Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: SC-500 - Charleston/Low Country CoC

1A-2. Collaborative Applicant Name: One-Eighty Place

1A-3. CoC Designation: CA

1A-4. HMIS Lead: One-Eighty Place

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	**Affordable Housing Developer(s)**	Yes	Yes	Yes
2.	**Agencies serving survivors of human trafficking**	Yes	Yes	Yes
3.	**CDBG/HOME/ESG Entitlement Jurisdiction**	Yes	Yes	Yes
4.	**CoC-Funded Victim Service Providers**	Nonexistent	No	No
5.	**CoC-Funded Youth Homeless Organizations**	Nonexistent	No	No
6.	**Disability Advocates**	Yes	Yes	Yes
7.	**Disability Service Organizations**	Yes	Yes	Yes
8.	**Domestic Violence Advocates**	Yes	Yes	Yes
9.	**EMS/Crisis Response Team(s)**	Yes	Yes	Yes
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	Yes	No	Yes
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent	No	No
13.	**Law Enforcement**	Yes	Yes	Yes
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	Yes
15.	**LGBT Service Organizations**	Yes	Yes	Yes
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	Yes	No	Yes
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	Yes	Yes
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	Yes	No	Yes
24.	**Organizations led by and serving people with disabilities**	Yes	Yes	Yes
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	No	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	Yes
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Veteran Service Providers and Advocates	Yes	Yes	Yes
34.				

1B-2.	**Open Invitation for New Members.**	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	**communicated the invitation process annually to solicit new members to join the CoC;**
2.	**ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
3.	**conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and**
4.	**invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).**

(limit 2,000 characters)

1) The invitation process is communicated quarterly prior to quarterly general membership meetings and is always available on the CoC's website. Meetings are open to anyone, and membership is free; meeting dates, locations and agendas are advertised via email distribution lists, sent to city/county staff who distribute to their contacts, and available on the CoC's website. CoC members are asked to invite those whom they serve. Specific organizations or people engaged in preventing or ending homelessness but not participating in the CoC are prioritized by the Membership Committee and CoC staff. Staff/ committee members contact and meet with these agencies (Zoom or in-person), provide information on the CoC and invite them to participate. During the pandemic, two new community-wide meetings began being held for those providing safety net services. The CoC actively participated in those meetings and invited organizations to participate in the CoC, resulting in engagement with three organizations not previously participating. Utilizing Zoom for CoC meetings has increased participation; the CoC will continue to offer Zoom as an option to attend meetings.

2) The CoC makes all meeting materials available on its website, which has a translate feature. All meeting documents are available as Word documents or PDFs.

3) The CoC incorporates the invitation process into outreach; outreach workers share meeting information during outreach. The CoC Program Director asks service providers to identify individuals who may want to participate. With permission, the CoC Director then reaches out to those individuals directly and asks for their participation in specific activities (general membership, joining the Governing Council, participation on various committees). 4) Through its race equity work, the CoC identified and contacted organizations led by people of color in the community and specifically asked for their participation and input.

1B-3.	**CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.**	
	NOFO Section VII.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	**solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
2.	**communicated information during public meetings or other forums your CoC uses to solicit public information; and**
3.	**took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.**

(limit 2,000 characters)

1) To ensure a broad range of involvement from those interested in preventing and ending homelessness, the CoC has intentionally recruited Governing Council members and general members throughout the geography (including youth, DV and LGBTQ+- serving organizations). Over the past year, additional effort has been made to recruit members from rural parts of the CoC's geography, those with more recent lived experience of homelessness, people of color and organizations led by people of color. The CoC also requests stakeholder input through email distribution lists, at a wide range of community meetings and advertises all opportunities to provide input and be involved with the CoC on its website.

2) CoC staff and committee chairs (committees are comprised of Governing Council members and general members) are responsible for sharing data, specific initiatives of the CoC, funding availability and availability of services at both CoC and non-CoC-led community meetings, workshops, and forums. Information is provided verbally, in writing and is always available on the CoC's website.

3) Information gathered in meetings is reviewed by CoC staff, researched further, if necessary, and compiled; all this information is shared with the Governing Council. The Governing Council reviews this information and either acts on it or sends it to a committee for further development, including whether new policies or practices are necessary or if adjustments to existing policies or practices need to be made or if new approaches need to be implemented.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1) All information relating to the 2021 NOFO is published on the CoC's website, shared on its Facebook page, sent to the CoC's email distribution list, announced at all community meetings of safety net providers and distributed by local municipalities' community development departments to their email lists.

2) Documents available on the CoC's website explicitly state that the CoC encourages applications from organizations who have not received CoC funding. Additional resources provided to potential new applicants include a New Project Orientation training, Esnaps Tools for new projects, and one-on-one meetings with CoC staff as necessary. CoC staff also provide technical assistance (budget, esnaps troubleshooting) to new applicants.

3) The CoC issued its local RFP on September 20th, which was distributed via email lists, social media and published on the CoC website. The local RFP included funding amounts available, an explanation of the application process and local due dates for the esnaps application and supplemental material, and an overview and timeline of the entire competition.

4) The local RFP explained that all project applications must be reviewed and ranked and accepted or rejected. An explanation of the tiered approach was also included. The CoC distributed and published its Rating and Ranking Tool on the CoC website on 10/7/2021. 5) All materials were posted to the CoC in accessible formats such as Word and PDF. The CoC's website also has a translate feature.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

	In the chart below:
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**
2.	**select Nonexistent if the organization does not exist within your CoC's geographic area.**

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	**Funding Collaboratives**	Nonexistent
2.	**Head Start Program**	Yes
3.	**Housing and services programs funded through Local Government**	Yes
4.	**Housing and services programs funded through other Federal Resources (non-CoC)**	Yes
5.	**Housing and services programs funded through private entities, including Foundations**	Yes
6.	**Housing and services programs funded through State Government**	Nonexistent
7.	**Housing and services programs funded through U.S. Department of Health and Human Services (HHS)**	Yes
8.	**Housing and services programs funded through U.S. Department of Justice (DOJ)**	Yes
9.	**Housing Opportunities for Persons with AIDS (HOPWA)**	Yes
10.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes
12.	**Organizations led by and serving LGBT persons**	Yes
13.	**Organizations led by and serving people with disabilities**	Yes
14.	**Private Foundations**	Yes
15.	**Public Housing Authorities**	Yes
16.	**Runaway and Homeless Youth (RHY)**	Yes
17.	**Temporary Assistance for Needy Families (TANF)**	Yes
	Other:(limit 50 characters)	

18.		

1C-2.	**CoC Consultation with ESG Program Recipients.**	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	**consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;**
2.	**participated in evaluating and reporting performance of ESG Program recipients and subrecipients;**
3.	**provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and**
4.	**provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.**

(limit 2,000 characters)

1) Upon passage of the CARES Act, the CoC began meeting with staff from Charleston County and SC Office of Economic Opportunity (the 2 recipients in the CoC) to strategize on how best to direct CV funds. The CoC recommended recipients prioritize shelter (PPE, safety measures in congregate facilities), non-congregate shelters, community-wide safety measures (sanitizing/handwashing stations, PPE) and rapid re-housing for CV Round 1. For Round 2 and regular ESG, the CoC recommended that recipients prioritize rapid re-housing over homelessness prevention. Data was shared along with recommendations on percentages to allocate to each category of assistance. Ongoing collaboration for both ESG and CV occurs through monthly meetings and calls. A representative from Charleston County serves on the CoC Governing Council. Two CoC representatives serve on the board of the State Interagency Council on Homelessness which includes a representative from the State. CoC staff participate in monthly round table meetings with CV recipients and subrecipients.

2) The CoC provides HMIS CAPER reports to the two recipients in preparation for their CAPER submission to HUD. The CoC monitors ESG and CV sub-recipients' performance through review of data correctness and quality; review of agency policies and procedure; and adherence to CES policies and procedures. The Project Selection Committee reviews past performance along with monitoring results prior to endorsement.

3) The CoC participates in four Consolidated Plan jurisdiction's planning processes. HIC, PIT and customized reports data is submitted to community development staff annually.

4) The CoC's current Governing Council Chairperson has experience writing Consolidated Plans and participates in this process with CoC staff and jurisdictions. Information sharing occurs through individual meetings, written descriptions of CoC activities/services and by providing customized reports as needed.

1C-3.	**Ensuring Families are not Separated.**	
	NOFO Section VII.B.1.c.	

	Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	No
3.	**Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.**	Yes
4.	**Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.**	Yes
5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	No
6.	**Other. (limit 150 characters)**	

1C-4.	**CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.**	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	**how your CoC collaborates with youth education providers;**
2.	**your CoC's formal partnerships with youth education providers;**
3.	**how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);**
4.	**your CoC's formal partnerships with SEAs and LEAs;**
5.	**how your CoC collaborates with school districts; and**
6.	**your CoC's formal partnerships with school districts.**

(limit 2,000 characters)

1) Primary youth education providers in the CoC are the school districts (also the LEAs). The CoC collaborates with these providers by requesting/reviewing aggregate data and sharing data on homeless, school-age children. McKinney-Vento Liaisons, guidance counselors, teachers, and social workers attend CoC general membership meetings, participate on the youth committee and the PIT Count.

2) Formal partnership with youth education providers occurs through McKinney Vento Liaisons Governing Council seats. Two McKinney-Vento Liaisons have seats on the Council.

3) Collaboration with the SC Department of Education (SEA) occurs through the SC Interagency Council on Homelessness (SCICH); the State McKinney Vento Coordinator holds a SCICH Board seat along with two CoC representatives, the Program Director and Governing Council Chair. The SCICH Board and SC Department of Education developed the State's plan to address the education and other needs of homeless children in SC. Collaboration with LEAs (school districts) occurs through data sharing, direct collaboration with McKinney-Vento Liaisons, teachers, guidance counselors and/or social workers, representation on the youth committee and participation in the PIT Count.

4) Formal partnerships with SEAs occur through SCICH and seats on the Governing Council for LEA McKinney-Vento Liaisons.

5) The CoC collaborates with school districts (the primary youth education providers and LEAs) by sharing data, attendance at CoC meetings by McKinney-Vento Liaisons from districts throughout the CoC, guidance counselors, teachers, and social workers as well as representation on the youth committee and participation in the PIT Count. 6) Formal partnership with school districts occurs through the two McKinney Vento Liaisons Governing Council seats.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

The CoC requires all funded agencies to have policies and procedures in place that are consistent with the rights provided by the education subtitle of the McKinney-Vento Act, including: allowing children to remain in the same school even if they move to another attendance zone; allowing the child to enroll without school records, immunization records, etc; ensuring the provision of transportation to/from school; and providing access to additional services, including free school uniforms, meals and supplies. All providers are required to have staff dedicated to helping families access educational services. Program staff must inform participants of their educational rights, ensure they understand those rights and maintain a working relationship with their district's McKinney-Vento Liaison.

The CoC currently has two McKinney-Vento Liaisons serving on its Governing Council to support these efforts. The McKinney Vento Liaisons provide annual training regarding the educational rights of children who are experiencing homelessness. Agency policies and procedures and HMIS data are reviewed during each agency's annual monitoring to ensure families with school-age children are being informed of available services and are being connected to those resources.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No

3.	**Early Childhood Providers**	No	No
4.	**Early Head Start**	No	No
5.	**Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	No	No
6.	**Head Start**	No	No
7.	**Healthy Start**	No	No
8.	**Public Pre-K**	No	No
9.	**Tribal Home Visiting Program**	No	No
	Other (limit 150 characters)		
10.		No	No

1C-5.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	**Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and**
2.	**Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**

(limit 2,000 characters)

1) The CoC coordinates with victim service providers to host a mandatory annual training covering the impact of interpersonal violence and human trafficking, trauma-informed care, victim-centered approaches, local protocols, safety planning, transfers, and privacy for staff of all CoC and ESG-funded agencies. CoC safety and planning protocols and CES standards are updated in consultation with VSPs. Any updates to CES standards are shared with project in a training led by VSP and CE staff (training is mandatory for project staff and conducted any time updates are made).Both CoC VSP providers serve on the CoC Governing Council and CES Committee which helps ensure a trauma-informed and victim-centered lens is used during all CoC planning and training.

2) CE staff are trained quarterly by VSP staff or through online resources on safety, how to engage with survivors, how to connect to DV-specific services and how to make the most appropriate referrals. CoC, CE and outreach staff attend monthly trauma-informed training. VSPs actively participate on the CES committee and provide input on all CES policies and procedures to ensure that survivors have access to services in a safe and trauma-informed manner.

1C-5a.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.**	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

Victim service providers provide data from their comparable database and information collected via their hotline to track inflow into the homeless response system and to track trends. Aggregated, de-identified data provided by VSPs informs the CoC about survivors, their experience with domestic violence, family violence, sexual assault or stalking, presence of any racial disparities and what additional services may be needed in the CoC. This data is incorporated with CES and project level data from HMIS to ensure the CoC has a complete picture of how survivors access services, the availability of appropriate housing interventions, any special needs of survivors, the number in need, including household composition, vulnerability factors and to identify any disparities in service provision or outcomes for people of color.

CoC staff have been working to assist the two VSPs in the CoC build capacity to collect and share data and administer ESG and CoC funding to address the needs of survivors in a state with high rates of domestic violence, which worsened during the pandemic. Strong, collaborative partnerships between the CoC and these providers have developed and have led to more active participation by these providers on the CoC Governing Council and CoC committees. As result of this coordination and data sharing, the two CoC VSPs were endorsed for new ESG-CV funds and, most recently, the DV bonus funds.

1C-5b.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	**prioritize safety;**
2.	**use emergency transfer plan; and**
3.	**ensure confidentiality.**

(limit 2,000 characters)

1) Staff at all access points are trained in safety planning and utilize a trauma-informed and victim-centered approach when someone discloses that they are fleeing domestic violence or have a history of domestic violence. After assessing immediate safety needs, access point staff make referrals to domestic violence shelters or other providers as appropriate.

2) The CoC's Emergency Transfer Plan provides for the safety of survivors and includes relocating a survivor to another unit or providing additional safety measures, depending on client need. Safety planning helps guide housing options and decisions according to client needs. All emergency transfer information is kept confidential.

3) Survivors have the option of receiving services from VSPs or non-VSPs, depending on their preference. Client choice is a guiding principle of CES, allowing survivors to make choices about how, from whom and where they receive services and if/how their information is shared. Protocols are in place to ensure referrals are safe and confidential if clients need to be transferred between providers, either VSP or non-VSP.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
City of Charleston Housing Authority	3%	Yes-HCV	No
City of North Charleston Housing Authority	0%	Yes-HCV	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

1) The City of Charleston Housing Authority and the City of North Charleston Housing Authority, the two largest PHAs, participate in the CoC, and one has a representative that was recently nominated for the Governing Council. The City of Charleston Housing Authority has a homeless admission preference for Housing Choice Vouchers. The CoC has an informal moving on process in place with the City of Charleston Housing Authority which has resulted in 22 households moving from PSH to PHA units. The Emergency Housing Voucher

Program has provided an opportunity for the CoC and the North Charleston Housing Authority to strengthen its partnership. Previous attempts to have the North Charleston Housing Authority establish a preference were unsuccessful. Successful EHV placements demonstrated to the North Charleston Housing Authority that homeless admission preferences are essential and can be supported by the CoC and its providers. As a result, North Charleston implemented a preference. The EHVs are being used to move-on those in PSH units and the CoC is working to formalize a homeless preference and move-on strategy with North Charleston beyond the EHVs. There is one additional PHA in the CoC, the Beaufort County Housing Authority, which has an admission preference in place for its HCV units.

2) N/A

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:
1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

1) EHV units from SC State Housing Authority, SC Regional Housing Authority Number 3 and the North Charleston Housing Authority are included in the CoC's Coordinated Entry System. All EHV placements are made through

coordinated entry. The CoC assesses and prioritizes clients for housing interventions. Coordinated entry staff assist with gathering the required documents and make timely referrals. The availability of EHV openings is communicated during the CoC and provider's weekly Housing Solutions Meetings, EHV openings are discussed, referrals made and follow up on prior referrals is communicated and discussed. The Coordinated Entry Manager meets bi-weekly with teams from the three PHAs to refer from the prioritization list. This collaboration has resulted in 254 clients being referred to PHA funded units in 2021.

2)The Lowcountry CoC has formal agreements (MOUs) with three housing authorities as it relates to EHV and coordinated entry – City of North Charleston Housing Authority, SC State Housing Authority and SC Regional Housing Authority Number 3.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No

1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

N/A

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Housing Authorit...
SC Regional Housi...
SC State Housing ...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Housing Authority of North Charleston

1C-7e.1. List of PHAs with MOUs

Name of PHA: SC Regional Housing Authority No. 3

1C-7e.1. List of PHAs with MOUs

Name of PHA: SC State Housing Authority

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	10
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	10
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

All projects providing CoC-funded permanent housing have committed to using a Housing First approach. To ensure agencies meet this commitment, the CoC requests input from program participants during quarterly general membership meetings and requires CoC-funded organizations to solicit feedback from

participants in its projects. The CoC requires all housing project entries come through CES. For PSH, all project entries are reviewed to ensure there is a CES referral. A sample of RRH entries is reviewed monthly to ensure referrals come through CE. The CoC also requires a detailed explanation for any participant referred through CES and rejected by the project; the rejection is documented and the CoC tracks the number of rejections by each project.

