility for receipt of ESG funded services. Homeless or at-risk of homelessness households who meet one or more of HUD determined categorical homeless definitions or criteria are eligible to receive program assistance. Household composition includes an individual living alone, family with or without children, or a group of individuals who are living together as one economic unit. In all cases a household must lack sufficient resources and support networks necessary to obtain or retain housing without the provision of ESG assistance in order to be program eligible. The type of ESG assistance for which an eligible household qualifies is determined by the stability of their current housing or their homeless status.

### B. Categorical Homeless Definitions and Criteria

Eligible applicants for program services must meet one of the following categorical definitions of homeless or criteria for being at-risk of homelessness:

#### **Category 1: Literally homeless**

A household that lacks a fixed, regular, and adequate nighttime residence, meaning:

- Living in a primary nighttime residence that is a public or private place not designed for or ordinarily used for as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground); **or**
- Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); **or**
- 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 the institution.

#### **Category 2: Imminent risk of homelessness**

A household that will imminently lose their primary nighttime residence, provided that:

- The residence will be lost within 14 days of the date of application for homeless assistance; **and**
- No subsequent residence has been identified; **and**
- The household lacks the resources or support networks needed to obtain other permanent housing.

### **Category 3: Imminent risk of homelessness**

Unaccompanied youth under 25 years of age, or family who do not otherwise qualify as literally homeless or imminent risk of homelessness, but who:

- Are defined as homeless under Section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)) or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a); and
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; and
- Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; **and**
- Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.

### **Category 4: Fleeing, or attempting to flee, domestic violence**

A household who:

- Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
- Has no other residence; **and**
- Lacks the resources or support networks to obtain other permanent housing.

## **C. Criteria for At Risk of Homelessness Qualification**

Applicants for program services for at-risk individuals or households must meet the following definition of At Risk of Homelessness:

- Have an annual income at or below 30% of median household income for the area; and

- Do not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; **and** meet one of the following conditions:
- Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for assistance; **or**
- Is living in the home of another because of economic hardship; **or**
- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; **or**
- Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; **or**
- Lives in an SRO or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than one and a half persons per room; **or**
- Is exiting a publicly funded institution or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution);

## D. Criteria for Chronically Homeless Qualification

*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 family whose composition has fluctuated while the head of household has been homeless.

Evidence of chronically homeless individuals must be kept in the program participant file in order to demonstrate that an individual or family met the definition of “chronically homeless” at the point of entry into a program.

## **E. Income Determination and Requirements**

### **1. Income Eligibility**

Homeless prevention assistance requires applicants to be at or below 30% AMI at time of intake. Rapid re-housing does not have income eligibility requirements at the time of intake; however, to qualify for continuation of rapid re-housing assistance, an applicant must have an annual income at or below 30% AMI at the time of re-evaluation. There are no other initial income eligibility requirements to receive program services.

### **2. Calculating Gross Annual Income Eligibility**

Annual Income is the gross amount of income anticipated to be received by a household during the coming year based on the household’s circumstances at the time of program intake and assessment. Annual Income determination is consistent with the “Part 5” definition of annual Income found at 24 CFR 5.609.

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

Income generated by an asset, such as the interest on a savings or checking account is considered household income even if the household elects not to receive it. For example, though an applicant may elect to reinvest the interest or dividends from an asset, the interest or dividends are still counted as income anticipated to be received during the coming 12 months. Asset income is discussed in 24 CFR 5.609. Income producing assets include: bank accounts; life insurance policies; lump sum additions (legal settlement, refund, etc.); personal property held as investments; retirement/pension funds; trusts; assets disposed of for less than fair market value; and stocks, bonds or mutual funds. Additional guidance on determining income eligibility is available in Appendix 2.

## **F. Eligibility Documentation and Recordkeeping**

Subgrantees must establish written intake procedures that include requirement of written documentation verifying eligibility for program services in accordance with the following preferred order of documentation:

### **1. Third-party Verification**

Third party documentation is the preferable form of verification and includes but is not exclusive to written statement or document from employer, landlord, public benefit worker, or agency service provider. Written verification sent directly to program staff or via the applicant is preferred.

### **2. Intake/Case Manager Worker Observation**

Staff documentation may include oral statements made by a social worker, case manager, or other appropriate official at an institution, shelter, or other facility and documented by the program intake worker/case manager. Use of oral statements is allowable when third-party documentation is not available.

### **3. Participant Self-certification**

Self-certification requires a written and signed document by the individual or head of household seeking assistance attesting to the eligibility facts for which they are certifying. A third party may be designated by a participant to sign documents on their behalf when they are unable to do so. If needed, subgrantee must provide access to language interpretation services and assistive devices necessary for participants to understand the documents they are certifying.

Self-certification documentation is only used when documented staff efforts verify that third-party or worker observation documentation is not available. However, lack of third-party documentation must not prevent an individual or household from being immediately admitted to emergency shelter, receiving street outreach services or immediately accessing domestic violence/victim service shelter and assistance.

Documentation verifying eligibility must be available in client files or if kept electronically, available upon request. See the appendices in this manual for examples of appropriate documentation of applicant eligibility.

### III. Allowable Program Service Components and Activities

#### A. Service Components and Homeless Eligibility

ESG funds can pay for five program service components: Street Outreach; Emergency Shelter; Homelessness Prevention; Rapid Re-housing; and Homeless Management Information System (HMIS). Washington County Office of Community Development, in consultation with the Housing and Supportive Services Network has chosen to focus ESG funds on Street Outreach, Emergency Shelter, Homeless Prevention and Rapid Rehousing. The following chart shows which service components are available for homeless and/or at-risk households.

| Component                  | Serving                             |                                       |
|----------------------------|-------------------------------------|---------------------------------------|
|                            | Those who are Homeless              | Those who are At-Risk of Homelessness |
| 1) Street Outreach         | <input checked="" type="checkbox"/> |                                       |
| 2) Emergency Shelter       | <input checked="" type="checkbox"/> |                                       |
| 3) Homelessness Prevention |                                     | <input checked="" type="checkbox"/>   |
| 4) Rapid Re-housing        | <input checked="" type="checkbox"/> |                                       |

#### B. Street Outreach

Street outreach is service delivery for the specific purpose of reaching out to unsheltered homeless people; connecting them with emergency shelter, housing, or critical services; and providing urgent, non-facility-based care. Individuals defined as unsheltered must meet the criteria for: Category 1, literally homeless; or Category 4, fleeing/attempting to flee domestic violence (where the individual or household also meet the criteria for category 1); and are:

- living on the streets (or other places not meant for human habitation); **and**
- unwilling or unable to access services in emergency shelter.

##### 1. Engagement Services

Engagement Services are activities to locate, identify, and build relationships with unsheltered homeless people to offer immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and other housing programs. Eligible costs include:

- Conducting an initial assessment of applicant needs and eligibility;
- Providing crisis counseling;
- Addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries;
- Actively connecting and providing information and referrals to needed services; **and**
- Cell phone costs of outreach workers.

## **2. Case Management**

Case Management activities to assess housing and service needs and arrange, coordinate and/or monitor the delivery of individualized services. Eligible costs include:

- Assessment and intake including using coordinated entry;
- Conducting initial evaluations including, verifying and documenting eligibility;
- Counseling;
- Developing/securing/coordinating services;
- Helping obtain Federal, State, and local benefits;
- Monitoring and evaluating program participant progress;
- Providing information and referrals to other providers; **and**
- Developing an individualized housing stabilization plan that leads to the attainment of stable permanent housing.