The CoC reviews APR data monthly to review prior living situation and exit destination. Client case plans and case notes are reviewed for any negative project exits. The CoC conducts annual monitoring of each project which includes a review of selected client records, including entry/exits and interim updates; a review of client case plans to ensure they are client-driven; a review of case notes to ensure services are focused on problem-solving and engagement rather than therapeutic goals; and a thorough review of project's policies and procedures to ensure they do not require income, service participation, sobriety, or treatment compliance to enter or remain in the project.

1C-9b.	**Housing First–Veterans.**	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No

1C-10.	**Street Outreach–Scope.**	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	**your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;**
2.	**whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
3.	**how often your CoC conducts street outreach; and**
4.	**how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.**

(limit 2,000 characters)

1) Outreach Teams (SSVF, PATH, youth, non-veteran) deliver services directly to those living in the woods, abandoned buildings or under bridges and who are least likely to seek assistance on their own. Teams coordinate with local police to identify areas where individuals are living unsheltered. Partners coordinate outreach efforts so that the unsheltered population will be identified and engaged with daily. Outreach Teams are assigned specific areas of the CoC on certain days of the week. This coordination helps to prevent duplication of services. Utilizing the CE assessment and reviewing data collected in HMIS, outreach staff can accurately identify homeless individuals and assess the individual's needs. This year a youth outreach staff person was added to better tailor services to youth who are experiencing homelessness. The CoC Lead Agency added an outreach position using ESG CV funding to ensure those living unsheltered were made aware of available resources including testing, isolation/quarantine locations and vaccine locations.

2)There are six physical access points and street outreach teams cover 100% of the geography.

3) Street outreach is conducted daily, Monday – Friday and may occur as early as 6am or as late as 8pm.

4) Outreach Teams use a harm reduction approach and address any immediate needs or services the client indicates they need to which helps develop trust and build rapport. “Housing" is not immediately part of the conversation. Once engaged, outreach staff allow clients to choose the types of services they receive; the location and type of housing they access; and establish goals in their housing stability plans. For individuals with disabilities or linguistic barriers, auxiliary aids are provided. Outreach staff communicate that all services are available to anyone on a non-discriminatory basis. Outreach staff reflect the population served and include those with lived experience.

1C-11.	**Criminalization of Homelessness.**	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC’s geographic area:

1.	**Engaged/educated local policymakers**	Yes
2.	**Engaged/educated law enforcement**	Yes
3.	**Engaged/educated local business leaders**	Yes
4.	**Implemented communitywide plans**	No
5.	**Other:(limit 500 characters)**	

1C-12.	**Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).**	
	NOFO Section VII.B.1.l.	

	2020	**2021**
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	168	357

1C-13.	**Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.**	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	**Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)**	Yes	Yes
2.	**Private Insurers**	Yes	Yes
3.	**Nonprofit, Philanthropic**	Yes	Yes
4.	**Other (limit 150 characters)**		

1C-13a.	**Mainstream Benefits and Other Assistance–Information and Training.**	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	**systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;**
2.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**
4.	**providing assistance with the effective use of Medicaid and other benefits.**

(limit 2,000 characters)

1) The CoC collaborates with the SOAR local lead, the SOAR state lead and SC Thrive to ensure providers have up-to-date information. SOAR training is conducted by the CoC's local SOAR lead annually. SC Thrive, who operates Thrive Hub, conducts semi-annual trainings to ensure all agencies are trained and aware of any changes to mainstream programs. Thrive Hub is a web-based service that simplifies and centralizes the process of applying for many benefits such as TANF, SNAP, federal/state tax credits, tax filing, prescription assistance, SSI/SSDI, Veterans benefits, South Carolina's Medically Indigent Assistance Program, Medicare Rx Extra Help and Medicaid. All CoC and ESG funded agencies utilize Thrive Hub.

2) Throughout the pandemic, the CoC disseminated information on mainstream resources and pandemic-related resources such as testing and vaccine sites and isolation/quarantine locations monthly through email distribution lists and on its website.

3) Clients are assisted in obtaining benefits in several ways: Health Navigators (new CV funded positions) assist with completing and submitting applications; use of the SOAR process; Thrive Hub; and pro bono legal services as needed to assist in securing entitlement or Veterans benefits.

4) Health Navigators connects clients to medical care in the community; assist clients in utilizing Medicaid/Medicare and other benefits; and schedule and attend medical and mental health appointments.

1C-14.	**Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.**	

	NOFO Section VII.B.1.n.

	Describe in the field below how your CoC's coordinated entry system:
1.	**covers 100 percent of your CoC's geographic area;**
2.	**reaches people who are least likely to apply for homeless assistance in the absence of special outreach;**
3.	**prioritizes people most in need of assistance; and**
4.	**ensures people most in need of assistance receive assistance in a timely manner.**

(limit 2,000 characters)

1) CES covers 100% of the CoC's geography with physical access points, the CoC's crisis line, and outreach teams. Access point locations and phone number are shared on social media, member websites and cards provided to agencies, businesses, hospitals, police etc.

2) Outreach staff play a central role in connecting those least likely to seek assistance with services through coordinated entry. The CoC Lead Agency developed an intensive outreach and engagement response, including developing strong partnerships and deploying tailored outreach activities with organizations who provide services to communities of color. Outreach staff reflect those served and have lived experience.

3) The VI-SPDAT is used to triage. The CoC is researching and testing alternative tools. The VI-SPDAT score is never used alone to prioritize for interventions; LOT homeless, presence of children 0-5 and age are considered. CDC guidelines have been incorporated and include underlying medical conditions, lack of healthcare access and elevated transmission risk because of living situation. After a client is triaged for a housing intervention, the full SPDAT is completed.

4) Multiple in-person and virtual access points, vulnerability triage and assistive devices for those with disabilities ensure assistance is provided quickly. Detailed information regarding outreach locations and access points are posted on the CoC and partner sites and social media. Through a formal partnership with 211, housing crisis calls are answered 24 hours a day, seven days a week and triaged. Those most in need of assistance are connected to CE staff immediately for assessment and prioritization. The assessment tool is available in HMIS and online and can be completed using a tablet or mobile phone which ensures assessment takes place immediately once a client seeks assistance. The partnership with 211 offers connections to additional resources through their vast network of providers.

1C-15.	**Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	

NOFO Section VII.B.1.o.

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC's racial disparity assessment indicated people of color are overrepresented in the homeless population, and while more likely to receive assistance (shelter/housing placements), they were less likely to have a positive outcome related to returns to homelessness. To address this and assess for other inequities that may exist, the CoC Lead Agency contracted with Race Equity Partners (REP) to conduct more in-depth assessment, provide training on the intersection of racism and homelessness, and develop a workplan to ensure providers center racial equity in their work; the Race/Equity Workgroup is responsible for overseeing the Racial Equity Workplan. The assessment conducted by REP supported the findings of the racial disparity assessment. Focus groups conducted by REP found that project participants had difficulty addressing racism and discrimination directly which may indicate internalized racism. To address this, the CoC has incorporated racial equity language in its grievance policies and into its client rights.

To continually assess client experience and outcomes, the CoC is collecting feedback from clients through surveys and program exit interviews and analyzing results by race/ethnicity. The CoC also added zip code of housing destination as a required field in HMIS to ensure people are not being disproportionately housed in less desirable neighborhoods and developed custom reports to review system performance data disaggregated by race/ethnicity. Another priority in the workplan is to build partnerships to advance racial equity. The CoC is developing partnerships that address racism where it intersects with homelessness by identifying and conducting outreach to organizations led by people of color.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	0	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	1	0
3.	Participate on CoC committees, subcommittees, or workgroups.	1	0
4.	Included in the decisionmaking processes related to addressing homelessness.	1	0
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

1C-17.	**Promoting Volunteerism and Community Service.**	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	**The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.**	Yes
2.	**The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).**	Yes
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	No
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	Yes
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1) CoC providers worked together to provide motel rooms, PPE, symptom monitoring, COVID testing and appropriate places for COVID positive people to quarantine and/or isolate when necessary. CoC providers worked together to provide motel rooms for over 80 unsheltered households. Households in motels were provided with case management, monitored for COVID symptoms, and provided with food and other necessities. Personal protective equipment was distributed to those in motel rooms as well as those who remained unsheltered. Handwashing stations were set up in locations easily accessed by those who remained unsheltered. Multiple organizations assisted with outreach to distribute facemasks, hand sanitizer and information on how to access testing and supportive- and housing-related services.

2) The majority of those who were in congregate emergency shelters at the start of the pandemic were moved into permanent housing by May 2020 using all available resources (CoC, ESG and ESG CV). In cases where congregate shelter remained necessary, shelter beds were socially distanced and CDC-recommended protocols were implemented. All shelter clients were screened daily for COVID symptoms and provided with appropriate PPE including face masks and hand sanitizer. Regular COVID testing was done at emergency shelters. In the event of a positive test result, CoC providers worked with local health officials to relocate those clients to a motel for quarantine or isolation.

3) Veterans in GPD beds/transitional housing were relocated into motel rooms and provided with ongoing case management and monitored for COVID symptoms. Personal protective equipment was provided regularly along with

three meals per day.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The CoC improved readiness for future public health emergencies by establishing formal and informal partnerships between homeless service providers and multiple health care providers. The S.C. Department of Health and Environmental Control (DHEC), the Medical University of S.C. (MUSC), Roper St. Francis Healthcare, Fetter Healthcare Network (an FQHC) along with members of the Free Clinic Association have collaborated and developed protocols to reduce duplication of effort and maximize each organization's ability to meet the needs of homeless individuals in future public health emergencies. Mainstream health providers have a deeper understanding of the needs and capabilities of CoC providers. Mainstream health providers have continued to coordinate with CoC providers to enhance and improve public health services for those experiencing homelessness. For example, once vaccinations became readily available, multiple organizations provided access to vaccines for those without transportation or the ability to utilize mass vaccinations sites. Another example, MUSC established testing sites at CoC providers that have since converted to vaccination sites, alternating weeks between testing and vaccinations. This maintains continuity of access at places homeless individuals frequent for other services.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

1) Since CARES Act passage, CoC and ESG CV recipients have remained in regular communication, including formal and informal meetings and monthly round tables with recipients and subrecipients. At the onset of the pandemic, the CoC worked with the two ESG CV recipients (SC Office of Economic Opportunity and Charleston County) to prioritize and fund safety measures using round 1 funding. This included use of motels; setting up handwashing stations; PPE for clients and provider staff; cleaning equipment and supplies; signage to promote distancing; reconfiguration of congregate shelters; disposable food containers for use by feeding programs; and hiring additional

staff, including nurses, for emergency shelters to ensure protocols were followed and any signs or symptoms of Covid 19 could be identified.

2) The CoC proposed that both recipients prioritize rapid re-housing over homelessness prevention. Existing providers were prioritized by recipients for round 1 funding to ensure rapid deployment of funds.

3) The CoC recommended that ESG recipients fund prevention programs that prioritized those with prior experiences of homelessness.

4) Round 1 of CV funding was prioritized to ensure providers had appropriate healthcare supplies, including face masks and other PPE, sanitizer, antimicrobial products, etc. These supplies were given to staff and clients in congregate and non-congregate facilities, provided to outreach staff and those living unsheltered and provided to case management staff and clients who were housed.

5) Sanitary measures, also prioritized in round 1, included setting up handwashing stations; PPE for clients and service provider staff; cleaning equipment and supplies; disposable food containers for use by feeding programs; and distribution of toilet paper, antibacterial wipes and paper towels to unsheltered and housed clients.

1D-4.	**CoC Coordination with Mainstream Health.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	**decrease the spread of COVID-19; and**
2.	**ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).**

(limit 2,000 characters)

1) CoC providers and mainstream health providers (state and local health department, hospitals, FQHC) coordinated efforts to decrease the spread of COVID-19 and ensure proper safety measures were implemented. CoC providers who also provide healthcare, participated in multiple outreach and education efforts to reach homeless individuals to provide access to COVID testing, vaccinations and other health and safety measures, including providing PPE.

2) The Department of Health and Environmental Control (DHEC) and the Medical University of SC (MUSC) provided transportation for COVID testing when sites were not readily available. Clients with positive test results were supported by DHEC in motel rooms during the required isolation periods. Follow-up testing was conducted prior to discharging individual back into the community. While in DHEC motel rooms, CoC providers provided case management and housing search and placement support to avoid discharging people back to the streets. DHEC also provides deep cleaning services to congregate facilities at no cost to the providers. Mainstream health providers including DHEC, MUSC, Roper St. Francis Healthcare, Fetter Healthcare Network (a FQHC) along with members of the Free Clinic Association continue to collaborate to implement protocols to reduce duplication of effort and

maximize each organization's ability to meet the needs of homeless individuals to decrease the spread of COVID-19 and ensure safety measures are implemented.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

1) CoC providers participated in weekly calls/virtual meetings to share information on best practices, testing locations, safety measures being implemented (handwashing stations, availability of PPE, social distancing in congregate settings) and to help identify any unmet needs. Once vaccine implementation began, those meetings included information on eligibility, locations and other logistics involved in getting people vaccinated.

2) The CoC remained in regular communication with municipalities as local restrictions changed. Regular group emails connected service providers to each other for information and resource sharing. Providers also engaged with one another on various social media platforms including Facebook and Instagram. Together SC, the statewide non-profit association, hosted regular webinars and virtual meetings that included the CoC and its providers and CoCs and providers across the state. These virtual gatherings helped connect homeless service providers with other types of non-profits doing similar work. The sharing of information related to safety measures and changing local and state restrictions was valuable at the beginning of the pandemic.

3) Many CoC providers are now serving as vaccination and testing sites. Regular social media posts and group emails help keep providers informed about activities and how to connect homeless clients to testing and vaccinations. CoC staff participate in and host virtual meetings and calls at the local, regional and state levels. Information gathered in these larger meetings is emailed out to CoC providers who may not be able to attend or participate.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

Protocols and systems in place prior to the pandemic became efficient methods for outreach related to vaccinations, testing and the provision of other safety measures related to reducing the spread of COVID-19. CoC providers conduct

street outreach, distribute information to people staying in emergency shelters and utilize social media and other online platforms to identify people who are eligible to receive COVID-19 vaccinations. Health navigators and case managers are in regular contact with housed clients to provide information and assistance in obtaining vaccinations. The Medical University of South Carolina is on site at the largest emergency shelter weekly with alternate weeks for testing and vaccination. This location also provides daily lunch service to people in the community. Outreach staff, health navigators and case managers provide information to their clients on eligibility, locations and how to access vaccinations. Once booster shots became available, existing networks and protocols were used to reach those previously vaccinated. CoC providers who operate daily soup kitchens or feeding program are critical to reaching people who are experiencing homelessness and are eligible for vaccinations. Many feeding programs have incorporated regular COVID-testing and vaccination efforts. Many are located on main bus transportation lines making access easier than drive-thru sites. Many are also located in rural areas and/or churches that are accustomed to serving those experiencing homelessness.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

During the height of the pandemic, the CoC's DV system began tracking increases in the rate of domestic violence, including an escalation in the intensity of the violence. Anticipating an increase, the CoC endorsed additional funding for DV projects through ESG CV. ESG CV funds have been used to increase staff capacity with DV agencies to serve the inflow of clients and clients in the homeless system who are experiencing domestic violence. Additionally, diversion training was provided to DV providers to help survivors locate safer locations. Households experiencing domestic violence were prioritized for assistance with the expanded funding. The DV agencies are continuing to expand RRH programs through this year’s NOFO.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

In response to COVID-19, changes were made to Coordinated Entry using HUD and CDC guidance. Changes remain in effect and are adjusted to meet

changing community needs. These updates and changes include use of available CoC and ESG waivers to expedite the housing process; access point expansion, including housing problem solving conversations; inclusion of additional vulnerability criteria based on Covid-related factors, including underlying health conditions, lack of access to healthcare and high risk transmission; factors related to race/equity pertaining to the impact of Covid-19 in the community; addition of weekly Housing Solutions meetings to share information on vulnerabilities and housing problem solving ideas; and adjustments to documentation requirements to permit greater flexibility and ease of access to Coordinated Entry/RRH/PSH.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	**Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.a. and 2.g.	

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	09/23/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	10/07/2021

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.**	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	No
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	**the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and**
2.	**considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.**

(limit 2,000 characters)

1) The CoC's Project Selection Committee utilized HUD's Rating and Ranking Tool to review, score and rank projects. The Committee considered the following severe barriers during project review and scoring: chronic homelessness; low or no income; domestic violence; severe mental illness; criminal histories; and/or active or past substance use, along with the length of time from project entry to housing. Higher scores were given to projects which demonstrated low barriers.

2) The CoC gave consideration to two permanent supportive housing projects which have lower performance levels primarily related to length of time to housing, but whose practices, policies and procedures demonstrate a commitment and adherence to a housing-first, low-barrier implementation. Length of time from project entry to housing move-in, while evaluated and scored, did not result in reduction or reallocation as these projects, during the pandemic, housed some of the most vulnerable individuals on our community's prioritization list.

1E-3.	**Promoting Racial Equity in the Local Review and Ranking Process.**	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	**obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;**
2.	**included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;**
3.	**rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).**

(limit 2,000 characters)

1) Through its race equity work, the CoC has sought to engage organizations led by people of color in the CoC. Representatives from those organizations were asked to help establish rating factors for this year's competition and participate on the Project Selection Committee. To help establish rating factors, these individuals were provided with CoC project data disaggregated by race and ethnicity.

2) The CoC is assertively seeking participation from organizations led by and serving people of color. Representatives from these organizations were asked to help establish rating factors for the competition and asked to join the CoC's Project Selection Committee.

3) The CoC utilized equity factors when rating and ranking new and renewal

projects. Factors included: underrepresented individuals including people of color and LGBTQ+ individuals in managerial and leadership roles; more than one person with lived experience on its board; gathering and utilizing feedback from those with lived experience; review of participant outcome data disaggregated by race/ethnicity and gender identity; implementation of changes to make participant outcomes more equitable; and regular review of data disaggregated by race/ethnicity and gender identity. The Project Selection Committee reviewed disaggregated data, policy and procedure manuals and the board roster of applicants. This information allowed the Committee to assign scores to equity factors included in the Rating and Ranking Tool.

1E-4.	**Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	**your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;**
2.	**whether your CoC identified any projects through this process during your local competition this year;**
3.	**whether your CoC reallocated any low performing or less needed projects during its local competition this year;**
4.	**why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and**
5.	**how your CoC communicated the reallocation process to project applicants.**

(limit 2,000 characters)

1) CoC projects are reviewed for capacity and performance to determine if they will continue to receive funding or if they will be reallocated or reduced. Criteria used to evaluate agency capacity and performance include outstanding obligations to HUD; monitoring findings; untimely expenditure or not expending all funds; capacity issues that impacted project operations or performance; history of serving ineligible persons or expending funds on ineligible costs; and failure to meet performance benchmarks. Project performance criteria includes participation in CES; use of Housing First/Low Barrier approach; data quality at or above 95%, bed utilization at or above 90%; length of time to housing move-in; exit to and retention in permanent housing; returns to homelessness; new/increased income, including earned income; and serving high needs populations. The CoC Governing Council approves or denies any recommendations made by the Project Selection Committee for reducing or reallocating projects; if approved, those funds are included in the amount available for new projects in the CoC competition (existing agency is eligible to apply). Projects may also decide to voluntarily reallocate some or all project funding; the CoC works with that agency to determine if they will create a new project or if funds need to be included in the amount available for new projects in the CoC competition.

2) No projects were identified for reallocation or reduction during this year's local competition.

3) No projects were reallocated this year.

4) All the CoC's currently funded projects are permanent housing projects

(except for one HMIS project), and all are performing within the CoC's established criteria in the Reallocation Policy and the Rating and Ranking Tool.

5) The CoC's Reallocation Process is reviewed at the Governing Council and General Membership meetings and is publicly available on the CoC's website.

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	10/29/2021

1E-5a.	**Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/29/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2A-1.	**HMIS Vendor.**	
	Not Scored–For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	WellSky

2A-2.	**HMIS Implementation Coverage Area.**	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Statewide

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/13/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

1) The CoC has DV providers provide ESG CAPER reports and CoC APR reports at least annually, which include all the Project Descriptor Data Elements, Universal Data Elements (UDE), and Program Specific Data Elements required by HUD. The CoC and HMIS Lead is working with DV providers to run and submit the reports quarterly so that the CoC lead can monitor data quality and project performance on a regular basis.

2) Both DV providers utilize Apricot which cannot currently provide SPM data. The CoC, HMIS Lead and these two providers are discussing ways to implement a comparable system that can also capture system performance measures.

2A-5.	**Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.**	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	173	80	75	80.65%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	85	0	85	100.00%
4. Rapid Re-Housing (RRH) beds	357	118	239	100.00%
5. Permanent Supportive Housing	424	0	83	19.58%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	**Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.**	
	NOFO Section VII.B.3.c.	

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

1) One shelter provider operates 18 of the CoC's non-DV ES beds and does not currently utilize HMIS. This organization has been open on a limited bases over the last 18 months and messages from the CoC staff to the shelter to discuss bringing them onto HMIS have gone unanswered. This provider does receive CDBG funding from a local municipality. The next step the CoC will take to bring them onto the system will be to have the Governing Council Chair to encourage the municipality to require this organization track data using HMIS. The CoC's HUD VASH project does not currently enter all of their clients into HMIS and are currently only entering their clients that are referred through the CoC's coordinated entry system. The CoC and HMIS Lead is working with the HUD VASH provider to enter all of their current clients for them so that the PSH utilization will be at 100%. Having the CoC and HMIS Lead enter all current

HUD VASH clients into HMIS will allow the HUD VASH staff to only have to maintain the client records and enter any new clients that enter their project.

2) The Governing Council Chair will contact and schedule a meeting with municipality staff who administer the CDBG program which provides funding to the one shelter provider not using HMIS. He will ask that the municipality to require the agency to use HMIS as a condition of receiving funding and share the benefits of having homelessness data available for their community. The CoC plans to have all HUD VASH clients entered into the CoC's HMIS by March 31, 2022. HUD VASH staff will provide a copy of a VASH client report to the CoC staff that includes the UDE and project start dates. Once all of the clients are entered into HMIS, the HUD VASH staff will then review the information and update anything that is inaccurate or has changed since the initial report was provided. They will then maintain the client records and will exit clients when needed. They will also create project entries for any new clients that are served by HUD VASH.

2A-5b.	**Bed Coverage Rate in Comparable Databases.**	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	**Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.**	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

N/A

2A-6.	**Longitudinal System Analysis (LSA) Submission in HDX 2.0.**	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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2B-1.	**Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	**Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	**how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;**
2.	**how your CoC addresses individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.**

(limit 2,000 characters)

1) The CoC analyzes HMIS to identify specific factors that contributed to households experiencing homelessness for the first time including Covid-19, racial/ethnic disparities, loss or decrease in income, criminal justice involvement, health issues, poor rental histories, or inability to access mainstream benefits.

2) Strategies the CoC is implementing to reduce the number of individuals and families becoming homeless include targeting CARES Act funding to those at-risk and who have previous experiences with homelessness; reviewing data disaggregated by race/ethnicity; providing guidance to ERAP recipients and assisting applicants; additional training for access point, CES and provider staff in diversion techniques; connections to pro bono legal services; working with the Criminal Justice Coordinating Council and Department of Social Services on proper discharge planning for those exiting jails, prisons or foster care; outreach to connect individuals and families to mainstream benefits; and expanding Housing Court for those facing eviction. The CoC Lead Agency recently applied for HUD's new demonstration program, the Eviction Protection Grant Program which includes a comprehensive outreach strategy to reach those who are least likely to seek assistance, including communities of color and to do upstream prevention work such as expanding housing court to more municipalities.

3) The CoC Lead Agency, One80 Place, is responsible for overseeing this strategy.

2C-2.	**Length of Time Homeless–Strategy to Reduce.**	

	NOFO Section VII.B.5.c.

	Describe in the field below:
1.	**your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
2.	**how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.**

(limit 2,000 characters)

1) To reduce length-of-time homeless the CoC prioritizes the most vulnerable with longest lengths-of-time homeless for all housing interventions; reviews disaggregated race/ethnicity data; ensuring providers are utilizing low-barrier, housing first approaches; trains providers in the community on the benefits of shared housing; trains providers on diversion techniques and how to have housing problem-solving conversations; advocates for HOME recipients to use funds for TBRA; provides guidance to ERAP recipients and helps applicants gather information and apply for funds; prioritizes RRH over HP in both ESG and ESG CV; and is utilizing Emergency Housing Vouchers to move-on PSH participants as well as target families (particularly larger families) in need of long-term subsidies.

2) The CoC has adopted the order of priority in HUD Notice CPD 16-11. Through CE access points and HMIS, those with the longest length-of-time homeless are identified and prioritized for housing. To house people as quickly as possible, the CoC requires agencies to begin collecting documentation and uploading it to HMIS once a family or individual has been identified so that when a unit is available, move-in can happen as quickly as possible. To overcome housing barriers, CoC providers are using all landlord incentives made available through ESG CV funding. The CoC also used CARES Act funding to hire an additional Housing Locator focused on landlord outreach and recruitment.

3) The CoC Lead Agency, One80 Place, is responsible for overseeing this strategy.

2C-3.	**Exits to Permanent Housing Destinations/Retention of Permanent Housing.**	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	**emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and**
2.	**permanent housing projects retain their permanent housing or exit to permanent housing destinations.**

(limit 2,000 characters)

1) To increase successful exits from ES, SH and TH, the CoC utilizes CES and the prioritization process to quickly connect people to the most appropriate housing intervention and provides diversion, housing problem solving and shared housing training. The CoC's largest shelter and GPD provider offers housing clinics; conducts weekly case coordination meetings for long-term shelter stayers; and connects clients to Homeless Court, which is held onsite at the shelter. Shelter providers also review those with "unknown" exits and

attempt to contact them to update exit destination. To increase positive exits from ES, SH, TH and RRH, CoC providers offer benefits navigation and civil legal services to connect clients to mainstream benefits; connect clients to training programs and employment opportunities/work supports; and connect clients to Homeless Court or Housing Court. The CoC and its providers reviews HMIS data, disaggregated by race and ethnicity, to identify any disparities in outcomes and implement needed changes.

2) Strategies to increase retention and exit to permanent housing include effectively using coordinated entry to ensure the most vulnerable have access to PSH; utilizing Emergency Housing Vouchers or other subsidies to move-on those in PSH who no longer need intensive supports; increasing provision of supports in housing by providing CV-funded health navigation services; working with ESG recipients to target prevention funds to households with previous experiences of homelessness; providing landlord engagement training to providers; utilizing CV funds to incentivize landlords; connecting clients to mainstream benefits and free legal services; connecting clients to training opportunities and supported employment; connecting participants to Homeless or Housing Court; and targeted, CV-funded outreach/education to landlords.

3) One80 Place, the CoC Lead agency is responsible for overseeing this strategy.

2C-4.	**Returns to Homelessness–CoC's Strategy to Reduce Rate.**	
	NOFO Section VII.B.5.e.	

	Describe in the field below:
1.	**how your CoC identifies individuals and families who return to homelessness;**
2.	**your CoC's strategy to reduce the rate of additional returns to homelessness; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.**

(limit 2,000 characters)

1) The CoC uses HMIS and CES access points to identify returning households. HMIS and case conferencing are used to identify common factors among those returning such as the Covid-19 pandemic; race/ethnicity; loss of or reduction in income; onset or reoccurrence of physical or mental illness; relapse; criminal justice system involvement; and/or landlord disagreements.

2) Strategies to reduce the rate of returns to homelessness include: using vulnerability to determine the most appropriate housing intervention initially; reviewing disaggregated race/ethnicity data; utilizing the expanded homeless prevention resources and targeting these resources to those with prior experiences of homelessness; pro bono legal services for landlord-client mediation and assistance obtaining benefits; use of Thrive Hub to connect clients to other cash and noncash benefits; connecting clients to Housing Court to provide more access to attorneys for tenants, especially families, facing eviction; expanding the SOAR program to additional providers; using ESG CV funding to expand landlord recruitment and engagement efforts, including the use of landlord incentives; increasing provision of supports in housing by providing CV-funded health navigation services; additional diversion training provider staff; and connections to job training, employment opportunities and

work supports.

3) One80 Place, the CoC Lead agency, is responsible for this strategy.

2C-5.	**Increasing Employment Cash Income-Strategy.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	**your CoC's strategy to increase employment income;**
2.	**how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
3.	**provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.**

(limit 2,000 characters)

1) The CoC's strategy to increase employment income includes traditional methods through mainstream providers such as Goodwill Industries, Vocational Rehabilitation, and local workforce departments. Other strategies include implementation of condensed job training courses geared towards those experiencing homelessness allowing them to quickly increase skills and re-enter the workforce; job search assistance and placement with a network of employers; and job coaching once individuals are employed. A local technical college offers tuition free courses in a variety of industries that support the local economy. The CoC disseminated this information to providers. Topics for an upcoming CoC training includes connecting individuals to mainstream organizations and alternative employment opportunities such as Uber, Doordash, etc.

2) The CoC facilitates collaboration and communication between mainstream employment organizations and CoC providers through one-on-one meetings, advocacy efforts, presentations/roundtables at CoC general membership meetings and participation in job fairs hosted by employment organizations.

3) The CoC Lead agency, One80 Place, is responsible for this strategy.

2C-5a.	**Increasing Employment Cash Income–Workforce Development–Education–Training.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below how your CoC:
1.	**promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**
2.	**is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.**

(limit 2,000 characters)

1) The CoC Lead Agency maintains a network of employers, including those who hire people with criminal backgrounds. CoC and service provider staff (employment specialists) attend job fairs to network with employers and maintain regular contact with employment agencies to share current and future opportunities for part-time, full-time, temporary, or permanent jobs. The CoC

advocates to private employers, including CoC providers, as well as local municipalities to hire those who are experiencing homelessness or have a history of homelessness. During agency monitoring, the CoC ensures that providers can demonstrate referrals for employment, as well as providing for the transportation needs of clients enrolled in their programs who are working or seeking work. The CoC also trains project staff on what resources are available to improve client access and then tracks income changes.

2) The CoC utilizes HUD strategies specifically related to developing partnerships with workforce development to promote employment opportunities for those experiencing homelessness. The CoC has been building partnerships with local agencies who provide education and training, on the job-training and employment. SC Department of Employment and Workforce targets individuals who were previously homeless through a “Back to Work” program by providing the necessary guidance and soft skills to maintain gainful employment and self-sufficiency. The SC Vocational Rehabilitation Department is a partner to many CoC providers. This organization prepares and assists those with disabilities with strategies to become employed and maintain employment, provides counseling and therapy, enhances skills through training and education, and provides job search assistance. One80 Place, the CoC Lead agency operates a culinary training program. The program is open to those residing in shelter or permanent housing.

2C-5b.	**Increasing Non-employment Cash Income.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	**your CoC’s strategy to increase non-employment cash income;**
2.	**your CoC’s strategy to increase access to non-employment cash sources; and**
3.	**provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.**

(limit 2,000 characters)

1)Strategies to increase non-employment cash resources include utilizing the SOAR process; ensuring clients are receiving the monthly child tax credit payment; utilization of Thrive Hub which provides an easy to use single application for a wide array of benefits including TANF, SNAP, Medicare, Medicaid at each CoC- and ESG-funded agency; pro bono legal services through twice weekly legal walk-in clinics onsite at the CoC’s largest shelter provider and legal representation to assist individuals, including veterans, with obtaining benefits.

2) Strategies to increase access to non-employment cash sources includes expanding SOAR to additional providers in the CoC, utilizing outreach staff to complete Thrive Hub applications and connect clients to pro bono legal services and conducting Thrive Hub training for providers who may not regularly encounter homeless individuals.

3) One80 Place, the CoC Lead agency, is responsible for this strategy.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	**Private organizations**	No
2.	**State or local government**	No
3.	**Public Housing Agencies, including use of a set aside or limited preference**	No
4.	**Faith-based organizations**	No
5.	**Federal programs other than the CoC or ESG Programs**	No

3A-2.	**New PSH/RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No

3A-2a.	**Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.b.	

1.	**Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?**	No
2.	**Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?**	No

3A-3.	**Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.**	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

N/A

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	**Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

N/A

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	**SSO Coordinated Entry**	No
2.	**PH-RRH or Joint TH/RRH Component**	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	**Number of Domestic Violence Survivors in Your CoC's Geographic Area.**	
	NOFO Section II.B.11.	

1.	**Enter the number of survivors that need housing or services:**	210
2.	**Enter the number of survivors your CoC is currently serving:**	141
3.	**Unmet Need:**	69

4A-2a.	**Calculating Local Need for New DV Projects.**	
	NOFO Section II.B.11.	

Describe in the field below:

1.	**how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or**
3.	**if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.**

(limit 2,000 characters)

1) To calculate the number of survivors in need of housing and services, the CoC ran reports to determine the total number of de-duplicated clients across all CoC and non-CoC projects who disclosed they were DV survivors. The number currently being served was calculated by running reports to determine the de-duplicated number of clients currently receiving housing and supportive services through CoC and non-CoC projects.

2)The source of data was a comparable database and HMIS for both DV and non-DV projects.

3)There are two organizations that provide comprehensive services to victims of domestic violence in the CoC. One of these organizations provide emergency shelter beds which always remain at capacity. CV funds have been used by these two providers to begin offering RRH. Prior to CV, neither organization operated RRH programs, often making the transition from shelter to affordable permanent housing difficult. There are not currently any other housing programs designed specifically for victims of domestic violence. South Carolina ranks 5th in the nation for the rate of women murdered by men. Across the state, thousands of people are injured and/or displaced because of these crimes. These factors combine to make housing for survivors a significant unmet need in the CoC. Securing these RRH funds would allow providers to re-house survivors in a shorter amount of time, decreasing shelter stays and opening shelter beds for those fleeing domestic violence.

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.**	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
My Sister's House
Hopeful Horizons

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	**Applicant Name**	My Sister's House
2.	**Rate of Housing Placement of DV Survivors–Percentage**	49.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	100.00%

4A-4a.	**Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).**

(limit 1,000 characters)

(1) The applicant utilized summary reports from its comparable database to determine the number placed into permanent housing and the number who retained permanent housing. The rate of placement was calculated by dividing the number of clients enrolled by the number with a housing move-in date and retention was calculated by dividing the number who exited to permanent housing by the total number of exits converted to a percentage.

(2) The agency's comparable database was used to produce the report.

4A-4b.	**Providing Housing to DV Survivor–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	**ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;**
2.	**prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;**
3.	**connected survivors to supportive services; and**
4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 characters)

(1) For over 40 years, My Sister's House (MSH) has been providing temporary housing to DV survivors and their children. We have successfully and safely housed thousands of women, children, and men in our emergency shelter, or in hotel accommodations. Most recently, we have invested funds to rapidly rehouse and permanently house a number of clients in independent apartments and cottages. To implement a housing first approach for all clients, we have shifted our fundraising and grant writing strategies to focus solely on re-housing efforts. We have received a small amount of ESG-CV funding and have dedicated it to RRH activities. Organizationally, we've shifted the focus of our Case Managers to work directly with our Housing Coordinator to ensure a cohesive approach to housing.