## **C. Emergency Shelter**

Emergency shelter means any appropriate facility that has the primary use of providing temporary or transitional shelter for the homeless in general or for specific populations of the homeless and the use of which does not require occupants to sign leases or occupancy agreements. Shelter operations are costs to operate and maintain emergency shelters and also provide other emergency lodging when appropriate. Eligible Costs include:

- Minor or routine maintenance;
- Rent;
- Security;
- Fuel;
- Equipment;
- Insurance;
- Utilities;
- Food;
- Furnishings;
- Supplies necessary for the operation of the emergency shelters; **and**
- Hotel/Motel voucher, only for families and individuals where no emergency shelter is available.

## **D. Homelessness Prevention and Rapid Re-housing**

Homelessness Prevention Services are intended to prevent persons who are housed from becoming homeless by helping them regain stability in their current housing or other permanent housing. Eligible participants must be at imminent risk of homelessness, homeless under other federal statutes, fleeing/attempting to flee domestic violence or meet the criteria

for being at-risk of homelessness and have annual incomes at or below 30% of area median income. Rapid re-housing services are intended to help eligible participants who are literally homeless, including fleeing/attempting to flee domestic violence, to transition from the streets or shelter as quickly as possible into permanent housing and achieve housing stability. Eligible participants for either service component must lack the resources or support networks to help them retain or obtain other appropriate, stable housing.

If a client was first assisted under homelessness prevention and then became homeless, Subgrantee must exit the client from the homelessness prevention component and enter the individual or household into the rapid re-Housing component.

### 1. Homelessness Prevention and Rapid Re-housing Comparison

The chart below shows the differences between Homelessness Prevention and Rapid Re-Housing service components.

|                       | Homelessness Prevention   | Rapid Re-Housing   |
|-----------------------|---|--|
| Eligible Participants | <b>Category 2</b> – Imminent Risk<br><b>Category 3</b> – Other Federal Statutes<br><b>Category 4</b> – Fleeing/Attempting to Flee Domestic Violence <b>OR</b><br><b>At-Risk of Homelessness</b>                             | <b>Category 1</b> – Literally Homeless <b>OR</b><br><b>Category 4</b> – Fleeing/Attempting to Flee Domestic Violence   |
| Purpose               | <ul style="list-style-type: none"> <li>To <u>prevent</u> persons who are housed from becoming homeless</li> <li>To help such persons <u>regain stability</u> in their current housing or other permanent housing</li> </ul> | <ul style="list-style-type: none"> <li>To help homeless persons living on the streets or in an emergency shelter <u>transition</u> as quickly as possible into permanent housing, and then</li> <li>To help such persons <u>achieve stability</u> in that housing</li> </ul> |
| Reassessment          | <ul style="list-style-type: none"> <li>Every 3 months</li> <li>Must have income at <u>or below 30% AMI</u>, AND</li> <li>Lack resources and support network</li> </ul>  | <ul style="list-style-type: none"> <li>Every 12 months</li> <li>Must have income <u>at or below 30% AMI</u>, AND</li> <li>Lack resources and support network</li> </ul>  |
| Eligible Activities   | Housing Relocation and Stabilization Services and Financial Assistance  | Housing Relocation and Stabilization Services and Financial Assistance   |
|                       | Short- and Medium-Term Rental Assistance  | Short- and Medium-Term Rental Assistance   |

### 2. Housing Relocation and Stabilization Financial Assistance

ESG funds may be used to pay landlords, utility companies and other third parties for the following housing related costs:

- **Rental application fee** charged by the landlord to all applicants;

- **Security deposit**, equal to or not more than 2 month's rent;
- **Last month's rent**, paid to landlord at the time security deposit and first month's rent are paid. The amount must not exceed one month's rent and is included in participant's total rental assistance amount;
- **Moving costs**, including truck rental, hiring a moving company, and temporary storage fees. Storage fees may be up to 3 month's rent, providing costs are not incurred until after program participation begins and before move-in. Moving costs may not include arrearage temporary storage fees;
- **Standard utility deposit** (gas, electric, water, sewer) required by the utility company for all customers;
- **Standard utility payments** (gas, electric, water, sewer) up to 24 months during any 3-year period, including up to 6 months of arrearages per service. Utility account must be in the name of a member of the client household or there is other verification of the household's responsibility for the utilities.
- **Payment of utility arrearages** for a previous address require that the utility account be in the name of a member of the client household or other verification of the household's responsibility for payment. Payment cannot exceed \$1,500 and must have verification in the client's file from the utility company confirming that, once payment is received, the utility company will provide utilities to the client. Staff are encouraged to assist clients in negotiating a payment plan or payment forgiveness for any amount exceeding the \$1500. Payment of utility arrearages for Homelessness Prevention participants requires a current shut off notice.

Subgrantee may develop a written policy regarding to whom the landlord and utility companies will refund security and utility deposit payments. Any policy must be applied consistently for all program participants. Any deposit funds returned to subgrantee is program income and must be documented as match.

Financial assistance cannot be provided to a program participant who is receiving the same type of assistance through other public sources or to a program participant who has been provided with replacement housing payments under the URA, during the period of time covered by the URA payments. Financial assistance refers to: rental application fees, security deposits, last month's rent, utility deposits, utility payments and moving costs.

### **3. Short- and Medium-Term Rental Assistance**

A participant can be provided up to 24 months of rental assistance during any 3-year period. Rental assistance may include payment of rent arrearages for tenant or project based housing. Duration of rental assistance must minimally comply with program standards including:

- **Short-Term Assistance** is for up to 3 months' rent;
- **Medium-Term Assistance** is more than 3 months, no more than 24 months; **and**

- **Payment of Arrearages** must be a one-time payment of up to 6 months' rent, including any late fees on those arrears.

If arrears are owed to a previous landlord, these arrears may be paid, but only when there is documented evidence that payment of those arrears is necessary for the participant to obtain permanent housing and maintain stability in that housing.

Except for a one-time payment of rental arrears on the tenant's portion of the rental payment, rental assistance cannot be provided to a program participant who is receiving tenant-based rental assistance, or living in a housing unit receiving project-based rental assistance or operating assistance, through other public sources.

#### **4. Rental Agreement and Lease**

Short- and medium-term rental assistance requires both a rental assistance agreement between the subgrantee and landlord **and** a lease between the program participant and landlord. Subgrantees are required to make rental assistance payments only to a landlord with whom Subgrantee has entered into a rental assistance agreement. The rental assistance agreement sets out the terms under which rental assistance will be paid. A rental assistance agreement is a separate document from the rental lease. There is no requirement that the term of the lease coincide with the term of the rental assistance agreement as long as they are both in effect during the time ESG-funded rental assistance is provided. (The exception is that no current lease is needed for payment of rent arrears.)

A rental assistance agreement must set forth the terms under which rental assistance will be provided, including the following requirements:

- The landlord shall give the agency a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant;
- Payment due date, grace period, and late payment penalty requirements will be the same as documented in the program participant's lease;
- If the rental assistance is tenant-based or project-based;
- If the subgrantee incurs late payment penalties, it is the sole responsibility of the agency to pay those penalties, using non-ESG funds;
- If the subgrantee requires the program participant to pay a portion of the monthly rental cost, the amount of rent to be paid by each party;
- The amount to be paid by the subgrantee for payment of rent arrears, number of months covered, any other terms and conditions of the payment, and certification the program participant is eligible and landlord has provided sufficient evidence of the rent arrears and that payment of such arrears is necessary for the participant to obtain permanent housing and maintain stability in that housing.