(2) My Sister's House utilizes the CoC's coordinated entry process and prioritization to rapidly house high lethality clients. These clients and their children are initially housed in hotel units for up to 2 weeks. During that time, they are supported (fed, clothed, transported, counseled, referred to other resources) and stabilized.

(3) Clients work with housing specialists for assistance with their unique housing preferences and needs. Additionally, and more specifically, each survivor has had access to financial planning and budgeting, to ensure that they are prepared to sustain their independent housing.

(4) Our agency works closely with the Landlord Engagement Committee of the Lowcountry Continuum of Care, to continuously gather housing information for our client's unique needs and preferences. Housing options are discussed in the context of safety and sustainability. Most importantly, our Housing Coordinator and Director of Victim Services attend multiple webinars highlighting safe housing for traumatized victims each month. Our staff is continuously involved in the process of building strong relationships with other service providers.

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

(1) Staff are trained to provide trauma-informed and victim-centered services.

They are fluent in culturally sensitive language and are focused on the safety and self-determination needs of survivors. Staff are engaged in survivor driven advocacy. They meet survivors “where they are” – in hospital rooms, in fast food restaurants, in parking lots – wherever the survivor feels safe. Of critical importance for homeless DV survivors, is the creation of a safety plan, upon initial intake. Staff members work carefully to discuss and address issues that may be related to safety on the job, at a residence, or in public. Safety around children and during certain situations is also addressed (for example, during an encounter with the abuser, in the presence of alcohol or drug use, etc.). Safety and emotional health are highlighted. Finally, discussions regarding obtaining an Order of Protection are also included in safety planning. Safety plans are part and parcel of our supportive services. They are not created and filed away. They are living documents; continuously reviewed and modified as a survivor sees fit. Safety is the heart and soul of a DV survivor’s ability to recover; it is therefore our top priority to assist in the establishment of safety, the sustaining of safety, and the ongoing maintenance of safety for each and every survivor.

(2) All intakes are conducted in private spaces.

(3) Intakes are not conducted with couples; as My Sister’s House serves only domestic violence victims (and not their perpetrators).

(4) Scattered site units and/or rental assistance are only provided in settings that are deemed safe for survivors and their children, given that safety is our top priority. Our Housing Coordinator works with each and every survivor to determine their preferences regarding safe housing that is convenient for their needs (i.e., for employment, schools, resources). Potential units are evaluated in the context of providing safety; this includes lighting, stairways, parking, locks on windows and doors. My Sister’s House maintains a connection with survivors, once they have moved into the unit, to ensure there are no safety concerns. Stabilization services are provided (but not required) during this time, as well. This ongoing connection, communication, and support serves as scaffolding; it enables survivors to begin their recovery from trauma and victimization.

We also create safety words with victims that we work with in order to give them an additional layer to their safety planning. We also encourage the use of several DV applications that are available for download on a smartphone or tablet to help increase the survivor’s safety net. Our goal is to empower individuals to take ownership of their own safety, so they feel as secure as possible once they have moved on from our services.

Recently, our agency was part of a pilot project initiated by RING and administered to agencies through our state coalition. We recently received our first shipment of twenty-five doorbell cameras that will be given to survivors in order to aid in their safety. RING is paying for the plan for the doorbell cameras for the life of the device. This is an amazing opportunity for survivors to gain another layer of safety.

(5) We are not currently operating a congregant housing facility.

(6) We are not currently operating a congregant housing facility.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

According to data reported by the Washington State Domestic Violence Housing First Program, 84% of survey respondents strongly agreed that the housing first program “increased their own safety” and that of their children. Survivors expanded the definition of safety to include safety from substance abuse and safety away from dangerous neighborhoods.

Our website offers a “Survivor Resource Guide” which addresses these broader aspects of safety in every-day life situations. The Guide highlights referrals for a variety of needs (i.e., basic, Hispanic/immigrant, Substance Abuse, Transportation, Court Advocacy, and Government related). It is the most comprehensive list of resources in our area, available to anyone at any time.

My Sister’s House understands that the ability to establish ‘normalcy’ and daily routines is invaluable to domestic violence victims and their families. Safe housing allows children to have their own rooms, go to the same school, eat home-cooked meals and have friends over. Because of stable housing, survivors and children are able to live without fear of the abuser, and thus, are more likely to quickly recover from their trauma.

My Sister’s House continuously scans the local housing environment for safe neighborhoods and available units. Our professional staff works with each client and their unique needs to identify appropriately safe and comfortable options. Over the course of our assistance, we regularly monitor our survivors and their families to ensure that they are safe and sound. Due to our efforts in ensuring safety, and over the course of our 40 year history, we have kept our clientele safe without major incidents.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;

6.	**providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offering support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

(1) As a result of regular and ongoing training, My Sister's House has grown into being perceived as the Lowcountry leader for domestic violence survivorship. All staff members have been trained as "Victim Service Providers" through the S.C. State Attorney General's Office. The initial training is intensive and comprehensive (15 hours). To maintain the VSP certification requires 12 hours of ongoing training each year. This foundation and yearly reinforcement ensure that staff remain culturally responsive and competent in establishing nondiscriminatory, effective relationships with clients. We understand that our role is to support victims, not to make decisions for them.

(2) We emphasize a collaborative process of recovery. Our listening sessions with clients provide an opportunity to create rapport and to establish an environment of mutual respect. Victims are encouraged and thus, empowered, to make individual, informed choices that contribute to their recovery. Each and every domestic violence victim is encouraged to become self-reliant and to manifest that in housing and other crucial decision points. We operate in a complete absence of punitive communication and/or interactions.

(3) To understand the traumatic experiences they've endured, our clinical therapists not only deliver information on the phenomena of trauma but also provide ongoing professional counseling (individual and group) to work through the aftereffects. Many clients suffer from PTSD and benefit from learning about the nuances of trauma. Clinical therapeutic services are available in-person, in group settings, and through tele-health means.

(4) Case managers interact with clinical therapists on a regular basis; all supporting a strengths-based model in meeting the needs of clients. My Sister's House staff recognizes that survivors' recuperation involves a recognition of their individual strengths and their ability to self-determine their recovery. Our goal is to assist and support their progress toward complete self-reliance and empowerment.

(5) My Sister's House is mindful of the need to ensure that all services, in all settings, and in all interactions are conducted in an equitable and inclusive manner. We serve a diverse population of domestic violence survivors (Black, White, Hispanic, and Asian) and do not attempt to deliver "one size fits all" services. We meet each client where they are, delivering equal access for all programs and services. No survivor is denied assistance due to ethnicity, race, color, age, religion, national origin, disability, sexual orientation, gender identification, cultural/social values, political beliefs, family status, or any other classification identified by Fair Housing Guidelines. We are focused on meeting the needs of non-English speaking clients and are currently interviewing for two bi-lingual positions (1 case manager and 1 therapist). To further accommodate non-English speakers, we subscribe to an interpretation service to assist victims calling in to our Crisis Line.
To meet the needs of domestic violence victims who are not currently being housed by our organization, we deliver informative, easy-to-read, educational materials on our website. Our interactive and downloadable Safety Planning guide highlights important aspects of creating and maintaining safety.

Additionally, there are specific guidelines to address safety (in public, in an explosive situation, at work, etc.).
Another offering on our website is a “Survivor Resource Guide”; the most comprehensive list of resources in one easy-to-find place. It is available to anyone at any time; thereby empowering family, employers, and friends of domestic violence victims to become better informed and thereby more capable of assisting domestic violence victims.

(6) My Sister’s House recognizes that victims’ recovery is facilitated by their connections to support networks. While we do not advocate nor require any particular approaches to connections, we encourage and support clients to pursue what is meaningful to them. We are able to assist through partnerships with other agencies, through childcare, parenting programs, and spiritual support.

(7) With regard to parenting support, several of our Case Managers and DV Advocates have received training in Triple P Parenting skills and are able to provide counseling to clients. In the event that a survivor needs more intensive support, we connect them with community partners.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

My Sister’s House’s mission is to “break the cycle of domestic violence” by offering survivors comprehensive services, support, and education. For the Tri-County area that we serve, this translates into providing support for both sheltered and community survivors. To enhance our efforts, we have a dedicated Outreach and Education Program that provides tailored training and additional resources to government agencies, police departments, businesses, hospitals and more. We have implemented a “Partner Pledge’ program whereby businesses can deliver resources to and become allies of survivors who may be employed. We also have developed a monthly, online “Break the Silence” educational series that can be educationally beneficial in a more macro sense. Speakers are recruited to speak to particular issues affecting domestic violence survivors, such as “Domestic Violence in the LGBTQ1A Community”, and “Teen Dating Violence”. Our Outreach and Education program is founded on the belief that domestic violence is a public health concern – and that by increasing the general public’s awareness of the phenomena – our clientele will ultimately benefit.

More specifically and to the point of our staff efforts:

(1)Similar to law enforcement officers, our staff members can be described as “first responders,” as they respond 24/7 to survivors who are experiencing

dangerous situations. Each survivor's situation is unique, requiring a customized (interactive) approach to determining and implementing appropriate wrap-around services. Aside from housing support and services, our agency provides comprehensive case management, clinical therapy, and court advocacy services. All services are offered (but not required) to all clients, regardless of their housing location. Clinical therapeutic services are also provided, but not required. Survivors have access to individual, one-on-one trauma-informed counseling and to group therapy sessions, as well. Court advocacy counseling is made available to survivors. Counseling and assistance with applying for Orders of Protection is provided. Accompanying survivors to court hearings is offered – either by staff members or by trained volunteers.

(2) Case managers assist survivors in navigating a variety of issues related to relocation and recovery. They meet with clients several times per week and provide ongoing assistance (following immediate crisis intervention). They ensure that victims understand their rights as victims; they work with survivors to determine safety plans; they complete a Needs assessment and make appropriate referrals to community resources; they assist with documents (obtaining birth certificates, etc.); they address health related concerns; they register children in new schools and provide transportation to appointments, other agencies, employment opportunities. Food and clothing are also provided. Services are provided in our office, in community settings, and in any alternative location that the client deems safe and accessible.

With specific regard to housing needs, My Sister's House has been able to provide furniture, moving assistance, and housekeeping "set up" kits. We maintain a Donation Center and encourage Case managers and clients to "shop" for their personal needs (clothing, food, diapers, toiletries, and more). Additionally, through our collection bin agreement, our clients are able to shop for personal items (clothing and household goods) through the facility's "Community Shops."

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offer support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

Victim centered practices related to the new project are no different from the trauma-informed, victim centered practices we have pursued over the past 40 years. As the only domestic violence shelter in the 3 county “Lowcountry” area of S. C. , we have become known as leaders in domestic violence survivorship.

We intend to continue our successful practices, emphasizing a collaborative process of recovery. Our listening sessions with clients provide an opportunity to create rapport and to establish an environment of mutual respect. Victims are empowered to make individual, informed choices that contribute to their recovery (i.e., housing, employment, education, etc.).

(1) With the support of our Housing Coordinator, clients will continue to be encouraged to conduct research and to articulate their personal preferences for safe housing. Our staff will assist with landlord contacts, interactions, leasing agreements, moving in assistance, and furnishings.

(2) In an environment of respectful communication and equality, clients are empowered to determine what support and at what levels, is most appropriate to meeting their needs. They can pursue and accomplish their self-determined goals on their own – and/or receive help from our staff.

(3) Clients are provided with educational resources related to the phenomena of domestic violence and are supported in their learning process by our Clinical Therapists. They have access to one-on-one counseling – either in person or through tele-health means. Group sessions are also available to them. Therapeutic services are provided for as long as the client determines they are beneficial.

(4) Staff members coordinate and thereby, reinforce a strengths-based approach for all clients. Individual goals are determined by the clients, not the staff members. My Sister’s House staff provide the ‘scaffolding’ that contributes to clients’ ability to reach their personal, recovery goals.

(5) My Sister’s House is mindful of the need to ensure that all services, in all settings, and in all interactions are conducted in an equitable and inclusive manner. We serve a diverse population of domestic violence survivors (Black, White, Hispanic, and Asian) and do not attempt to deliver “one size fits all” services. We meet each client where they are, delivering equal access for all programs and services. No survivor is denied assistance due to ethnicity, race, color, age, religion, national origin, disability, sexual orientation, gender identification, cultural/social values, political beliefs, family status, or any other classification identified by Fair Housing Guidelines. We are focused on meeting the needs of non-English speaking clients and are currently interviewing bi-lingual candidates to replace a previous bilingual staff member. Additionally, we subscribe to an interpretation service to assist victims calling in to our Crisis Line. As it relates to geographical diversity, we can provide “mobile advocacy” to those clients who reside in rural locations. We reach out to under-served populations and geographic locations through our church programs (offered by our Director of Outreach and Education). Last, but not least, we utilize webinars through our S.C. Coalition, to make our website more accessible to those with disabilities.

(6) While we do not advocate nor require any particular approaches for connection (mentorships, spiritual needs, etc.), we recognize the benefit of such

connections for survivors in their recovery process. Whenever a client articulates a desire for connection, we are ready to assist in that context (with transportation, introductions, etc.)

(7) With regard to parenting support, our Case Managers and DV Advocates have received training in Triple P Parenting skills and are qualified to provide counseling to survivors on parenting issues. In the event that a survivor needs more intensive support, we are able to connect them to community partners (Dee Norton and Florence Crittenton).

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	**Applicant Name**	Hopeful Horizons
2.	**Rate of Housing Placement of DV Survivors–Percentage**	84.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	88.00%

4A-4a.	**Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).**

(limit 1,000 characters)

1. Housing placement was calculated by dividing the number of program participants by the number who moved into a housing unit and retention was calculated by diving the total number of exits by the number who exited to permanent housing and converting to a percentage.

2. The provider utilized its comparable data base for this data.

4A-4b.	**Providing Housing to DV Survivor–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,000 characters)

1) Hopeful Horizons assists survivors experiencing homelessness to move to safe, affordable housing as quickly as possible by informing them about available housing programs, completing applications and locating safe, affordable housing through a network of local landlords, property management companies and partnership with Beaufort Housing Authority.

2) Hopeful Horizons utilizes the CoC's Coordinated Entry and prioritization process which has safeguards in place to safely provide services to survivors. Hopeful Horizons helped develop the CE process for DV clients. The DV priority list does not identify the client. Clients from this list are then matched project openings. In order to protect DV client information, discussion about placements is limited only to those who are involved with serving clients fleeing DV.

3) Hopeful Horizons assists clients in obtaining mainstream benefits and spousal/child support through our case management and legal services; assisting them to access credit repair, financial literacy services, educational and employment opportunities through our partnerships; and providing evidence-based trauma treatment or referrals for other mental and physical health services based in the community. Clients whose housing subsidy has ended can still access all services, including any housing stability issues they may face.

4) Hopeful Horizons has extensive experience providing housing and supportive services for survivors of domestic violence. The agency operates a transitional housing program with funding through VOCA (Victims of Crime Act) and ESG-CV funding for RRH and HP activities. In 2020, we assisted 78 women and their children with housing through our VOCA transitional housing and ESG RRH programs, which both included rental assistance and case management. Approximately 87% of the households who exited these programs exited into permanent housing – the remainder entered into short-term leases with plans to leave the area.

4A-4c.	Ensuring DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;

4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

1) All Hopeful Horizons' direct service staff who aren't otherwise licensed are South Carolina certified Victim Service Providers and as such they must complete 15 hours of training and maintain their status by completing at least 12 hours of approved courses annually. Victim Service Providers are trained in safety planning and staff assist victims to complete safety plans via the 24-hour support line, when they enter into the shelter program and when they exit into housing. Additionally, Hopeful Horizons' housing and case management staff have completed training to administer the evidence-based Danger Assessment questionnaire which can be used to help inform safety planning.

2) Intake only occurs in private office space.

3) Hopeful Horizons only shelters survivors of domestic violence (we do not provide services to couples or alleged perpetrators).

4) Hopeful Horizons' trauma-informed approach holds survivor safety and autonomy central. We assist survivors to identify their housing needs and wants and to locate housing that is safe and convenient for their employment, children's schools and their support systems. We work with landlords to address any safety concerns that may be present such as lighting, proximity to parking, working locks on doors and windows and any specific concerns a survivor may have. Hopeful Horizons' scattered site housing model also helps provide anonymity. After a client is placed in housing, we continue to advocate on behalf of the client to ensure safety is maintained, which could include helping a client break a lease to move to a safer location. Additionally, we continue to provide voluntary services to the survivor for as long as needed, including assisting with ongoing safety planning. Hopeful Horizons' believes that collaboration is key to ensuring the safety of survivors. We help lead efforts to build a coordinated community response to domestic violence and have built strong relationships with law enforcement, the court system, the solicitor's office and other human service providers. However, we also recognize that many survivors don't involve law enforcement or the court system and we work with them to develop safety plans that best meet their needs. To further help ensure survivor safety, Hopeful Horizons provides professional training and education in the community about recognizing and responding to domestic violence.

5) Hopeful Horizons is a victim service provider first and foremost and as such we ascribe to best practices for sheltering and housing survivors of domestic violence, including: operating our domestic violence shelter (the only congregant living space we operate) at an undisclosed location that has a security system as well as a video surveillance system; ensuring the doors of the shelter are always locked and that only current clients and approved visitors can enter the building; requiring anyone approved to enter the building to sign a confidentiality agreement and limiting access to the shelter to only those necessary; providing each family a private room with ensuite; and staffing the shelter 24/7. Hopeful Horizons maintains the confidentiality of all clients and does not disclose the location of housing units that our housing program

participants occupy.

6) To ensure privacy and safety, Hopeful Horizons provides each household a private room with ensuite.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

While Hopeful Horizons recognizes that it is impossible for a victim service provider – or anyone other than the abuser – to ensure survivor safety 100% of the time, we do all we can. Hopeful Horizons has been providing victim services, including safety planning, for over 30 years and we have been providing rental assistance in scatterer-site unites for 12 years. Hopeful Horizons tracks outcomes related to survivor safety – including safety planning and if they feel safe in our facility. Last year, 94% of clients said that Hopeful Horizons helped them increase strategies to enhance their safety.

We also conduct lethality assessments with clients at intake to help them identify and understand the danger level that the abuser presents and assist them in safety planning accordingly. Additionally, we work with all housing program participants ongoing to help ensure their safety, including advocating with landlords to make repairs/changes, assisting clients to obtain Orders of Protection and working with clients and landlords to help enforce Orders. We have also assisted clients to relocate when that is the safest option. While an abuser may make the choice to threaten, harm or otherwise jeopardize the safety of a survivor in our program, there have been no major incidents for as long as we have been in operation.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and

7.	**offering support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1) Hopeful Horizons' receives ongoing training, technical assistance and support to ensure that programs and services are trauma-informed and victim-centered. The survivor is the expert about their situation and our role is to help provide information, guidance and support to build on their strengths so they can make informed decisions. Housing program staff provide clients with information about available housing units and encourages them to conduct their own research to choose an option that is best for them.

2) Hopeful Horizons strives to create an environment of agency and mutual respect by making services and interactions voluntary, not creating punitive guidelines or interventions and by assisting the survivor to work toward self-identified goals. Staff works with survivors to help them achieve their personal vision of success. Paperwork completed by clients is minimal and written in a friendly, supportive manner that places the survivor at the center of the program. A goal setting tool allows survivors to list their goals, include any concerns they have about barriers to achieving the goals and provide information about what they will tackle on their own and what they may want assistance with.

3) All direct service staff, including housing program staff, are trained in trauma and trauma-informed care. All non-licensed staff are certified Victim Service Providers. Hopeful Horizons offers virtual and in-person support groups that provide information on the impact of trauma, its symptoms and provide resources and support for healing. Survivors have access to one-on-one counseling and/or evidence-based trauma treatment provided by Hopeful Horizons' licensed clinicians. Counseling/therapy services are available in-person or via telehealth so that the survivor can choose the model that is most convenient for them. All services are provided free of charge.

4) Hopeful Horizons utilizes a strengths-based case management approach. Case managers empower clients to develop housing and safety plans that build on their own strengths. Case managers encourage clients to identify support networks and community services, to take the lead in identifying their own needs and take control over the search for resources and services to address those needs.

5) Hopeful Horizons works from a trauma-informed strengths-based framework that recognizes the intersectionality of oppressions and their impact on our clients and staff. The Diversity, Equity and Inclusion Council, which is made up of staff from across the agency, helps lead efforts to build tea, skills around cultural humility and makes recommendations about policies and procedures that impact staff and those that impact clients. Staff receive racial equity training provided by the National Domestic Violence Resource Center. Hopeful Horizons is committed to ensuring its services and working environment are equitable and inclusive. Data is monitored to ensure that racial/ethnic groups are not over or under-represented, feedback/suggestions from staff and clients is solicited and intentional outreach into marginalized and under-served communities is conducted. Hopeful Horizons strives to make all services as accessible, equitable and as inclusive as possible. To meet the needs of its clients who are geographically isolated, Hopeful Horizons provides transportation for clients to obtain necessary services and to serve clients in their home counties at one of

our satellite office spaces or at another safe location identified by the client. Services provided to clients who are unable to travel include case management, counseling, trauma treatment, legal assistance and advocacy. Housing program staff provide mobile advocacy - meeting with clients at their housing units so they do not have to obtain childcare or transportation. Hopeful Horizons employs staff who are bilingual in English and Spanish to provide interpretation and translation. If the survivor has limited English proficiency or is hearing impaired and a staff person is not available to assist, in-person or telephone interpretation is provided. Hopeful Horizons provides equal opportunity to all applicants for our housing programs so that no survivor incurs discrimination or is denied assistance because of race, religion, color, age, national origin, ancestry, disability, sexual orientation, gender identity, political belief, cultural background, familial status or any other classifications covered by Fair Housing Guidelines.

6) Hopeful Horizons recognizes the need for clients to have a support network. Based on the clients' identified needs and preferences, Hopeful Horizons, though formal and informal partnerships, connects clients to community centers, spiritual support, parenting programs, childcare and mentors.

7) To build family bonds and resilience and based on clients self-identified needs, Hopeful Horizons offers support on parenting, offers parenting classes and assists families in securing safe, affordable childcare.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

1) To help survivors move into permanent housing quickly, Hopeful Horizons, provides information on available housing and provides transportation (as needed) for clients to see the units that they are interested in. Through established relationships with landlords, Hopeful Horizons is notified of new and upcoming vacancies and staff also encourages clients to look for additional options. Staff works with survivors to help them identify a unit that will be in a safe, convenient location and helps them do any additional safety planning needed. Hopeful Horizons also assists clients to complete housing applications, pays for applications and advocates on behalf of clients with problematic rental histories or low/no income to be approved. Hopeful Horizons inspects housing units for safety and habitability issues and works with landlords to make sure any concerns are remedied. Hopeful Horizons staff and volunteers help clients furnish their units and assist with move-in logistics. Hopeful Horizons meets survivors where they are and helps them get to where they want to be – literally and figuratively. Many times, survivors have been disempowered and have lost their autonomy and agency. Hopeful Horizons' meets them wherever they are on their journey of survival and healing and provides the tools, support and resources they may need to move forward.

2) Hopeful Horizons provides comprehensive voluntary supportive services free of charge – and if we don't provide the service in-house, we work with other service providers in our community to ensure survivors have all the resources they need. Supportive services Hopeful Horizons' provides to homeless survivors include: a 24-hour support hotline, hospital accompaniment, counseling/trauma-treatment, support groups, civil legal services, case management, financial assistance, advocacy and referrals. Most of these services are provided to homeless survivors who are residing in our emergency shelter, but services can also be accessed through one of our satellite locations or via mobile advocacy at an alternative location in the community that has been identified by the survivor and staff as being a safe location. Hopeful Horizons conducts outreach activities into the communities we serve and partners with other homeless service providers to inform the community and help identify survivors who may be interested in our services. For example, Hopeful Horizons participated in a free laundry day hosted by a local homeless service organization to provide information about Hopeful Horizons' services and how to access them.

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offer support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1) Hopeful Horizons' housing program staff provide clients with information about available housing units, encourages them to conduct their own research to choose an option that is best for them, contacts landlords their behalf , assists with moving and furnishing units.

2) Services and interactions are voluntary and clients are empowered to set their own terms for receiving service and setting their own goals. Clients use a goal setting tool where they list their own personal goals, include any concerns they have about barriers to achieving the goals and provide information about what they will tackle on their own and what they may want assistance with.

3) Virtual and in-person support groups provide information on the impact of trauma, its symptoms and provide resources and support for healing to take

place. Additionally, survivors have access to one-on-one counseling and/or evidence-based trauma treatment provided by Hopeful Horizons' licensed clinicians. Counseling/therapy services are available in-person or via telehealth so that the survivor can choose the model that is most convenient for them.

4) To empower clients and develop on their existing strengths, Hopeful Horizons' staff provide clients with easy-to-use goal-setting tools that helps clients identify their own strengths. The client and case manager act as a team with the case manager acting as an advocate for what the client needs and wants.

5) Hopeful Horizons Diversity, Equity and Inclusion Council, leads efforts to build team skills around cultural humility and makes recommendations regarding organizational policies and procedures that impact staff as well as those that impact clients. The organization monitors service statistics to ensure that racial and ethnic groups are not over or under-represented, collect feedback/suggestions from staff and clients and are intentional about doing outreach into marginalized and under-served communities. Hopeful Horizons owns five vehicles, which are used to provide transportation for clients to obtain necessary services and to serve clients in their home counties at one of our satellite office spaces or at another safe location identified by the client. Hopeful Horizons' housing program staff also provide mobile advocacy - meeting with clients at their housing units so that they don't have to worry about obtaining childcare or transportation. Hopeful Horizons employs staff who are bilingual in English and Spanish who can assist with interpretation and translation. If the survivor has limited English proficiency or is hearing impaired and a staff person isn't available to assist, in-person or telephone interpretation is provided.

6) Through formal and informal partnerships, clients are connected to community centers, spiritual support, parenting programs, childcare and mentors.

7) Hopeful Horizons offers the Strengthening Families Program, which builds family bonds and resilience.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/15/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/11/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/15/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/15/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting - ...	11/10/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting - ...	11/10/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting - CoC...	11/15/2021
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting - Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting - Projects Accepted

Attachment Details

Document Description: Web Posting - CoC-Approved Consolidated Application

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/15/2021
1B. Inclusive Structure	11/09/2021
1C. Coordination	11/15/2021
1C. Coordination continued	11/15/2021
1D. Addressing COVID-19	11/15/2021
1E. Project Review/Ranking	11/15/2021
2A. HMIS Implementation	11/09/2021
2B. Point-in-Time (PIT) Count	09/21/2021
2C. System Performance	11/15/2021
3A. Housing/Healthcare Bonus Points	11/03/2021
3B. Rehabilitation/New Construction Costs	09/21/2021

3C. Serving Homeless Under Other Federal Statutes	09/21/2021
4A. DV Bonus Application	11/15/2021
4B. Attachments Screen	11/15/2021
Submission Summary	No Input Required

Administration

Interviewer's Name	**Agency**	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	**Nickname**	**Last Name**
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	**Age**	**Social Security Number**	**Consent to participate**	
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes	☐ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

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A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	**SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	**SCORE:**

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? ____ ☐ Refused

b) Taken an ambulance to the hospital? ____ ☐ Refused

c) Been hospitalized as an inpatient? ____ ☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

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7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

8. Does anybody force or trick you to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ **Y** ☐ N ☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

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D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
19. When you are sick or not feeling well, do you avoid getting help?	☐ **Y**	☐ N	☐ Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?	☐ **Y**	☐ N	☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	☐ **Y**	☐ N	☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern?	☐ **Y**	☐ N	☐ Refused
b) A past head injury?	☐ **Y**	☐ N	☐ Refused
c) A learning disability, developmental disability, or other impairment?	☐ **Y**	☐ N	☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

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25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	**SCORE:**

27. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**	**SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3: no housing intervention
B. RISKS	/4	4-7: an assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	/4	8+: an assessment for Permanent Supportive Housing/Housing First
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

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A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE:
• *Have you ever received any help with your mental wellness?* • *Do you feel you are getting all the help you need for your mental health or stress?* • *Has a doctor ever prescribed you pills for nerves, anxiety, depression or anything like that?* • *Have you ever gone to an emergency room or stayed in a hospital because you weren't feeling 100% emotionally?* • *Do you have trouble learning or paying attention?* • *Have you ever had testing done to identify learning disabilities?* • *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby?* • *Have you ever hurt your brain or head?* • *Do you have any documents or papers about your mental health or brain functioning?* • *Are there other professionals we could speak with that have knowledge of your mental health?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	**Any** of the following: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: ☐ No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	☐ In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** is engaged with mental health supports as necessary.
0	☐ No mental health or cognitive functioning issues disclosed, suspected or observed.

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B. Physical Health & Wellness

PROMPTS	CLIENT SCORE:
• *How is your health?* • *Are you getting any help with your health? How often?* • *Do you feel you are getting all the care you need for your health?* • *Any illness like diabetes, HIV, Hep C or anything like that going on?* • *Ever had a doctor tell you that you have problems with blood pressure or heart or lungs or anything like that?* • *When was the last time you saw a doctor? What was that for?* • *Do you have a clinic or doctor that you usually go to?* • *Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life?* • *Are there other professionals we could speak with that have knowledge of your health?* • *Do you have any documents or papers about your health or past stays in hospital because of your health?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition disclosed, observed, or suspected ☐ If any minor health condition, they are managed appropriately

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C. Medication

PROMPTS	CLIENT SCORE:
• *Have you recently been prescribed any medications by a health care professional?* • *Do you take any medications prescribed to you by a doctor?* • *Have you ever sold some or all of your prescription?* • *Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take?* • *Were any of your medications changed in the last month? If yes: How did that make you feel?* • *Do other people ever steal your medications?* • *Do you ever share your medications with other people?* • *How do you store your medications and make sure you take the right medication at the right time each day?* • *What do you do if you realize you've forgotten to take your medications?* • *Do you have any papers or documents about the medications you take?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
3	**Any** of the following: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

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D. Substance Use

PROMPTS	CLIENT SCORE:
• *When was the last time you had a drink or used drugs?* • *Is there anything we should keep in mind related to drugs or alcohol?* • *[If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week?* • *Ever have a doctor tell you that your health may be at risk because you drink or use drugs?* • *Have you engaged with anyone professionally related to your substance use that we could speak with?* • *Ever get into fights, fall down and bang your head, or pass out when drinking or using other drugs?* • *Have you ever used alcohol or other drugs in a way that may be considered less than safe?* • *Do you ever end up doing things you later regret after you have gotten really hammered?* • *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?*	**NOTES**

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

	SCORING
4	☐ In a life-threatening health situation as a direct result of substance use, **or**, In the past 30 days, **any** of the following are true... ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times ☐ Substance use resulting in passing out 2+ times
3	☐ Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**, In the past 30 days, **any** of the following are true... ☐ Drug use reached the point of complete inebriation 12+ times ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
2	In the past 30 days, **any** of the following are true... ☐ Drug use reached the point of complete inebriation fewer than 12 times ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times
1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days
0	☐ In the past 365 days, no substance use

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E. Experience of Abuse & Trauma

PROMPTS	CLIENT SCORE:
To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported. • *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"* • *"Are you currently or have you ever received professional assistance to address that abuse?"* • *"Does the experience of abuse or trauma impact your day to day living in any way?"* • *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"* • *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"* • *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*	**NOTES**

SCORING	
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness
2	**Any** of the following: ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

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F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE:
• *Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time?* • *What was occurring when you had these feelings or took these actions?* • *Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others? How long ago was that? Does that happen often?* • *Have you recently left a situation you felt was abusive or unsafe? How long ago was that?* • *Have you been in any fights recently - whether you started it or someone else did? How long ago was that? How often do you get into fights?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	**Any** of the following: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, 1-3 involvements in physical alterations
0	☐ Reports no instance of harming self, being harmed, or harming others

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G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:
• *[Observe, don't ask] Any abcesses or track marks from injection substance use?* • *Does anybody force or trick you to do something that you don't want to do?* • *Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?* • *Do you ever find yourself in situations that may be considered at a high risk for violence?* • *Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 180 days, engaged in 10+ higher risk and/or exploitive events ☐ In the past 90 days, left an abusive situation
3	**Any** of the following: ☐ In the past 180 days, engaged in 4-9 higher risk and/or exploitive events ☐ In the past 180 days, left an abusive situation, but not in the past 90 days
2	**Any** of the following: ☐ In the past 180 days, engaged in 1-3 higher risk and/or exploitive events ☐ 181+ days ago, left an abusive situation
1	☐ Any involvement in higher risk and/or exploitive situations occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no involvement in higher risk and/or exploitive events

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H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE:
• *How often do you go to emergency rooms?* • *How many times have you had the police speak to you over the past 180 days?* • *Have you used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have you called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you been admitted to hospital in the last 180 days? How long did you stay?*	**NOTES**

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	☐ In the past 180 days, cumulative total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

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I. Legal

PROMPTS	CLIENT SCORE:
• *Do you have any "legal stuff" going on?* • *Have you had a lawyer assigned to you by a court?* • *Do you have any upcoming court dates? Do you think there's a chance you will do time?* • *Any involvement with family court or child custody matters?* • *Any outstanding fines?* • *Have you paid any fines in the last 12 months for anything?* • *Have you done any community service in the last 12 months?* • *Is anybody expecting you to do community service for anything right now?* • *Did you have any legal stuff in the last year that got dismissed?* • *Is your housing at risk in any way right now because of legal issues?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	**Any** of the following: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	☐ There are no current legal issues, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	☐ No legal issues within the past 365 days, **and** currently no conditions of release

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J. Managing Tenancy

PROMPTS	CLIENT SCORE:
• *Are you currently homeless?* • *[If the person is housed] Do you have an eviction notice?* • *[If the person is housed] Do you think that your housing is at risk?* • *How is your relationship with your neighbors?* • *How do you normally get along with landlords?* • *How have you been doing with taking care of your place?*	**NOTES**

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is <u>not</u> considered to be a short-coming or deficiency in the ability to pay rent.