Each program participant receiving rental assistance must have a legally binding, written lease for the rental unit, unless the assistance is solely to pay rent arrears. The lease must be between the landlord and program participant and signed by both parties. Where the assistance is solely for rental arrears, an oral agreement may be accepted in place of a written lease, if the agreement gives the program participant an enforceable leasehold interest under state law and the agreement and rent owed are sufficiently documented by the owner's financial records, rent ledgers, or canceled checks.

For program participants living in housing with project-based rental assistance, the lease must have an initial term of one year. Subgrantee must terminate the rental assistance agreement and provide no further rental assistance payments if: the program participant moves out of the leased housing unit; the lease terminates and is not renewed; or the program participant becomes ineligible to receive ESG rental assistance.

## **5. Rent Reasonableness Determination**

Subgrantee must determine whether the gross rent of a particular unit is a reasonable rent in comparison to rent for other comparable unassisted units. To make this determination, subgrantee must consider 1) the location, quality, size, unit type, and age of the contract unit; and 2) any amenities, housing services, maintenance and utilities to be provided by the owner in accordance with the lease. The unit's gross rent must be comparable to the rent reasonableness rent for the unit to be considered for rental assistance.

Subgrantee must determine the review method(s) they will use to establish the rent reasonableness standards for their area (e.g.; A list of comparable rents can be compiled by using a market study of rents charged for units of different sizes or by reviewing advertisements for comparable rental units). To learn how public housing authorities establish rent reasonableness for the Housing Choice Voucher program, review Chapter 9 of the HUD Housing Choice Voucher Program Guidebook. The link to the Guidebook is in the appendices of this manual.

Comparable rents vary over time with market modifications. Rent Reasonableness standards must be reviewed periodically and adjusted to align with these rent market changes. The Rent Reasonableness review completed for each unit must be documented in the client case file.

## **6. Fair Market Rent (FMR) Requirement**

HUD establishes FMRs to determine rent ceilings for HUD-funded rental assistance programs. HUD publishes the FMR schedule annually for 530 metropolitan areas and 2,045 non-metropolitan county areas. The link to HUD's FMR index is included in the appendices in this manual.

Gross rent for units in which ESG provides rental assistance must be the same or less than the FMR for that location. If subgrantee's service area includes more than one county, subgrantee must use the appropriate FMR for the county in which the assisted rental unit is located. The

applicable FMR data should be copied and placed in the client file to document the FMR for that participant's unit size and geographic area.

## **7. Calculating Gross Rent**

Whether a household is seeking to maintain its current housing or relocate to another unit to avoid homelessness, or exiting homelessness into new permanent housing, the process for determining acceptable rent amounts is the same: the gross rent (rent plus appropriate utility allowance) must 1) be no greater than the Fair Market Rent set by HUD and 2) fit within the limitations resulting from a rent reasonableness analysis. The rent for the unit being assisted with program funds cannot exceed the lesser of the FMR or the rent reasonableness standard. If the gross rent for the unit exceeds either the rent reasonableness standard or FMR, the subgrantee is prohibited from using ESG funds for any portion of the rent, even if the household is willing and/or able to pay the difference.

Fair Market Rent and rent reasonableness requirements do not apply when a program participant receives only financial assistance or services. This includes rental application fees, security deposits, utility payments/deposits, moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, legal services, and credit repair.

A utility allowance is a projection of the cost of utilities the client will pay monthly while renting their unit. Subgrantee must determine the amount of utility allowance to be used in the calculation of gross rent. The local public housing authority maintains a utility allowance chart which considers the number of bedrooms and types of utilities in a unit (e.g.; gas and/or electric, water, sewer, and trash). Any utilities included in the rent payment must not also be included in the utility allowance calculation. Telephone, cable or satellite television service, and internet service are not counted as utility costs.

$$\begin{array}{r} \textbf{To calculate the gross rent of a unit:} \\ \text{Total contract rent amount of the unit} \\ + \\ \text{Allowable* fees required for occupancy under the lease} \\ + \\ \text{Monthly utility allowance established by local public housing authority} \\ = \\ \text{Gross Rent Amount} \\ \text{*excludes late fees and pet fees} \end{array}$$

### **Example:**

A case manager wants to rapidly re-house a mother and son and has identified a 2-bedroom unit at a rent of \$1,200 per month, not including utilities. The utility allowance for that size and type of unit is \$150. Therefore, the gross rent is \$1,350. A check of three similar units in the neighborhood reveals that the reasonable rent is \$1,400 for that area of the city. However, the FMR for the jurisdiction is \$1,300. This means the household cannot be assisted with ESG in this unit because the gross rent exceeds the FMR.

Once a housing unit is determined to meet the FMR and rent reasonableness requirements, program funds may be used to pay for the actual utility costs. The utility allowance calculation is only used to determine whether the unit meets the FMR standard.

## **8. Eligibility Re-certification**

Reassessments are required for homelessness prevention and rapid re-housing participants. Homelessness prevention reassessments are required every three months and must verify that a household continues to have an annual income at or below 30% of area median income and lacks the resources or support to retain or obtain appropriate permanent housing. Rapid re-housing assessments are required at least once per year to verify that a household's income is at or below 30% area median income and they lack the resources and support networks to retain or obtain appropriate permanent housing. If a program participant informs the subgrantee of a change in income there is no immediate effect on the program participant's eligibility and assistance can continue at the discretion of the subgrantee until the next required re-evaluation. There is no HUD or OCD requirement that the client notify the subgrantee of changes to income prior to the required re-evaluations, as specified above.

## **9. Housing Stability Case Management**

ESG funds may be used to pay the cost of assessing, arranging, coordinating and monitoring the delivery of individualized housing stabilization services to a program participant already in permanent housing (not to exceed 24 months) or to assist a program participant to overcome immediate barriers to obtaining housing (not to exceed 30 days). Subgrantees are encouraged to provide case management to all clients receiving homelessness prevention and rapid re-housing services. Clients receiving short- and medium-term rental assistance are required to be case-managed and have a housing stability service plan. Case management includes the following services:

- Using a coordinated entry process (upon the CoC's development or approval of this system);
- Conducting initial evaluation, including verification and documentation of eligibility;
- Developing, securing and coordinating services;
- Obtaining federal, state, and local benefits;
- Monitoring and evaluating participant's progress in the program;
- Developing an individualized housing stability service plan; **and**
- Conducting re-evaluations of participant's eligibility and types and amounts of assistance needed.

## E. Homeless Management Information System (HMIS)

### 1. Reporting Requirements

ESG funded client and activity data must be entered into the HMIS (ServicePoint) or alternative database for clients who are victims of violence. Data entry and reporting expectations include:

- Timely and accurate data entry into the HMIS ;
- Acquiring and documenting informed written consent from program participants;
- Protecting program participants' confidentiality;
- Using the HMIS as a tool to analyze data to inform and improve the delivery of services.

### 2. Victim Services Data Collection

Victim service providers are prohibited from entering data in HMIS; however, they are required to maintain comparable databases of their own design which provide aggregate information and data consistent with HMIS data collection requirements. Projects serving survivors of domestic violence where the recipient is not a victim services provider are required to enter data in their HMIS.