SCORING	
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ Continuously housed for at least 90 days but not more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	☐ Continuously housed, with no assistance on housing matters, for at least 365 days

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K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE:
• *How are you with taking care of money?* • *How are you with paying bills on time and taking care of other financial stuff?* • *Do you have any street debts?* • *Do you have any drug or gambling debts?* • *Is there anybody that thinks you owe them money?* • *Do you budget every single month for every single thing you need? Including cigarettes? Booze? Drugs?* • *Do you try to pay your rent before paying for anything else?* • *Are you behind in any payments like child support or student loans or anything like that?*	**NOTES**

	SCORING
4	**Any** of the following: ☐ Cannot create or follow a budget, regardless of supports provided ☐ Does not comprehend financial obligations ☐ Does not have an income (including formal and informal sources) ☐ Not aware of the full amount spent on substances, if they use substances ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments
3	**Any** of the following: ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) ☐ Only understands their financial obligations with the assistance of a 3rd party ☐ Not budgeting for substance use, if they are a substance user ☐ Real or perceived debts of $999 or less, past due or requiring monthly payments
2	**Any** of the following: ☐ In the past 365 days, source of income has changed 2+ times ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) ☐ Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	☐ Has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	☐ Has been self-managing financial resources and taking care of associated acministrative tasks for at least 180 days

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L. Social Relationships & Networks

PROMPTS	CLIENT SCORE:
• *Tell me about your friends, family or other people in your life.* • *How often do you get together or chat?* • *When you go to doctor's appointments or meet with other professionals like that, what is that like?* • *Are there any people in your life that you feel are just using you?* • *Are there any of your closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?* • *Have you ever had people crash at your place that you did not want staying there?* • *Have you ever been threatened with an eviction or lost a place because of something that friends or family did in your apartment?* • *Have you ever been concerned about not following your lease agreement because of your friends or family?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 90 days, left an exploitive, abusive or dependent relationship ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ No friends or family and demonstrates no ability to follow social norms ☐ Currently homeless and would classify most of friends and family as homeless
3	**Any** of the following: ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but demonstrating ability to follow social norms ☐ Meeting new people with an intention of forming friendships ☐ Reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship ☐ Currently homeless, and would classify some of friends and family as being housed, while others are homeless
2	**Any** of the following: ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship ☐ Developing relationships with new people but not yet fully trusting them ☐ Currently homeless, and would classify friends and family as being housed
1	☐ Has been housed for less than 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	☐ Has been housed for at least 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability

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M. Self Care & Daily Living Skills

PROMPTS	CLIENT SCORE:
• *Do you have any worries about taking care of yourself?* • *Do you have any concerns about cooking, cleaning, laundry or anything like that?* • *Do you ever need reminders to do things like shower or clean up?* • *Describe your last apartment.* • *Do you know how to shop for nutritious food on a budget?* • *Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?* • *Do you tend to keep all of your clothes clean?* • *Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?* • *When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following: ☐ Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following: ☐ Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	☐ In the past 365 days, accessed community resources 4 or fewer times, **and** is fully taking care of all their daily needs
0	☐ For the past 365+ days, fully taking care of all their daily needs independently

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N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE:
• *How do you spend your day?* • *How do you spend your free time?* • *Does that make you feel happy/fulfilled?* • *How many days a week would you say you have things to do that make you feel happy/fulfilled?* • *How much time in a week would you say you are totally bored?* • *When you wake up in the morning, do you tend to have an idea of what you plan to do that day?* • *How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love?* • *Are there any things that get in the way of you doing the sorts of activities you would like to be doing?*	**NOTES**

SCORING	
4	☐ No planned, legal activities described as providing fulfillment or happiness
3	☐ Discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	☐ Attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** the individual is not fully committed to continuing the activities.
1	☐ Has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	☐ Has planned, legal activities described as providing fulfillment or happiness 4+ days per week

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O. History of Homelessness & Housing

PROMPTS	CLIENT SCORE:
• *How long have you been homeless?* • *How many times have you been homeless in your life other than this most recent time?* • *Have you spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your permanent address?* • *Have you ever spent time sleeping in a car or alleyway or garage or barn or bus shelter or anything like that?* • *Have you ever spent time sleeping in an abandoned building?* • *Were you ever in hospital or jail for a period of time when you didn't have a permanent address to go to when you got out?*	**NOTES**

SCORING	
4	☐ Over the past 10 years, cumulative total of 5+ years of homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of homelessness

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Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/ OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

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Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		
TOTAL		

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Administration

Interviewer's Name	**Agency**	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	**Nickname**	**Last Name**
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	**Age**	**Social Security Number**	**Consent to participate**	
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes	☐ No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

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A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters ☐ **Couch surfing** ☐ **Other (specify):**
☐ Transitional Housing ☐ **Outdoors** _____
☐ Safe Haven ☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	**SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	**SCORE:**

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? ____ ☐ Refused

b) Taken an ambulance to the hospital? ____ ☐ Refused

c) Been hospitalized as an inpatient? ____ ☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused

f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

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7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	☐ **Y**	☐ N	☐ Refused	
8. Were you ever incarcerated when younger than age 18?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES.**				**SCORE:**
9. Does anybody force or trick you to do things that you do not want to do?	☐ **Y**	☐ N	☐ Refused	
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**				**SCORE:**

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	☐ **Y**	☐ N	☐ Refused	
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?	☐ Y	☐ **N**	☐ Refused	
IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT.**				**SCORE:**
13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	☐ Y	☐ **N**	☐ Refused	
IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**				**SCORE:**
14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ Y	☐ **N**	☐ Refused	
IF "NO," THEN SCORE 1 FOR **SELF-CARE.**				**SCORE:**

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15. Is your current lack of stable housing...

a) Because you ran away from your family home, a group home or a foster home?	☐ **Y**	☐ N	☐ Refused
b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	☐ **Y**	☐ N	☐ Refused
c) Because your family or friends caused you to become homeless?	☐ **Y**	☐ N	☐ Refused
d) Because of conflicts around gender identity or sexual orientation?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

e) Because of violence at home between family members?	☐ **Y**	☐ N	☐ Refused
f) Because of an unhealthy or abusive relationship, either at home or elsewhere?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA.** **SCORE:**

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
20. When you are sick or not feeling well, do you avoid getting medical help?	☐ **Y**	☐ N	☐ Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

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22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.** **SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/5
D. WELLNESS	/5
GRAND TOTAL:	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no moderate or high intensity services be provided at this time
4-7:	assessment for time-limited supports with moderate intensity
8+:	assessment for long-term housing with high service intensity

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Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

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A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE:
• *Have you ever had a conversation with a psychiatrist, psychologist, or school counsellor? When was that?* • *Do you feel you are getting all the help you might need with whatever mental health stress you might have?* • *Have you ever hurt your brain or head?* • *Do you have trouble learning or paying attention?* • *Has anyone ever told you you might have ADD or ADHD?* • *Was there ever any special testing done to identify learning disabilities?* • *Has any doctor ever prescribed you pills for anxiety, depression, or anything like that?* • *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby?* • *Are there any professionals we could speak with that have knowledge of your mental health?*	**NOTES**

SCORING		
4	**Any** of the following: ☐ Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability	
3	**Any** of the following: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability	
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: ☐ No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity	**FOR YOUTH** ☐ Age 16 or under and would not otherwise score higher
1	☐ In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** is engaged with mental health supports as necessary.	☐ Age 17-23 and would not otherwise score higher
0	☐ Age 24+ **and** no mental health or cognitive functioning issues disclosed, suspected or observed	

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B. Physical Health & Wellness

PROMPTS	CLIENT SCORE:
• *How is your health?* • *Do you feel you are getting all the care you need for your health? When was the last time you saw a doctor? What was that for?* • *Do you have a clinic or doctor that you usually go to?* • *Any illness like diabetes, HIV, Hep C or anything like that going on?* • *Do you have any reason to suspect you might be pregnant? Is that impacting your health in any way? Have you talked with a doctor about your pregnancy? Are you following the doctor's advice?* • *Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life?* • *Are there other professionals we could speak with that have knowledge of your health?*	**NOTES**

Note: In this section, a current pregnancy can be considered a health issue.

SCORING	
4	**Any** of the following: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition ☐ If any minor health condition, they are managed appropriately

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C. Medication

PROMPTS	CLIENT SCORE:
• *Have you recently been prescribed any medications by a health care professional?* • *Do you take any medications prescribed to you by a doctor?* • *Have you ever sold some or all of your prescription?* • *Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take?* • *Were any of your medications changed in the last month? If yes: How did that make you feel?* • *Do other people ever steal your medications?* • *Do you ever share your medications with other people?* • *How do you store your medications and make sure you take the right medication at the right time each day?* • *What do you do if you realize you've forgotten to take your medications?* • *Do you have any papers or documents about the medications you take?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
3	**Any** of the following: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping night-time medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

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D. Substance Use

PROMPTS	CLIENT SCORE:
• *When was the last time you had a drink or used drugs?* • *Is there anything we should keep in mind related to drugs or alcohol?* • *[If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week?* • *Ever get into fights, fall down and bang your head, or pass out when drinking or using other drugs?* • *Have you ever used alcohol or other drugs in a way that may be considered less than safe?* • *Do you ever end up doing things you later regret after you have gotten really hammered?* • *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?* • *Have you engaged with anyone professionally related to your substance use that we could speak with?*	**NOTES**

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women. "Under legal age" refers to under the age at which it is legal to purchase and consume the substance in question.

SCORING		FOR YOUTH
4	☐ In a life-threatening health situation as a direct result of substance use, **or**, In the past 30 days, **any** of the following are true... ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times ☐ Substance use resulting in passing out 2+ times	☐ First used drugs before age 12 ☐ Scores a 2-3 and is under age 15 ☐ Scores a 3 and is under legal age
3	☐ Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**, In the past 30 days, **any** of the following are true... ☐ Drug use reached the point of complete inebriation 12+ times ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times	☐ First used drugs aged 12-15 ☐ Scores a 1 and is under age 15 ☐ Scores a 2 and is under legal age
2	In the past 30 days, **any** of the following are true... ☐ Drug use reached the point of complete inebriation fewer than 12 times ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times	☐ Scores a 1 and is under legal age
1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days	
0	☐ In the past 365 days, no substance use	

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E. Experience of Abuse & Trauma

PROMPTS	CLIENT SCORE:
To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported. • *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"* • *"Are you currently or have you ever received professional assistance to address that abuse?"* • *"Does the experience of abuse or trauma impact your day to day living in any way?"* • *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"* • *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"* • *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*	**NOTES**

SCORING	
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness
2	**Any** of the following: ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

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F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE:
• *Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time?* • *What was occurring when you had these feelings or took these actions?* • *Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others? How long ago was that? Does that happen often?* • *Have you recently left a situation you felt was abusive or unsafe? How long ago was that?* • *Have you been in any fights recently - whether you started it or someone else did? How long ago was that? How often do you get into fights?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	**Any** of the following: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, 1-3 involvements in physical alterations
0	☐ Reports no instance of harming self, being harmed, or harming others

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G. Involvement in High Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:
• *[Observe, don't ask] Any abcesses or track marks from injection substance use?* • *Does anybody force or trick you to do something that you don't want to do?* • *Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?* • *Do you ever find yourself in situations that may be considered at a high risk for violence?* • *Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*	**NOTES**

SCORING		
		YOUTH PREGNANCY
4	**Any** of the following: ☐ In the past 180 days, engaged in 10+ higher risk and/or exploitive events ☐ In the past 90 days, left an abusive situation	☐ Under the age of 24, and has ever become pregnant
3	**Any** of the following: ☐ In the past 180 days, engaged in 4-9 higher risk and/or exploitive events ☐ In the past 180 days, left an abusive situation, but not in the past 90 days	☐ Under the age of 24, and has ever gotten someone else pregnant, and wouldn't otherwise score a 4
2	**Any** of the following: ☐ In the past 180 days, engaged in 1-3 higher risk and/or exploitive events ☐ 181+ days ago, left an abusive situation	
1	☐ In the past 365 days, any involvement in higher risk and/or exploitive events, but not in the past 180 days	
0	☐ In the past 365 days, no involvement in higher risk and/or exploitive events	

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H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE:
• *How often do you go to emergency rooms?* • *How many times have you had the police speak to you over the past 180 days?* • *Have you used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have you called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you been admitted to hospital in the last 180 days? How long did you stay?*	**NOTES**

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	☐ In the past 180 days, cumulative total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

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I. Legal

PROMPTS	CLIENT SCORE:
• *Do you have any "legal stuff" going on?* • *Have you had a lawyer assigned to you by a court?* • *Do you have any upcoming court dates? Do you think there's a chance you will do time?* • *Any involvement with family court or child custody matters?* • *Any outstanding fines?* • *Have you paid any fines in the last 12 months for anything?* • *Have you done any community service in the last 12 months?* • *Is anybody expecting you to do community service for anything right now?* • *Did you have any legal stuff in the last year that got dismissed?* • *Is your housing at risk in any way right now because of legal issues?*	**NOTES**

SCORING		
		JUVENILE DELINQUENCY
4	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand	☐ The youth is under the age of 18 and has current outstanding legal issue(s) that are likely to result in incarceration
3	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand	☐ The youth is under the age of 24 and was ever incarcerated while still a minor, and would not otherwise score a 4
2	**Any** of the following: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)	
1	☐ There are no current legal issues, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration	
0	☐ Has not had any legal issues within the past 365 days, **and** currently no conditions of release	

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J. Managing Tenancy

PROMPTS	CLIENT SCORE:
• *Are you currently homeless?* • *Have you ever signed a lease? How did that go?* • *[If the person is housed] Do you have an eviction notice?* • *[If the person is housed] Do you think that your housing is at risk?* • *How is your relationship with your neighbors?* • *How do you normally get along with landlords (or your parents/guardian(s))?* • *How have you been doing with taking care of your place?*	**NOTES**

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is <u>not</u> considered to be a short-coming or deficiency in the ability to pay rent.

SCORING		
		RUNAWAYS
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters	☐ In the past 90 days, ran away from foster home, group home, or parent's home
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters	☐ In the past 365 days, ran away from foster home, group home, or parent's home, but not in the past 90 days
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ For the past 90 days, was continuously housed, but not for more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters	☐ Ran away from foster home, group home, or parent's home, but not in the past 365 days
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ For the past 180 days, was continuously housed, with no assistance with housing matters, but not for more than 365 days	
0	☐ For the past 365+ days, was continuously housed in same unit, with no assistance with housing matters	

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K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE:
• *How are you with taking care of money?* • *How are you with paying bills on time and taking care of other financial stuff?* • *Do you have any street debts?* • *Do you have any drug or gambling debts?* • *Is there anybody that thinks you owe them money?* • *Do you budget every single month for every single thing you need? Including cigarettes? Booze? Drugs?* • *Do you try to pay your rent before paying for anything else?* • *Are you behind in any payments like child support or student loans or anything like that?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ Cannot create or follow a budget, regardless of supports provided ☐ Does not comprehend financial obligations ☐ Does not have an income (including formal and informal sources) ☐ Not aware of the full amount spent on substances, if they use substances ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments
3	**Any** of the following: ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) ☐ Only understands their financial obligations with the assistance of a 3rd party ☐ Not budgeting for substance use, if they are a substance user ☐ Real or perceived debts of $999 or less, past due or requiring monthly payments
2	**Any** of the following: ☐ In the past 365 days, source of income has changed 2+ times ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) ☐ Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	☐ Has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	☐ Has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

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L. Social Relationships & Networks

PROMPTS	CLIENT SCORE:
• *Tell me about your friends, family and other people in your life. How often do you get together or chat?* • *How do you get along with teachers, doctors, police officers, case workers, and other professionals?* • *Are there any people in your life that you feel are just using you?* • *Are there any of your closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?* • *Have you ever had people crash at your place that you did not want staying there?* • *Have you ever been kicked out of where you were living because of something that friends or family did at your place?* • *Have you ever been concerned about not following your lease agreement because of your friends or family?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 90 days, left an exploitive, abusive or dependent relationship, **or** left home due to family violence or conflict over religious or moral differences, including sexual orientation ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ No friends or family and demonstrates no ability to follow social norms ☐ Currently homeless and would classify most of friends and family as homeless
3	**Any** of the following: ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship, **or** left home due to family violence or conflict over religious or moral differences ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but demonstrating ability to follow social norms ☐ Meeting new people with an intention of forming friendships, **or** reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship ☐ Currently homeless, and would classify some of friends and family as being housed, while others are homeless
2	**Any** of the following: ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship, **or** left home due to family violence or conflict over religious or moral differences ☐ Developing relationships with new people but not yet fully trusting them ☐ Currently homeless, and would classify friends and family as being housed
1	☐ Has been housed for less than 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	☐ Has been housed for at least 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability

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M. Self Care & Daily Living Skills

PROMPTS	CLIENT SCORE:
• *Do you have any worries about taking care of yourself?* • *Do you have any concerns about cooking, cleaning, laundry or anything like that?* • *Do you ever need reminders to do things like shower or clean up?* • *Describe your last apartment.* • *Do you know how to shop for nutritious food on a budget?* • *Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?* • *Do you tend to keep all of your clothes clean?* • *Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?* • *When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?*	**NOTES**

	SCORING
4	**Any** of the following: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following: ☐ Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following: ☐ Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	☐ In the past 365 days, accessed community resources 4 or fewer times, **and** is fully taking care of all their daily needs
0	☐ For the past 365+ days, fully taking care of all their daily needs independently

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N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE:
• *How do you spend your day?* • *How do you spend your free time?* • *Does that make you feel happy/fulfilled?* • *How many days a week would you say you have things to do that make you feel happy/fulfilled?* • *How much time in a week would you say you are totally bored?* • *When you wake up in the morning, do you tend to have an idea of what you plan to do that day?* • *How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love?* • *Are there any things that get in the way of you doing the sorts of activities you would like to be doing?*	**NOTES**

SCORING		
		SCHOOL-AGED YOUTH
4	☐ No planned, legal activities described as providing fulfillment or happiness	☐ Not enrolled in school **and** with no planned, legal activities described as providing fulfillment or happiness
3	☐ Discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness	☐ Enrolled in school, but attending class fewer than 3 days per week
2	☐ Attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** the individual is not fully committed to continuing the activities.	☐ Enrolled in school, and attending class 3 days per week
1	☐ 1-3 days per week, has planned, legal activities described as providing fulfillment or happiness	☐ Enrolled in school and attending class 4 days per week
0	☐ 4+ days per week, has planned, legal activities described as providing fulfillment or happiness	☐ Enrolled in school and maintaining regular attendance

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O. History of Homelessness & Housing

PROMPTS	CLIENT SCORE:
• *How long have they been homeless?* • *How many times have they been homeless in their life other than this most recent time?* • *Have they spent any time sleeping on a friend's couch or floor? And if so, during those times did they consider that to be their permanent address?* • *Have they ever spent time sleeping in a car or alleyway or garage or barn or bus shelter or anything like that?* • *Have they ever spent time sleeping in an abandoned building?* • *Were they ever in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?*	**NOTES**

SCORING	
4	☐ Over the past 10 years, cumulative total of 5+ years of homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of homelessness

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Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/ OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGH RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

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Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		
TOTAL		

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Administration

Interviewer's Name	**Agency**	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1

First Name	**Nickname**	**Last Name**
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	**Age**	**Social Security Number**	**Consent to participate**
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

PARENT 2

☐ No second parent currently part of the household

First Name	**Nickname**	**Last Name**
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	**Age**	**Social Security Number**	**Consent to participate**
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

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Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ **Y** ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE:

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

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B. Risks

8. In the past six months, how many times have you or anyone in your family...

   a) Received health care at an emergency department/room? ____ ☐ Refused

   b) Taken an ambulance to the hospital? ____ ☐ Refused

   c) Been hospitalized as an inpatient? ____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

   e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ____ ☐ Refused

   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ **Y** ☐ N ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**	**SCORE:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**	**SCORE:**

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C. Socialization & Daily Functioning

14.	Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	☐ **Y**	☐ N	☐ Refused
15.	Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐ Y	☐ **N**	☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

16.	Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	☐ Y	☐ **N**	☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

17.	Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ Y	☐ **N**	☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

18.	Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?	☐ **Y**	☐ N	☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

D. Wellness

19.	Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?	☐ **Y**	☐ N	☐ Refused
20.	Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
21.	If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	☐ **Y**	☐ N	☐ Refused
22.	Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
23.	When someone in your family is sick or not feeling well, does your family avoid getting medical help?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

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24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☐ **Y** ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ **Y** ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.** **SCORE:**

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.** **SCORE:**

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E. Family Unit

32.	Are there any children that have been removed from the family by a child protection service within the last 180 days?	☐ **Y**	☐ N	☐ Refused
33.	Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.** **SCORE:**

34.	In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	☐ **Y**	☐ N	☐ Refused
35.	Has any child in the family experienced abuse or trauma in the last 180 days?	☐ **Y**	☐ N	☐ Refused
36.	*IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?	☐ Y	☐ **N**	☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.** **SCORE:**

37.	Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	☐ **Y**	☐ N	☐ Refused
38.	Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.** **SCORE:**

39.	Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	☐ Y	☐ **N**	☐ Refused
40.	After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...			
	a) 3 or more hours per day for children aged 13 or older?	☐ **Y**	☐ N	☐ Refused
	b) 2 or more hours per day for children aged 12 or younger?	☐ **Y**	☐ N	☐ Refused
41.	*IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	☐ **Y**	☐ N	☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.** **SCORE:**

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Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	**Score:** **Recommendation:**
B. RISKS	/4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	/6	9+ an assessment for Permanent Supportive Housing/Housing First
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : _____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

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A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE:
• *Has anyone in your family ever received any help with their mental wellness?* • *Do you feel that every member in your family is getting all the help they need for their mental health or stress?* • *Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression or anything like that?* • *Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally?* • *Does anyone in your family have trouble learning or paying attention, or been tested for learning disabilities?* • *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? What about when you were pregnant?* • *Has anyone in your family ever hurt their brain or head?* • *Do you have any documents or papers about your family's mental health or brain functioning?* • *Are there other professionals we could speak with that have knowledge of your family's mental health?*	**NOTES**

	SCORING
4	**Any** of the following among any family member: ☐ Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	**Any** of the following among any family member: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: ☐ No major concerns about the family's safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ No compelling reason for any member of the family to be screened by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	☐ All members of the family are in a heightened state of recovery, have a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** are engaged with mental health supports as necessary.
0	☐ No mental health or cognitive functioning issues disclosed, suspected or observed.

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B. Physical Health & Wellness

PROMPTS	CLIENT SCORE:
• *How is your family's health?* • *Are you getting any help with your health? How often?* • *Do you feel you are getting all the care you need for your family's health?* • *Any illnesses like diabetes, HIV, Hep C or anything like that going on in any member of your family?* • *Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that?* • *When was the last time anyone in your family saw a doctor? What was that for?* • *Do you have a clinic or doctor that you usually go to?* • *Anything going on right now with your family's health that you think would prevent them from living a full, healthy, happy life?* • *Are there other professionals we could speak with that have knowledge of your family's health?* • *Do you have any documents or papers about your family's health or past stays in hospital because of your health?*	**NOTES**

SCORING	
4	**Any** of the following for any member of the family: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue among any family member with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition in a family member, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition ☐ If any minor health condition, they are managed appropriately

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C. Medication

PROMPTS	CLIENT SCORE:
• *Has anyone in your family recently been prescribed any medications by a health care professional?* • *Does anyone in your family take any medication, prescribed to them by a doctor?* • *Has anyone in your family ever had a doctor prescribe them a medication that wasn't filled or they didn't take?* • *Were any of your family's medications changed in the last month? Whose? How did that make them feel?* • *Do other people ever steal your family's medications?* • *Does anyone in your family ever sell or share their medications with other people it wasn't prescribed to?* • *How does your family store their medication and make sure they take the right medication at the right time each day?* • *What do you do if you realize someone has forgotten to take their medications?* • *Do you have any papers or documents about the medications your family takes?*	**NOTES**

SCORING	
4	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason.
3	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following for any family member: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following is true for **every** family member: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

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D. Substance Use

PROMPTS	CLIENT SCORE:
• *When was the last time you had a drink or used drugs? What about the other members of your family?* • *Anything we should keep in mind related to drugs/alcohol?* • *How often would you say you use [substance] in a week?* • *Ever have a doctor tell you that your health may be at risk because you drink or use drugs?* • *Have you engaged with anyone professionally related to your substance use that we could speak with?* • *Ever get into fights, fall down and bang your head, do things you regret later, or pass out when drinking or using other drugs?* • *Have you ever used alcohol or other drugs in a way that may be considered less than safe?* • *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?*	**NOTES**

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

SCORING	
4	☐ An adult is in a life-threatening health situation as a direct result of substance use, **or**, ☐ Any family member is under the legal age but over 15 and would score a 3+, **or**, ☐ Any family member is under 15 and would score a 2+, **or** who first used drugs prior to age 12, **or**, In the past 30 days, **any** of the following are true for any adult in the family... ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times ☐ Substance use resulting in passing out 2+ times
3	☐ An adult is experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**, ☐ Any family member is under the legal age but over 15 and would score a 2, **or**, ☐ Any family member is under 15 and would score a 1, **or** who first used drugs at age 13-15, **or**, In the past 30 days, **any** of the following are true for any adult in the family... ☐ Drug use reached the point of complete inebriation 12+ times ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
2	☐ Any family member is under the legal age but over 15 and would otherwise score 1, **or**, In the past 30 days, **any** of the following are true for any adult in the family... ☐ Drug use reached the point of complete inebriation fewer than 12 times ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times
1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days
0	☐ In the past 365 days, no substance use

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E. Experience of Abuse & Trauma of Parents

PROMPTS	CLIENT SCORE:
To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported. ***Because this section is self-reported, if there are more than one parent present, they should each be asked individually.*** • *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"* • *"Are you currently or have you ever received professional assistance to address that abuse?"* • *"Does the experience of abuse or trauma impact your day to day living in any way?"* • *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"* • *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"* • *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*	**NOTES**

SCORING	
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness
2	**Any** of the following: ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

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F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE:
• *Does anyone in your family have thoughts about hurting themselves or anyone else? Have they ever acted on these thoughts? When was the last time? What was occurring when that happened?* • *Has anyone in your family ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt themself or others? How long ago was that? Does that happen often?* • *Has anyone in your family recently left a situation you felt was abusive or unsafe? How long ago was that?* • *Has anyone in your family been in any fights recently – whether they started it or someone else did? How long ago was that? How often do they get into fights?*	**NOTES**

	SCORING
4	**Any** of the following for any family member: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following for any family member: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	**Any** of the following for any family member: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, a family member had 1-3 involvements in physical alterations
0	☐ Whole family reports no instance of harming self, being harmed, or harming others

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G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:
• *[Observe, don't ask] Any abcesses or track marks from injection substance use?* • *Does anybody force or trick people in your family to do things that they don't want to do?* • *Do you or anyone in your family ever do stuff that could be considered dangerous like drinking until they pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?* • *Does anyone in your family ever find themselves in situations that may be considered at a high risk for violence?* • *Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 10+ higher risk and/or exploitive events ☐ In the past 90 days, any member of the family left an abusive situation
3	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 4-9 higher risk and/or exploitive events ☐ In the past 180 days, any member of the family left an abusive situation, but not in the past 90 days
2	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 1-3 higher risk and/or exploitive events ☐ 181+ days ago, any member of the family left an abusive situation
1	☐ Any involvement in higher risk and/or exploitive situations by any member of the family occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no involvement by any family member in higher risk and/or exploitive events

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H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE:
• *How often does your family go to emergency rooms?* • *How many times have you had the police speak to members of your family over the past 180 days?* • *Has anyone in your family used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have members of your family called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you or anyone in your family been admitted to hospital in the last 180 days? How long did they stay?*	**NOTES**

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	☐ In the past 180 days, cumulative family total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative family total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative family total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services by family members occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

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I. Legal

PROMPTS	CLIENT SCORE:
• *Does your family have any "legal stuff" going on?* • *Has anyone in your family had a lawyer assigned to them by a court?* • *Does anyone in your family have any upcoming court dates? Do you think there's a chance someone in your family will do time?* • *Any outstanding fines?* • *Has anyone in your family paid any fines in the last 12 months for anything?* • *Has anyone in your family done any community service in the last 12 months?* • *Is anybody expecting someone in your family to do community service for anything right now?* • *Did your family have any legal stuff in the last year that got dismissed?* • *Is your family's housing at risk in any way right now because of legal issues?*	**NOTES**

SCORING	
4	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	**Any** of the following among any family member: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	☐ There are no current legal issues among family members, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	☐ No family member has had any legal issues within the past 365 days, **and** currently no conditions of release

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J. Managing Tenancy

PROMPTS	CLIENT SCORE:
• *Is your family currently homeless?* • *[If the family is housed] Does your family have an eviction notice?* • *[If the family is housed] Do you think that your family's housing is at risk?* • *How is your family's relationship with your neighbors?* • *How does your family normally get along with landlords?* • *How has your family been doing with taking care of your place?*	**NOTES**

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is <u>not</u> considered to be a short-coming or deficiency in the ability to pay rent.

SCORING	
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ Continuously housed for at least 90 days but not more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	☐ Continuously housed, with no assistance on housing matters, for at least 365 days

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K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE:
• *How are you and your family with taking care of money?* • *How are you and your family with paying bills on time and taking care of other financial stuff?* • *Does anyone in your family have any street debts or drug or gambling debts?* • *Is there anybody that thinks anyone in your family owes them money?* • *Do you budget every single month for every single thing your family needs? Including cigarettes? Booze? Drugs?* • *Does your family try to pay your rent before paying for anything else?* • *Is anyone in your family behind in any payments like child support or student loans or anything like that?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ No family income (including formal and informal sources) ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments **Or**, for the person who normally handles the household's finances, **any** of the following: ☐ Cannot create or follow a budget, regardless of supports provided ☐ Does not comprehend financial obligations ☐ Not aware of the full amount spent on substances, if the household includes a substance user
3	☐ Real or perceived debts of $999 or less, past due or requiring monthly payments, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) ☐ Only understands their financial obligations with the assistance of a 3rd party ☐ Not budgeting for substance use, if the household includes a substance user
2	☐ In the past 365 days, source of family income has changed 2+ times, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) ☐ Self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

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L. Social Relationships & Networks

PROMPTS	CLIENT SCORE:
• *Tell me about your family's friends, extended family or other people in your life.* • *How often do you get together or chat with family friends?* • *When your family goes to doctor's appointments or meet with other professionals like that, what is that like?* • *Are there any people in your life that you feel are just using you, or someone else in your family?* • *Are there any of your family's closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?* • *Have you ever had people crash at your place that you did not want staying there?* • *Have you ever been threatened with an eviction or lost a place because of something that friends or extended family did in your apartment?* • *Have you ever been concerned about not following your lease agreement because of friends or extended family?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ Currently homeless and would classify most of friends and family as homeless ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ In the past 90 days, left an exploitive, abusive or dependent relationship ☐ No friends or family and any family member demonstrates an inability to follow social norms
3	**Any** of the following: ☐ Currently homeless, and would classify some of friends as housed, while some are homeless ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but all family members demonstrate ability to follow social norms ☐ Any family member is meeting new people with an intention of forming friendships ☐ Any family member is reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship
2	**Any** of the following: ☐ Currently homeless, and would classify friends and family as being housed ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship ☐ Any family member is developing relationships with new people but not yet fully trusting them
1	☐ Has been housed for less than 180 days, **and** family is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	☐ Has been housed for at least 180 days, **and** family is engaged with friends or family, who are having no negative consequences on the individual's housing stability

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M. Self Care & Daily Living Skills of Family Head

PROMPTS	CLIENT SCORE:
• *Do you have any worries about taking care of yourself or your family?* • *Do you have any concerns about cooking, cleaning, laundry or anything like that?* • *Does anyone in your family ever need reminders to do things like shower or clean up?* • *Describe your family's last apartment.* • *Do you know how to shop for nutritious food on a budget?* • *Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?* • *Do you tend to keep all of your family's clothes clean?* • *Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?* • *When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?*	**NOTES**

SCORING	
4	**Any** of the following for head(s) of household: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following for head(s) of household: ☐ Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following for head(s) of household: ☐ Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	☐ In the past 365 days, family accessed community resources 4 or fewer times, **and** head of household is fully taking care of all the family's daily needs
0	☐ For the past 365+ days, fully taking care of all the family's daily needs independently

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N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE:
• *How does your family spend their days?* • *How does your family spend their free time?* • *Do these things make your family feel happy/fulfilled?* • *How many days a week would you say members of your family have things to do that make them feel happy/fulfilled?* • *How much time in a week would you or members of your family say they are totally bored?* • *When people in your family wake up in the morning, do they tend to have an idea of what they plan to do that day?* • *How much time in a week would you say members of your family spend doing stuff to fill up the time rather than doing things that they love?* • *Are there any things that get in the way of your family doing the sorts of activities they would like to be doing?*	**NOTES**

SCORING	
4	☐ Any member of the family has no planned, legal activities described as providing fulfillment or happiness
3	☐ Any member of the family is discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	☐ Some members of the family are attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** they are not fully committed to continuing the activities.
1	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 4+ days per week

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O. History of Homelessness & Housing

PROMPTS	CLIENT SCORE:
• *How long has your family been homeless?* • *How many times has your family experienced homelessness other than this most recent time?* • *Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address?* • *Has your family ever spent time sleeping in a car, alleyway , garage, barn, bus shelter, or anything like that?* • *Has your family ever spent time sleeping in an abandoned building?* • *Was anyone in your family ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?*	**NOTES**

SCORING	
4	☐ Over the past 10 years, cumulative total of 5+ years of family homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of family homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of family homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of family homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of family homelessness

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P. Parental Engagement

PROMPTS	CLIENT SCORE:
• *Walk me through a typical evening after school in your family.* • *Tell me about what role, if any, the older kids have with the younger kids. Do they babysit? Walk them to school? Bathe or put the younger kids to bed?* • *Does your family have play time together? What kinds of things do you do and how often do you do it?* • *Let's pick a day like a Saturday...do you know where your kids are the entire day and whom they are out with all day?*	**NOTES**

Note: In this section, a child is considered "supervised" when the parent has knowledge of the child's whereabouts, the child is in an age-appropriate environment, and the child is engaged with the parent or another responsible adult. "Caretaking tasks" are tasks that may be expected by a parent/caregiver such as getting children to/from school, preparing meals, bathing children, putting children to bed, etc.