## F. Ineligible Activities and Assistance

Ineligible activities that cannot be funded with ESG include, but are not exclusive to:

- replacement of existing mainstream resources;
- payments made directly to program participants;
- payments on a mortgage or land contract;
- payment of rent for eligible individuals or families for the same period of time and for the same cost types being assisted through any other federal, state, or local housing subsidy program;
- payments on credit card bills or other consumer debt, including child support or garnishments;
- provision of cash assistance;
- payment of costs of discharge planning programs in mainstream institutions such as hospitals, nursing homes, jails, or prisons; **and**
- payment for religious activities (**Note:** While organizations that are religious or faith-based are eligible to receive ESG funds, religious activities must be conducted separately, in time and location, from ESG-funded activities and participation must be voluntary for program participants).

## IV. Housing and Facility Standards

### A. Occupancy Standards

Occupancy standards provide consistent criteria for determining the size of the permanent housing unit for which the household is eligible and thus, the amount of assistance to be provided.

Subgrantee may choose to use the occupancy guidelines set by the Housing Choice Voucher Program, 24 CFR 982 Subpart I: 982.401(d), or develop their own standards. Subgrantee must develop a written policy outlining their occupancy standards requirements and use those standards consistently.

There may be circumstances where it is not appropriate for two persons to share a bedroom. As examples, these occur when the household includes:

- Persons of different generations, persons of the opposite sex, and unrelated adults;
- A live-in care attendant who is not a member of the household; or
- Members with medical problems who need privacy or space for medical equipment.

### B. Habitability Standards

All housing units supported with program funds must meet HUD Habitability Standards. Habitability Standards are different from the Housing Quality Standards (HQS) used for HOME and HOME TBA programs. Because the HQS criteria are more stringent than the Habitability Standards, subgrantee could use either standard for shelter or rental assistance funded with ESG. Housing also needs to be compliant with local housing codes relating to occupancy, health, and safety standards and the program must comply with the more stringent of the two.

#### 1. Permanent Housing

Minimum habitability standards for permanent housing include requirements for:

- structure and materials;
- personal space and security;
- interior air quality;
- water supply;
- sanitary facilities;
- heating and cooling operating equipment;
- natural and electrically produced light;
- area for food preparation;
- safe and sanitary project maintenance; **and**
- fire safety.

For households moving into a new unit, the unit must meet habitability standards before the lease is signed and the household moves in. For households already residing in a unit, the unit must meet habitability standards before financial or rental assistance can be provided.

## **2. Shelters**

In addition to established housing codes, habitability standards for shelters in which ESG funds are used for conversion, major rehabilitation or renovation, or shelter operations include requirements for the following:

- structure and materials;
- access to and within the shelter;
- personal space and security;
- interior air quality;
- water supply;
- sanitary facilities;
- heating and cooling operating equipment;
- natural and electrically produced light;
- area for food preparation;
- safe and sanitary facility maintenance; **and**
- fire safety/smoke detectors.

## **C. Lead-Based Paint Requirements**

Federal lead-based paint requirements apply any time federal funds are used for housing assistance and the living space or unit was built prior to 1978. The Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M and R apply to all shelters assisted with ESG funding and all housing occupied by program participants.

Subgrantee must provide the lead hazard information pamphlet to any resident who will be residing in a unit built before 1978. The tenant must receive the pamphlet before moving into the unit. If subgrantee can document the tenant received the pamphlet previously, subgrantee is not required to provide it again.

For units older than 1978 which will house one or more children under the age of 6, landlord and tenant must complete a Lead-Based Paint Disclosure form. The form describes any known current or previous lead-based paint hazards, and documents tenant's receipt of records and the lead hazard information pamphlet. Additionally, a visual lead-based paint assessment must be completed by a person trained in this inspection process. The inspection may be completed in conjunction with the habitability inspection if the inspector is qualified. At Intake, it should be noted on the Application Form if there will be any child in the household younger than 6

years. This information should be provided to the habitability inspector prior to their examination of the proposed rental unit.

Essential service activities, such as, counseling, case management, street outreach, referrals to employment, etc., are exempt and excluded from the lead-based paint inspection requirements.

## **V. Client Confidentiality**

### **A. General Requirements**

All information about the applicant/client is confidential. Disclose information only for the purpose of determining program eligibility, providing benefits, or investigating possible violation of federal, state and local regulation(s) associated with ESG delivery and never in a setting where members of the public can hear the conversation.

Subgrantees must have policies and procedures that ensure all client information and records are secure and confidentially maintained. Subgrantees' officers, employees and agents must be aware of and comply with subgrantees' confidentiality policies and procedures.

### **B. Electronic Confidentiality**

Electronic collection of client information requires procedures for ensuring confidentiality. The following guidelines apply to the use of a computer:

- The computer terminal(s) used must be located in a secure location, limiting access to only those persons who have a legitimate interest in and are responsible in viewing client records.
- The computer monitor must be cleared (or a screen saver activated) immediately after accessing a client record.
- The computer terminal must be on a "locked" mode or turned off if the terminal is unattended.
- Access to the HMIS program shall be given to authorized staff persons and only insofar as access is necessary for performing the work required for the ESG program.

### **C. Victims of Domestic Violence**

Subgrantee must implement procedures to ensure confidentiality of records pertaining to any individual who is provided family violence prevention or treatment services. Victim information cannot be disclosed to any third party without consent of the victim.

Victim service providers are prohibited from entering data in HMIS; however, they are required to maintain comparable databases of their own design which provide aggregate information and data consistent with HMIS data collection requirements. Projects serving survivors of domestic violence where the recipient is not a victim services provider are required to enter data in their HMIS.

Subgrantee must instruct all staff that the address of a domestic violence provider's shelter location will not be made public without permission of the provider.

## **D. Release of Information**

Client information (including identifying the person is a client) should not be released without written authorization from the client. A Release of Information form must be completed by the applicant at the time of intake.

Client refusal to provide such authorization cannot be the basis for denying program services to otherwise eligible clients.

Release forms must be time-limited and specific as to with whom and what information will be shared.

## **VI. Termination, Grievance and Conflict of Interest Policies**

### **A. Termination or Denial of Assistance**

Subgrantee must have written denial, termination, and grievance policies and procedures. The policies and procedures should be readily available to program participants either in writing or by posting them in a public place. Copies and explanation of the policies and procedures be provided directly to any client when denial, termination or other action affects the client's ability to receive assistance. The notice must provide the specific reason(s) for the action and provide a process the applicant can follow to request a review of the decision.

If subgrantee is terminating rental assistance to the program participant, they must immediately notify the landlord of the date rental assistance for their tenant will end.

Termination from assistance does not prevent subgrantee from providing further assistance, later, to the same household or individual if they are determined eligible for such assistance.

### **B. Grievance and Appeals Process**

Subgrantee is required to have an established process for addressing client grievances for decisions, including termination or reduction of benefit, denial of benefit or other grievance. At a minimum, the process must include the following components:

- Informs the participant/applicant of the policy and documents participant/applicant acknowledgement of grievance procedure in client file;
- Informs the participant/applicant that they may contest any decision that denies (for any reason) or limits eligibility of participant/applicant and/or terminates or modifies any benefits;
- Allows any aggrieved person a minimum of thirty days within which to request an administrative review;
- Informs the applicant/participant of their right to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the decision;
- Informs the applicant/participant and OCD in writing of the final determination and basis for the decision within ten days of the determination.

Any person or persons designated by subgrantee can complete the administrative review, other than the person who made or approved the decision under review or a subordinate of this person. OCD retains the right to require modification of any review or appeals process that in its determination does not meet basic principles for notification, instruction, time allowance, impartiality and access. Subgrantees must make accommodations for clients who have language or disability barriers that would prevent them from participating in the appeals process.

See Appendix 3: Shelter Network Grievance and Appeals Process for additional information on the termination and grievance policies and procedures.

## **C. Conflict of Interest**

### **1. Organizational**

The provision of any type or amount of ESG assistance may not be conditioned on an individual's or household's acceptance or occupancy of emergency shelter or housing owned by subgrantee or an affiliated organization. A subgrantee is prohibited from conducting a participant's intake assessment to determine program eligibility if the participant resides in housing where the subgrantee has ownership interest. Subgrantee would need to find another independent organization that is also an ESG grantee to do the intake assessment and ensure that all program participants are eligible even if the subgrantee has a waiver of the conflict of interest requirements. Conflict of interest waivers regarding rent assistance and rental agreement requirements can only be approved by HUD. If a subgrantee wishes to apply for a waiver, they should contact the OCD homeless program coordinator or manager for guidance in submission of a waiver request which must be approved by OCD who will then submit to HUD. See 24 CFR 576.404(a).

Subgrantee must keep records to show compliance with ESG program organizational conflicts-of-interest requirements.

### **2. Individual**

For the procurement of goods and services, subgrantee must comply with the codes of conduct and conflict of interest requirements under 24 CFR 85.36 (for governments) or 24 CFR 84.42 (for private nonprofit organizations).

Persons for whom the Conflict of Interest requirements apply include any person who is an employee, agent, consultant, officer, or elected or appointed official of the subgrantee agency. No person who exercises or has exercised any functions or responsibilities with respect to activities assisted under the ESG program, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under the Program, may obtain a financial interest or benefit from an assisted activity; have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity; or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has family or business ties, during his or her tenure or during the one-year period following his or her tenure.

Upon the written request of OCD, HUD may grant an exception to the provisions of this paragraph on a case-by-case basis. Subgrantees wishing an exception must submit requests to OCD for review and forwarding to HUD. There is no guarantee that an exception will be approved.

## **VII. Fair Housing**

### **A. Affirmative Outreach**

Subgrantee must communicate and make known that use of ESG funded facilities, assistance and services are available to all on a nondiscriminatory basis. All individuals, including transgender individuals and other individuals who do not identify with the sex they were assigned at birth, must receive equal access to program, benefits, services and accommodations in accordance with their gender identity without being subjected to intrusive questioning or being asked to provide documentation, in accordance with the HUD final rule entitled "Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs."

Subgrantee must develop and implement affirmative outreach written procedures and communication tools and materials to inform persons without regard to race, color, ethnicity, religion, sex, gender, sexual orientation, age, national origin, familial status, or disability, how to obtain access to facilities and services. If it appears the procedures subgrantee intends to use to accomplish this will not reach persons of any particular race, color, religion, sex, gender, sexual orientation, age, national origin, familial status, or disability who may qualify for those activities and services, subgrantee must establish additional procedures to ensure those persons are made aware of assistance opportunities.

Reasonable accommodations for persons with disabilities must be available in order to ensure disabled participants have an equal opportunity to utilize housing, including shelters, and receive essential services. Greater levels of accessibility may be required for some shelters in compliance with The Americans with Disabilities Act.

### **B. Nondiscrimination**

Subgrantee is required to comply with all state and federal statutes relating to nondiscrimination, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act, and Title III of the American with Disabilities Act. Subgrantee may not take any of the following actions based on race, color, national origin, religion, gender, familial status, disability, marital status, source of income, sexual orientation, including gender identity, honorably discharged veterans/military status, and survivors of domestic violence:

- Refuse to rent housing or provide services
- Make housing or services unavailable
- Deny a dwelling or service
- Set different terms, conditions or privileges for rental of a dwelling or obtaining services
- Provide different housing services or facilities or different services
- Falsely deny that housing is available for inspection or rental or that services are available
- Deny anyone access to a facility or service.

## VIII. Recordkeeping

### A. Client File Documentation

Sufficient records must be established and maintained to enable OCD and HUD to determine whether ESG requirements are being met. Subgrantee must make sure any subrecipients assisting subgrantee with the ESG program also maintain appropriate and complete records.

Documentation of client eligibility and services received must be maintained in printed or electronically-saved client case files, including files for applicants found to be ineligible. File documentation will be the basis of OCD monitoring to ensure subgrantee is in compliance with program requirements and HUD regulations.

At the minimum, client files must contain the following, if applicable to subgrantee's service to the program participant:

- Verification of use of coordinated entry;
- Signed Release of Information;
- Intake form and assessment of household needs;
- homeless or at risk of homelessness verification;
- Evidence applicant has no subsequent housing options and lacks sufficient resources to retain housing, but is not homeless;
- Rent Reasonableness documentation;
- Habitability Standards verification;
- Lead-based Paint visual assessment;
- Signed Lease Agreement;
- Signed Rental Assistance Agreement;
- Verification of client income and assets;
- Amount and type of essential emergency shelter services provided;
- Re-evaluations of eligibility;
- Housing Plan and housing assistance provided;
- Verification of outstanding rent arrears;
- Case notes;
- Evidence of referrals;
- Documentation of payments made on client's behalf; **and**
- Written notice of program termination.

## **B. Electronic Files**

If client file documents and signatures or policy documents are collected and maintained electronically, required documentation must be made available to OCD in paper form when requested.

## **C. Records Retention**

Subgrantees shall retain all program records pertinent to client services and expenditures paid with ESG funds in a manner consistent with the requirements of state and federal law.

Currently, program records including client files must be retained for five (5) years. Program records for major rehabilitation or conversion of emergency shelter buildings must be retained for at least ten (10) years from the date that ESG funds were first obligated. Fiscal records, which include books, documents, papers, plans, and agency records that document all program expenditures, must be retained for a minimum of six (6) years, or such longer period as may be required due to any audit, controversy or litigation arising out of, or relating to, program use.

## **VIII. Financial Management**

### **A. Administration**

Administration will be used for costs related to the planning and execution of the ESG activities. The total amount for administration will be 7.5 percent of the total allocation of ESG funding grant. Match funding for this activity will be provided under other ESG funded activities (i.e. Street Outreach, Emergency Shelter, Homeless Prevention and Rapid Re-housing Activities). Administrative dollars will be retained by the Office of Community Development, and match support for this activity will be provided by awarded agencies in conjunction with other homeless activities.

### **B. Match**

Washington County ensures that 100 percent of the Emergency Solutions Grant received is matched with equal resources. Subgrantee must submit match documentation to OCD quarterly and provide a description of the nature of the reported matching expenses and a certification that the match funds were used for ESG-eligible expenses. In addition, at the annual monitoring, OCD will pull samples of match documentation for verification purposes. The match may be cash or an in-kind amount, but cannot be counted as satisfying the matching requirement of another federal grant. Currently, the subgrantee provides state government cash sources as match for the Washington County ESG program. Types of match that may be accepted include:

- Cash contributions expended for allowable costs including staff salaries and fringe benefits
- Noncash contributions
- Services provided by volunteers are matched at the current minimum wage salary unless the recipient can verify a higher rate of pay for current employees performing similar work
- Real property, equipment, goods or services that if the recipient had to pay for them with grant funds, the payments would have been indirect costs
- The value of donated goods and services such as clothing, food, diapers, haircuts, etc. The value placed should be consistent with 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Final Guidance.
- Costs paid by program income provided the costs are eligible ESG costs that supplement the recipient's ESG program.

All sources listed as match must meet these criteria:

- The matching contribution must be made after the date that HUD signed the ESG Grant Agreement;
- Cash contributions must be expended within the expenditure deadline in 576.203;

- Non-cash contributions must be made within the expenditure deadline in 576.203.
- Contributions used to match a previous ESG grant may not be used to match a subsequent ESG grant;
- Contributions that have been or will be counted as satisfying a match requirement of other federal funds may not be used as match for ESG funding;
- The matching funds must be used for ESG eligible clients and activities; and
- If ESG funds are used to satisfy matching requirements of another federal program, funding from that program cannot be used to satisfy the matching requirements of ESG.

## **C. Funds Disbursement**

Subgrantee will be expected to fully obligate or expend ESG funds from a previous funding cycle before spending funds from a current funding cycle. OCD will review subgrantee's ESG spending. Subgrantee must retain supporting documentation of all costs charged to the ESG grant and be able to provide evidence that grant funds were spent on allowable costs.

24 CFR 576.203(b) requires a recipient to draw down and expend funds not less than once during each quarter of the recipient's program year. OCD schedules draw downs on a quarterly basis throughout the program year using a scheduling spread sheet. Quarterly draws will occur no later than 30 days after the end of the quarter.

## **IX. Monitoring**

### **A. Process**

OCD staff views monitoring not as a once-a-year or a periodic exercise, but as an ongoing process involving continuous communication and evaluation of financial records. Such a process involves frequent telephone/email contacts, written communications, analysis of reports and audits, and periodic meetings as needed. It is the responsibility of OCD staff to keep fully informed concerning sub-recipient's compliance with program requirements and the extent to which technical assistance is needed. The overriding goal of monitoring is to determine compliance, prevent/identify deficiencies and design corrective actions to improve or reinforce Sponsor performance. As part of this process, OCD staff must be alert for fraud, waste and mismanagement or situations with potential for such abuse. Where possible, any identified deficiencies in need of corrective action should be handled through discussion, negotiation, or technical assistance in a manner that maximizes local discretion. Monitoring also provides opportunities to identify program participant accomplishments as well as successful management, implementation, and evaluation techniques that might be replicated by other Sponsors.

Through on-site and desk monitoring, the reviewer can determine whether the program participant's performance meets program requirements and improve program participant performance by providing guidance and making recommendations. The specific purposes of monitoring are to:

- Validate the accuracy of information presented by the program participants;
- Follow-up on problems identified during the monitoring visit;
- Determine compliance for those activities where there is sufficient information to make eligibility determinations;
- Evaluate the reasonableness of judgments made for those activities that necessarily involve high levels of program participant judgment;
- Ascertain the Sponsor's ability to ensure that activities carried out meet compliance requirements;
- Verify the accuracy of the program participant's records; and,
- Identify apparent causes of any problem(s) and offer recommendations for corrective actions.

OCD will monitor subgrantee's program annually. Fiscal monitoring will be conducted annually unless an earlier review is warranted. After the monitoring visit, OCD will provide subgrantee with a written monitoring report inclusive of any findings, concerns or comments. Subgrantee must provide timely corrective action to findings.

## **B. Subgrantee Monitoring of Subrecipients**

Subgrantee shall perform onsite monitoring their subrecipients annually. Subgrantee must maintain and provide access to subrecipient written monitoring procedures and reports as requested by OCD.

## **C. Records Access**

Subgrantee and its subrecipients shall permit OCD, HUD, and the duly authorized representatives of such entities access to, and the right to copy, all program client and fiscal records for such purposes as research, data collection, evaluations, monitoring, and auditing. At the sole discretion of OCD, access to records shall include the removing of records from subgrantee's office. Access to records is not limited to the required retention period, but last as long as the records are retained.

## Appendix 1: Applicable Rules and Regulations

All the following as may be amended from time to time:

1. 24 CFR 5 subpart F: [Occupancy Requirements for Section 8 Project-Based Assistance](#)
2. 24 CFR part 91: [Consolidated Submissions for Community Planning and Development Programs](#)
3. 24 CFR part 576: [Emergency Solutions Grant Program](#)
4. 24 CFR part 121: [Homeless Management Information System \(HMIS\)](#)
5. 24 CFR part 982: [Fair Market Rent and Rent Reasonableness](#)
6. [HMIS Manual](#)
7. Community Connect Policy and Written Standards:  
<http://www.co.washington.or.us/Housing/EndHomelessness/upload/578-7a-OR506CoC-Community-Connect-Policy-and-Written-Standards-3.pdf>
8. This manual as a guideline for ESG program management.
9. Lead-Based Paint: <http://www2.epa.gov/lead> and [24 CFR part 35](#)
10. Lead-Based Paint pamphlet:  
[http://portal.hud.gov/hudportal/documents/huddoc?id=DOC\\_11875.pdf](http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_11875.pdf)
11. Annual Median Income:
12. <https://www.hudexchange.info/resource/3679/hud-income-limits/HUD> Resource Exchange: <https://www.hudexchange.info/esg/>
  - ESG program guidance
  - Federal regulations
  - Tools and technical assistance
  - Listserv opportunities
  - Frequently Asked Questions
13. Personal Responsibility and Work Opportunity Reconciliation Act of 1996:  
<http://www.gpo.gov/fdsys/pkg/PLAW-104publ193/content-detail.html>
14. [CFRs](#) cited are amended from time to time and can be found at:  
<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=%2Findex.tpl>
15. [OMBs](#) cited are amended from time to time and can be found at:  
[http://www.whitehouse.gov/omb/circulars\\_default](http://www.whitehouse.gov/omb/circulars_default)

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## Appendix 2: Income Eligibility Guidance

The requirements for determining whether a family is eligible for assistance, and the amount of rent the family will pay, requires the lead agency to project or estimate the annual income that the family expects to receive. Generally the agency must use current circumstances to anticipate income. Annual income is projected by annualizing current income. Income that may not last for a full 12 months (e.g. unemployment compensation) should be calculated assuming current circumstances will last a full 12 months. If changes occur later in the year, an interim recertification can be conducted to change the family's rent. If information is available on changes expected to occur during the year, use that information to determine the total anticipated income from all known sources for the year.

Convert all income to an annual figure by multiplying the pay rate by the frequency of payment.

- Multiply hourly wages by the number of hours worked per year. Full-time employment (40 hours a week and no overtime) is 2,080 hours (40 hrs X 52 weeks = 2080 hours). (10 hours a week X 52 weeks = 520 hrs per year).
- Multiply weekly wages by 52.
- Multiply bi-weekly wages by 26.
- Multiply semi-monthly wages by 24.
- Multiply monthly wages by 12.
- Multiply daily wages by 260 (full time/no overtime).
- To convert monthly amount to weekly, divide by 4.3.
- Round up to the nearest dollar at .50 and above (except SS payments, which are always rounded down).

Calculating Unemployment Benefits:

- Multiply gross weekly benefit by 52 weeks, regardless of the number benefit weeks remaining; and
- When the family reports the benefits have ceased, complete an Interim Revision to adjust annual income.

Calculating Wages/Salary - Anticipated gross amounts prior to payroll deductions or garnishments, including:

- All employment sources;
- Overtime;
- Commissions;
- Bonuses
- Tips or other compensation for personal services;
- Projected pay increases/raises.

## **Irregular Income**

Irregular income is defined as income received in an unpredictable or sporadic manner, such as income from seasonal employment, temporary work agencies, child support, or alimony. If the family has a history of irregular income, you may use the family's past income history to determine how to project such income forward.

When determining such income divide the year-to-date (YTD) total provided by the amount of actual weeks the total covers to receive an average weekly income. Multiply the weekly income amount by 52 (weeks).

## **Part 5 Definition of Income**

The Part 5 definition of annual income is the gross amount of income of all adult household members that is anticipated to be received during the coming 12-month period. This definition sounds straightforward, but there are several specific issues related to the calculation of Part 5 annual income.

The words highlighted above are key parts of the following phrases, which are essential to understanding the requirements for calculating Part 5 annual income.

- **Gross amount.** For the types of income counted in the Part 5 definition, gross amounts (before any deductions have been taken) are used.
- **Income of all adult household members.** The Part 5 definition contains income "inclusions" (types of income to be counted) and "exclusions" (types of income that are not considered) for all adult members of a household.
- **Anticipated to be received.** Part 5 annual income is used to determine eligibility and the amount of Federal assistance a family can receive. A PJ must, therefore, use a household's expected ability to pay, not their past earnings, when estimating housing assistance needs.

## **Background on Using Part 5**

The HOME Program previously required PJs to use only the Section 8 Program definition of annual income to determine the eligibility of applicants to their HOME programs.

The rules concerning Section 8 annual income were previously found at 24 CFR Part 813. However, Part 813 was removed from the Federal regulations on October 18, 1996. At the same time, 24 CFR Part 5 was published. Subpart F of Part 5 consolidated the requirements pertaining to income for many of HUD's programs, including Section 8.

Currently, the definition of annual income found at 24 CFR Part 5 is used by a variety of Federal programs, including:

- the HOME Investment Partnership Program,
- the Community Development Block Grant Program,

- the Section 8 Program,
- public housing programs, and
- the Low Income Housing Tax Credit Program.

Within each of these programs, the Part 5 definition of annual income can be used to determine program eligibility and, in some programs, the level of assistance the household will receive.

In some cases, two or more Federal programs may provide assistance to a single program or project at the local level. When this is the case, the PJ should be careful to choose a definition for income determinations that is permitted in all of the relevant Federal programs.

**CPD's Income Eligibility Calculator** is an interactive tool that assists in determining the income eligibility and assistance amounts for beneficiaries of CPD programs. Simply enter the requested data and this calculator will work behind the scenes to generate a summary of results for each beneficiary. You should then print out the summary and include it as part of the beneficiary's file:

I. <https://www.onecpd.info/incomecalculator/>

## II. Whose Income to Count

Under the Part 5 definition of annual income, income from certain groups of people requires special consideration when calculating a household's annual income. Click on the key words below for more information on how to count the income of the following categories of people:

- [Minors](#) (age 17 and under)
- [Live-in aides](#)
- [Persons with disabilities](#)
- [Temporarily absent family members](#)
- [Permanently absent family members](#)
- [Adult students living away from home](#)

## III. Types of Income to Count

A list of the Part 5 income "inclusions" and "exclusions" is published in the Code of Federal Regulations at 24 CFR 5.609. This list is periodically updated by HUD when changes are made to the Part 5 definition of annual income by the United States Congress.

Welfare assistance is generally counted in the Part 5 definition of annual income. Most PJs will therefore use the actual gross amount of welfare assistance the household receives in the calculation of "annual income". However, in certain "as-paid" localities a special calculation is required.

**Part 5 Inclusions** This table presents the Part 5 income inclusions as stated in the Code of Federal Regulations:

| General Category                           | Statement from 24 CFR 5.609 paragraph (b) (April 1, 2004)   |
|--|---|
| 1. Income from wages, salaries, tips, etc. | The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.   |
| 2. Business Income                         | The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.   |
| 3. Interest & Dividend Income              | Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. |
| 4. Retirement & Insurance Income           | The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in number 14 of Income Exclusions).   |
| 5. Unemployment & Disability Income        | Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay (except as provided in number 3 of Income Exclusions).   |
| 6. Welfare Assistance                      | <p>Welfare Assistance. Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income:</p> <ul style="list-style-type: none"> <li>• Qualify as assistance under the TANF program definition at 45 CFR</li> </ul>   |

|  |  |
|--|--|
|  | <p>260.31; and</p> <ul style="list-style-type: none"> <li>• Are otherwise excluded from the calculation of annual income per 24 CFR 5.609(c).</li> </ul> <p>If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:</p> <ul style="list-style-type: none"> <li>• the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; <b>plus</b></li> <li>• the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is reduced from the standard of need by applying a percentage, the amount calculated under 24 CFR 5.609 shall be the amount resulting from one application of the percentage.</li> </ul> |
| 7. Alimony, Child Support, & Gift Income | Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.   |
| 8. Armed Forces Income                   | All regular pay, special day and allowances of a member of the Armed Forces (except as provided in number 7 of Income Exclusions).   |

**Part 5 Exclusions** -This table presents the Part 5 income exclusions as stated in the Code of Federal Regulations:

| General Category                    | Statement from 24 CFR 5.609 paragraph (c) (April 1, 2004)  |
|-------------------------------------|--|
| 1. Income of Children               | Income from employment of children (including foster children) under the age of 18 years.  |
| 2. Foster Care Payments             | Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).  |
| 3. Inheritance and Insurance Income | Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in number 5 of Income Inclusions).  |
| 4. Medical Expense Reimbursements   | Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.  |
| 5. Income of Live-in Aides          | Income of a live-in aide (as defined in 24 CFR 5.403).   |
| 6. Disabled Persons                 | Certain increases in income of a disabled member of qualified families residing in HOME-assisted housing or receiving HOME tenant-based rental assistance (24 CFR 5.671(a)).   |
| 7. Student Financial Aid            | The full amount of student financial assistance paid directly to the student or to the educational institution.  |
| 8. Armed Forces Hostile Fire Pay    | The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.   |
| 9. Self-Sufficiency Program Income  | <ul style="list-style-type: none"> <li>a. Amounts received under training programs funded by HUD.</li> <li>b. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).</li> <li>c. Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program.</li> <li>d. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance,</li> </ul> |

|                                    |   |
|------------------------------------|---|
|                                    | <p>resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time.</p> <p>e. Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program.</p> |
| 10. Gifts                          | Temporary, nonrecurring, or sporadic income (including gifts).  |
| 11. Reparations                    | Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.   |
| 12. Income from Full-time Students | Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).   |
| 13. Adoption Assistance Payments   | Adoption assistance payments in excess of \$480 per adopted child.  |
| 14. Social Security & SSI Income   | Deferred periodic amounts from SSI and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts.   |
| 15. Property Tax Refunds           | Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.   |
| 16. Home Care Assistance           | Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep this developmentally disabled family member at home.  |
| 17. Other Federal Exclusions       | <p>Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions of 24 CFR 5.609(c) apply, including:</p> <ul style="list-style-type: none"> <li>• The value of the allotment made under the Food Stamp Act of 1977;</li> <li>• Payments received under the Domestic Volunteer Service Act of 1973 (employment through VISTA, Retired Senior Volunteer</li> </ul>  |

Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions);

- Payments received under the Alaskan Native Claims Settlement Act;
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians;
- Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes;
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program;
- Payments received under the Maine Indian Claims Settlement Act of 1980 ( 25 U.S.C. 1721);
- The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court and the interests of individual Indians in trust or restricted lands, including the first \$2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands;
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal workstudy program or under the Bureau of Indian Affairs student assistance programs;
- Payments received from programs funded under Title V of the Older Americans Act of 1985 (Green Thumb, Senior Aides, OlderAmerican Community Service Employment Program);
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.);
- Earned income tax credit refund payments received on or after January 1, 1991, including advanced earned income credit payments;
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990;
- Payments received under programs funded in whole or in part under the Job Training Partnership Act (employment and training programs for Native Americans and migrant and seasonal farm workers, Job Corps, state job training programs and career intern programs, AmeriCorps);
- Payments by the Indian Claims Commission to the Confederated

Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation;

- Allowances, earnings, and payments to AmeriCorps participants under the National and Community Service Act of 1990;
- Any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran;
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act; and
- Allowances, earnings, and payments to individuals participating in programs under the Workforce Investment Act of 1998.

#### **IV. Assets Inclusions and Exclusions**

In general terms, an asset is cash or no cash item that can be converted to cash.

Note that when assets are included in the calculation of Part 5 annual income, it is the income earned from the asset - not the value of the asset - that is counted.

##### **Inclusions**

1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance.
2. Cash value of revocable trusts available to the applicant.
3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset. Under HOME, equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.
4. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.
5. Individual retirement and Keogh accounts (even though withdrawal would result in a penalty).
6. Retirement and pension funds.
7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).
8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.
9. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
10. Mortgages or deeds of trust held by an applicant.

##### **Exclusions**

1. Necessary personal property, except as noted in number 8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.
2. Interest in Indian trust lands.
3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset.
4. Equity in cooperatives in which the family lives.
5. Assets not accessible to and that provide no income for the applicant.
6. Term life insurance policies (i.e., where there is no cash value).
7. Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation.

## Appendix 3: Shelter Network Grievance and Appeals Process

### Washington Co. Shelter Network Grievance and Appeal Process

#### Infractions Summary

Each agency or shelter program has written rules, guidelines, and policies and procedures that are specific to their respective agency. A written copy of the rules is provided to each participant by each agency at the time of intake. In the event that a behavior is being observed that could result in a rule infraction, program staff will initially give verbal warnings to the program participant. A verbal warning is intended to be a friendly reminder to correct a behavior that may result in a rule infraction. After a number of verbal warnings (specified at by the agency or facility), Staff will issue a written notice called an *Infraction*.

- Infractions are violations of shelter rules, guidelines, or policies and procedures. Infractions may lead to termination of shelter service.
- Infractions can be appealed using the Grievance and Appeal Process.
- If a Resident receives a specified number of infractions (determined by the agency or facility) they will be given a termination notice that requests that they leave the facility within 24 hours.

#### Termination Summary

There are two different types of Terminations:

1. Termination due to rule infractions – resulting from receiving the allotted number of infractions specified by the agency or facility.
  - Must leave by an agreed upon time the next day or after an appeal requesting an administrative review.
2. Immediate Termination – resulting from a safety concern
  - Must leave within a specified time frame of receiving notice. Resident may request administrative review of the decision for up to 30-days after being asked to leave.

## **Termination Due to Rule Infractions**

Common reasons for infractions that may lead to termination of shelter service:

- Not passing room checks
- Not completing chores at all or on time
- Not participating in program requirements
- Disregard for staff instructions
- Not keeping children in line of site

## **Immediate Termination of Shelter Service**

An Immediate Termination means that you must leave the shelter immediately and you will not be eligible for shelter for a specified period of time depending upon the agency or facility. Immediate Terminations are typically related but not limited to concerns pertaining to the safety of other residents, children and shelter staff.

The following are common reasons for immediate termination:

- Use of alcohol, marijuana or illegal drugs on or off the property;
- A resident found in possession of paraphernalia for use of drugs;
- Missing agency curfew or not returning to the facility;
- Violent, intimidating or harassing behavior, either physical, verbal or sexual, towards agency staff or residents of shelter;
- A resident found in possession of a weapon;
- Engaging in any illegal activity occurring on or off the property;
- Felony arrest or incarceration.

## **Infractions Appeal Process**

At most agencies or facilities you have the right to appeal individual infractions that may result in termination of shelter service. You are encouraged to develop open dialogue with shelter staff about infractions, so as to avoid possible termination of shelter services. If your shelter stay and service is terminated as a result of accumulated infractions, you have the right to appeal termination of shelter service at the time of termination. If you are allowed to remain in the facility during the appeal process, you must continue to follow facility rules.

- To appeal an infraction you must:
  - Submit a written dated and signed appeal to the immediate Supervisor. The Supervisor will review the appeal when submitted and make a decision.
  - If you are not satisfied with the Supervisor's decision, you may resubmit your appeal to the Program Manager.
  - If you are not satisfied with the Manager's decision, you can submit your appeal within 30-days at the Director level. The decision of the Director is final.

### **Termination of Shelter Services**

### **Grievance and Appeals Process**

*Each program has a policy of fair and unbiased treatment of our participants. We do not discriminate on the basis of age, race, color, national origin, religion, gender, familial status, disability, marital status, source of income, sexual orientation, gender identity, veteran/military status, or survivors of domestic violence.*

A grievance is defined as a formal objection or complaint made on the basis of something that a program participant feels is unfair. You have the right to present written or oral objections before a person other than the person who made the decision that is affecting you. You may also contest any decision that denies or limits your eligibility for services. If you are seeking resolution to a complaint regarding staff, program plans, or termination of program services, you may have 30-days to initiate the following Grievance and Appeals Process:

- Discuss the complaint with the staff person involved or with your case manager.
- If you are not satisfied that your complaint has been resolved, or if you cannot discuss the complaint with that person, you may submit your dated and signed concern in writing to the appropriate Supervisor or Manager, depending upon the program. You may also request the option to present your complaint orally. If the program does not have a Supervisor or Manager, continue to the next appropriate staffing level at the respective Shelter Network provider.
- If you are not satisfied that your complaint has been resolved, you may submit the dated and signed concern in writing to the Program Director. You may also request the option to present your complaint orally. The Program Director will respond to you in writing.

- Your final option is to file a written request for administrative review with either the Board of Directors or the Executive Director, depending upon the Shelter Network program. The Board of Directors or the Executive Director will issue a written decision, which will be final.
- The Shelter Network program is required to notify the funder of all participant grievances or requests for administrative reviews, as well as of the final determination and basis for that decision.

| Shelter  | Appeal Levels   |
|--|---|
| <b>Community Action Hillsboro Family Shelter</b> | 1. Staff member involved<br>2. Shelter Supervisor<br>3. Housing & Homeless Services Manager<br>4. Program Director<br>5. Executive Director |
| <b>Good Neighbor Center</b>                      | 1. Executive Director<br>2. Board of Directors  |
| <b>Family Promise</b>                            | 1. Executive Director<br>2. Board of Directors  |
| <b>DVRC</b>                                      | 1. Program Director<br>2. Executive Director<br>3. Board of Directors   |

| Shelter  | Grievance Levels  |
|--|---|
| <b>Community Action Hillsboro Family Shelter</b> | 1. Staff member involved<br>2. Shelter Supervisor<br>3. Housing & Homeless Services Manager<br>4. Program Director<br>5. Executive Director |
| <b>Good Neighbor Center</b>                      | 1. Case Manager<br>2. Executive Director<br>3. Board of Directors   |
| <b>Family Promise</b>                            | 1. Executive Director<br>2. Board of Directors  |
| <b>DVRC</b>                                      | 1. Staff member involved/Case Worker<br>2. Program Director<br>3. Executive Director<br>4. Board of Directors                               |





Washington County Office of Community Development  
328 West Main Street, Suite 100, MS7  
Hillsboro, OR 97123  
Phone (503) 846-8814  
Fax (503) 846-2882  
TTY (503) 846-4598

Internet: <http://www.co.washington.or.us/CommunityDevelopment/index.cfm>