	SCORING
4	☐ No sense of parental attachment and responsibility ☐ No meaningful family time together ☐ Children 12 and younger are unsupervised 3+ hours each day ☐ Children 13 and older are unsupervised 4+ hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 5+ days/week
3	☐ Weak sense of parental attachment and responsibility ☐ Meaningful family activities occur 1-4 times in a month ☐ Children 12 and younger are unsupervised 1-3 hours each day ☐ Children 13 and older are unsupervised 2-4 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 3-4 days/week
2	☐ Sense of parental attachment and responsibility, but not consistently applied ☐ Meaningful family activities occur 1-2 days per week ☐ Children 12 and younger are unsupervised fewer than 1 hour each day ☐ Children 13 and older are unsupervised 1-2 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks fewer than 2 days/week
1	☐ Strong sense of parental attachment and responsibility towards their children ☐ Meaningful family activities occur 3-6 days of the week ☐ Children 12 and younger are never unsupervised ☐ Children 13 and older are unsupervised no more than an hour each day
0	☐ Strong sense of attachment and responsibility towards their children ☐ Meaningful family activities occur daily ☐ Children are never unsupervised

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Q. Stability/Resiliency of the Family Unit

PROMPTS	CLIENT SCORE:
• *Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred?* • *Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened?*	**NOTES**

SCORING	
4	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relative within the family have changed 4+ times ☐ Children have left or returned to the family 4+ times
3	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 3 times ☐ Children have left or returned to the family 3 times
2	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 2 times ☐ Children have left or returned to the family 2 times
1	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 1 time ☐ Children have left or returned to the family 1 time
0	In the past 365 days, **any** of the following have occurred: ☐ No change in parental arrangements and/or other adult relatives within the family ☐ Children have not left or returned to the family

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R. Needs of Children

PROMPTS	CLIENT SCORE:
• *Please tell me about the attendance at school of your school-aged children.* • *Any health issues with your children?* • *Any times of separation between your children and parents?* • *Without going into detail, have any of your children experienced or witnessed emotional, physical, sexual or psychological abuse?* • *Have your children ever accessed professional assistance to address that abuse?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 15+ days in any month ☐ School-aged children are not currently enrolled in school ☐ Any member of the family, including children, is currently escaping an abusive situation ☐ The family is homeless
3	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 7-14 days in any month ☐ School-aged children typically miss 3+ days of school per week for reasons other than illness ☐ In the last 180 days, any child(ren) in the family has experienced an abusive situation that has since ended
2	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 1-6 days in any month ☐ School-aged children typically miss 2 days of school per week for reasons other than illness ☐ In the past 365 days, any child(ren) in the family has experienced an abusive situation that has ended more than 180 days ago
1	**Any** of the following: ☐ In the last 365 days, children needed to live with friends or family for 7+ days in any month, but not in the last 90 days ☐ School-aged children typically miss 1 day of school per week for reasons other than illness
0	**All** of the following: ☐ In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month ☐ School-aged children maintain consistent attendance at school ☐ There is no evidence of children in the home having experienced or witnessed abuse ☐ The family is housed

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S. Size of Family Unit

PROMPTS	CLIENT SCORE:
• *I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again?* • *Is anyone in the family currently pregnant?*	NOTES

SCORING	FOR ONE-PARENT FAMILIES:	FOR TWO-PARENT FAMILIES:
4	**Any** of the following: ☐ A pregnancy in the family ☐ At least one child aged 0-6 ☐ Three or more children of any age	**Any** of the following: ☐ A pregnancy in the family ☐ Four or more children of any age
3	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age	**Any** of the following: ☐ At least one child aged 0-6 ☐ Three children of any age
2	☐ At least one child aged 12–15.	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age
1	☐ At least one child aged 16 or older.	☐ At least one child aged 12 or older
0	☐ Children have been permanently removed from the family and the household is transitioning to services for singles or couples without children	

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T. Interaction with Child Protective Services and/or Family Court

PROMPTS	CLIENT SCORE:
• *Any matters being considered by a judge right now as it pertains to any member of your family?* • *Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back?* • *Has there ever been an investigation by someone in child welfare into the matters of your family?*	NOTES

SCORING	
4	**Any** of the following: ☐ In the past 90 days, interactions with child protective services have occurred ☐ In the past 365 days, one or more children have been removed from parent's custody that have **not** been reunited with the family at least four days per week ☐ There are issues still be decided or considered within family court
3	In the past 180 days, **any** of the following have occurred: ☐ Interactions with child protective services have occurred, but not within the past 90 days ☐ One or more children have been removed from parent's custody through child protective services (non-voluntary) **and** the child(ren) has been reunited with the family four or more days per week; ☐ Issues have been resolved in family court
2	☐ In the past 365 days, interactions with child protective services have occurred, but not within the past 180 days, and there are no active issues, concerns or investigations
1	☐ No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.
0	☐ There have been no serious interactions with child protective services because of parenting concerns

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Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/ OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

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Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
PARENTAL ENGAGEMENT		
STABILITY/RESILIENCY OF THE FAMILY UNIT		
NEEDS OF CHILDREN		
SIZE OF FAMILY		
INTERACTION WITH CHILD PROTECTIVE SERVICES AND/ OR FAMILY COURT		
TOTAL		

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HOUSING AUTHORITY OF THE CITY OF CHARLESTON

550 MEETING STREET, CHARLESTON, SOUTH CAROLINA 29403

TELEPHONE (843) 720-3970 FAX # (843) 720-3977 TDD (843) 720-3685

Donald J. Cameron, *NAHRO Fellow*
President & CEO

VIA ELECTRONIC MAIL

November 11, 2021

Heather Carver
City of Charleston Program Director
Lowcountry Continuum of Care
P.O. Box 20038
Charleston, SC 29413
hcarver@lowcountrycoc.org

Re: Homelessness Preference

Dear Heather Carver,

The Low-Income Public Housing Program at the Housing Authority of the City of Charleston currently has a homeless admission preference. During FY 2020, 2.7 % of new admissions claimed the homeless preference at the time of admission. Should you have any questions or concerns, please do not hesitate to contact my office.

Best Regards,

Aris Hanchard Ferguson
General Counsel

AHF/ar

1985
AWARD FOR
DESIGN EXCELLENCE
PRESIDENT RONALD REAGAN

1984
FEDERAL DESIGN
ACHIEVEMENT AWARD
NATIONAL ENDOWMENT
FOR THE ARTS

1986, 1991
HONOR AWARD
AMERICAN INSTITUTE OF ARCHITECTS

1997, 2014, 2018
FOUNDERS AWARD
HISTORIC CHARLESTON FOUNDATION

1989, 1990, 1997
CAROLOPOLIS AWARD
PRESERVATION SOCIETY
OF CHARLESTON

2000, 2006
HOUSING ACHIEVEMENT AWARD
S.C. STATE HOUSING FINANCE
AND DEVELOPMENT AUTHORITY

1991
SPECIFIC ACTIVITY AWARD
U.S. DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT

2011, 2013, 2014, 2015
HUMAN SERVICE AWARD
CCHRCO

2009, 2010, 2012
NATIONAL AWARD OF MERIT
NATIONAL ASSOCIATION OF HOUSING
AND REDEVELOPMENT OFFICIALS

1991-98
CERTIFICATE OF EXCELLENCE
IN MANAGEMENT OPERATIONS
U.S. DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT

1994, 1999
SUSTAINED PERFORMANCE AWARD
U.S. DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT

Celebrating 85 Years of Service
Organized May 5, 1935

2019
AIA/HUD SECRETARY AWARD
DESIGN EXCELLENCE
WILLIAMS TERRACE

EQUAL HOUSING OPPORTUNITY

City of North Charleston Housing Authority

"Providing Safe and Decent Housing to the Citizens of North Charleston"

Board of Commissioners

Chairperson
Mary Champion-McCune

Vice-Chairperson
William Kleindienst

Jeff Baxter

Clarence Mitchell

Lydia Cotton

LaSonia Gallashaw

Acting Executive Director
Jeremy Erling

November 10, 2021

Heather Carver
CoC Program Director
Lowcountry Continuum of Care
P.O. Box 20038
Charleston, SC 29413

Dear Ms. Carver,

In answer to part IC-7 of the Lowcountry Continuum of Care Consolidated Application, the City of North Charleston Housing Authority does not have an official homeless admission preference for Housing Choice Vouchers. In fiscal year 2021, the City of North Charleston Housing Authority had 0% of new admissions into the Housing Choice Voucher program who was homeless at entry.

Sincerely,

Jeremy Erling
Acting Executive Director

6327 Rivers Avenue, North Charleston, S. C. 29406
Phone: 843-747-1793—Fax: 843-744-3466—TDD: 800-735-8583
Web: northcharlestonhousing.org

EQUAL HOUSING OPPORTUNITY

FY2021 CoC Competition RFA

HC Heather Carver
To Heather Carver

Reply | Reply All | Forward

Thu 9/23/2021 3:39 PM

RFA CoC 2021.pdf
206 KB

Good Afternoon,

Please review the attached RFA regarding the FY2021 CoC Competition. Continue to view our website for important updates. https://lowcountrycoc.org/fy2021competition

Sincerely,

Heather Carver
CoC Program Director
Lowcountry Continuum of Care
P.O. Box 20038
Charleston, SC 29413
843-212-8568
https://lowcountrycoc.org/

Housing Crisis Line: 843-737-8357

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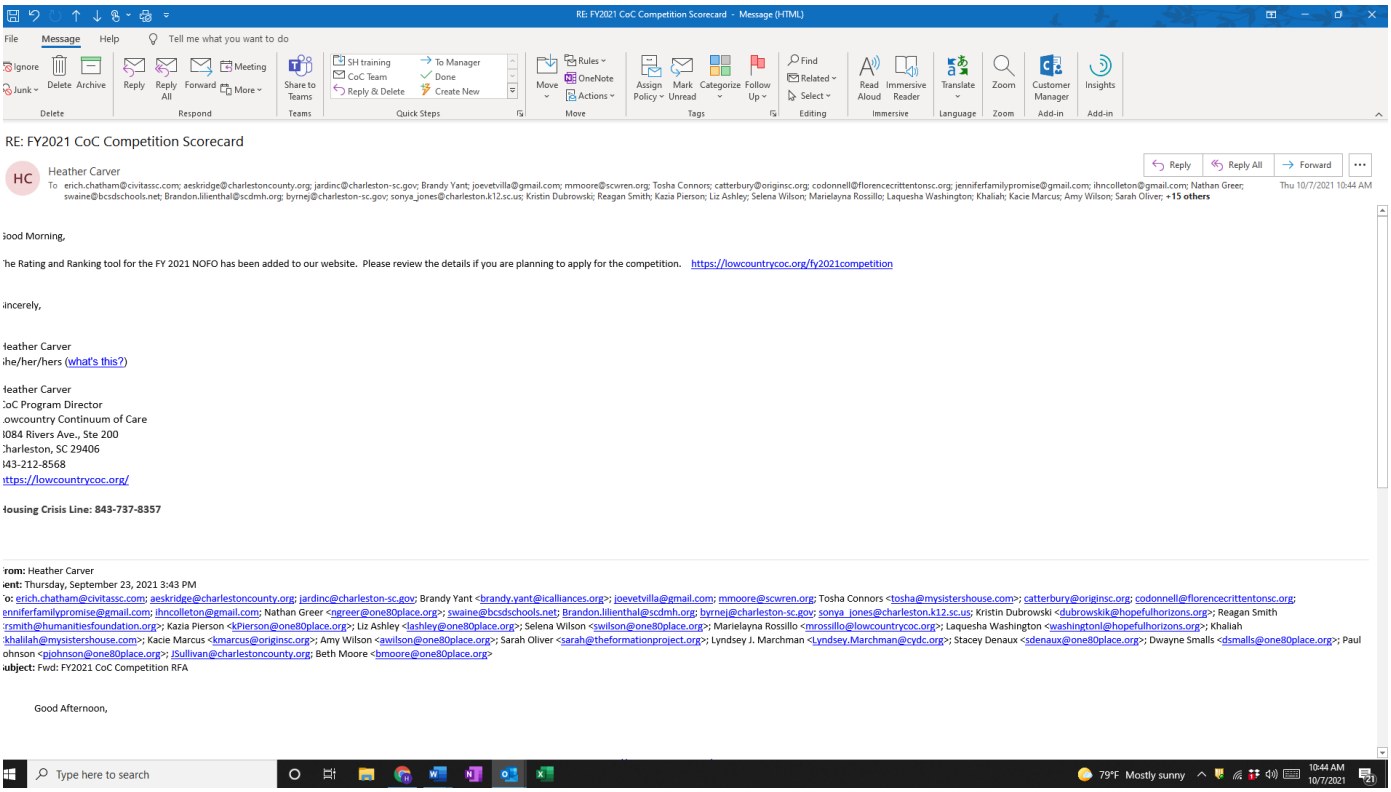
SEPTEMBER 23, 2021 · HEATHER CARVER

RFA Announcement

The Lowcountry Continuum of Care (CoC) plans, develops and implements comprehensive and coordinated strategies to address homelessness in Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton and Jasper Counties. The Lowcountry Continuum of Care is governed by a Governing Council comprised of individuals representing our Continuum's diverse geography and homeless services focus. Various members of this Council, excluding members representing HUD CoC–funded agencies, make up the Project Selection Committee for this Notice of Funding Opportunity (NOFO). Each year, the US Department of Housing and Urban Development (HUD) makes available federal resources for homeless services to communities around the nation through its Continuum of Care (CoC) Program Competition. CoCs access these funds by completing a Consolidated Application on behalf of the local homeless service provider agencies. For our Continuum of Care, One80 Place is the Collaborative Applicant and prepares and submits an application for federal funding each year. Any agency, located in the CoC service area, interested in applying for these funds must participate in local homeless planning efforts and the CoC Program Consolidated Application process. As such, it is the responsibility of the Collaborative Applicant to ensure that the best possible application is submitted each year. All public postings regarding the Continuum of Care FY 2021 NOFO and the local policies and procedures are now available on the CoC website at Lowcountrycoc.org. We


RE: FY2021 CoC Competition Scorecard - Message (HTML)
File
Message
Help
Tell me what you want to do
Ignore
Junk
Delete
Archive
Reply
Reply All
Forward
Meeting
More
Respond
Share to Teams
Teams
SH training
CoC Team
Reply & Delete
To Manager
Done
Create New
Quick Steps
Move
Rules
OneNote
Actions
Assign Policy
Mark Unread
Categorize
Follow Up
Tags
Find
Related
Select
Editing
Read Aloud
Immersive Reader
Immersive
Translate
Language
Zoom
Customer Manager
Add-in
Insights
Add-in
RE: FY2021 CoC Competition Scorecard
HC
Heather Carver
To erich.chatham@civitassc.com; aeskridge@charlestoncounty.org; jardinc@charleston-sc.gov; Brandy Yant; joevetvilla@gmail.com; mmoore@scwren.org; Tosha Connors; catterbury@originsc.org; codonnell@florencecrittentonsc.org; jenniferfamilypromise@gmail.com; ihncolleton@gmail.com; Nathan Greer; swaine@bcsdschools.net; Brandon.lilienthal@scdmh.org; byrnej@charleston-sc.gov; sonya_jones@charleston.k12.sc.us; Kristin Dubrowski; Reagan Smith; Kazia Pierson; Liz Ashley; Selena Wilson; Marielayna Rossillo; Laquesha Washington; Khaliah; Kacie Marcus; Amy Wilson; Sarah Oliver; +15 others
Thu 10/7/2021 10:44 AM
Reply
Reply All
Forward
Good Morning,
The Rating and Ranking tool for the FY 2021 NOFO has been added to our website. Please review the details if you are planning to apply for the competition. https://lowcountrycoc.org/fy2021competition
Sincerely,
Heather Carver
she/her/hers (what's this?)
Heather Carver
CoC Program Director
Lowcountry Continuum of Care
1084 Rivers Ave., Ste 200
Charleston, SC 29406
843-212-8568
https://lowcountrycoc.org/
Housing Crisis Line: 843-737-8357
From: Heather Carver
Sent: Thursday, September 23, 2021 3:43 PM
To: erich.chatham@civitassc.com; aeskridge@charlestoncounty.org; jardinc@charleston-sc.gov; Brandy Yant <brandy.yant@icalliances.org>; joevetvilla@gmail.com; mmoore@scwren.org; Tosha Connors <tosha@mysistershouse.com>; catterbury@originsc.org; codonnell@florencecrittentonsc.org; jenniferfamilypromise@gmail.com; ihncolleton@gmail.com; Nathan Greer <ngreer@one80place.org>; swaine@bcsdschools.net; Brandon.lilienthal@scdmh.org; byrnej@charleston-sc.gov; sonya_jones@charleston.k12.sc.us; Kristin Dubrowski <dubrowskik@hopefulhorizons.org>; Reagan Smith <rsmith@humanitiesfoundation.org>; Kazia Pierson <kPierson@one80place.org>; Liz Ashley <lashley@one80place.org>; Selena Wilson <swilson@one80place.org>; Marielayna Rossillo <mrossillo@lowcountrycoc.org>; Laquesha Washington <washingtonl@hopefulhorizons.org>; Khaliah <khalilah@mysistershouse.com>; Kacie Marcus <kmarcus@originsc.org>; Amy Wilson <awilson@one80place.org>; Sarah Oliver <sarah@theformationproject.org>; Lyndsey J. Marchman <Lyndsey.Marchman@cydc.org>; Stacey Denaux <sdenaux@one80place.org>; Dwayne Smalls <dsmalls@one80place.org>; Paul Johnson <pjohnson@one80place.org>; JSullivan@charlestoncounty.org; Beth Moore <bmoore@one80place.org>
Subject: Fwd: FY2021 CoC Competition RFA
Good Afternoon,
Type here to search
79°F Mostly sunny
10:44 AM
10/7/2021

Lowcountry Continuum of Care
1m ·

Updates for the FY2021 NOFO Competition have been added to our website. Specifically, the Rating and Ranking tool for new and renewal projects. If you are planning on applying, please review the notice to help guide your application.
https://lowcountrycoc.org/fy2021competition

LOWCOUNTRYCOC.ORG
CoC Competition FY 2021 — Lowcountry Continuum of Care

0
People Reached

0
Engagements

Boost Post

Like Comment Share

Comment as Lowcountry Continuum o...

10:50 AM
10/7/2021

FY2021 RFA for HUD Continuum of Care Funding

Background

The Lowcountry Continuum of Care (CoC) plans, develops and implements comprehensive and coordinated strategies to address homelessness in Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton and Jasper Counties. The Lowcountry Continuum of Care is governed by a Governing Council comprised of individuals representing our Continuum's diverse geography and homeless services focus. Various members of this Council, excluding members representing HUD CoC-funded agencies, make up the Project Selection Committee for this Notice of Funding Opportunity (NOFO).

Each year, the US Department of Housing and Urban Development (HUD) makes available federal resources for homeless services to communities around the nation through its Continuum of Care (CoC) Program Competition. CoCs access these funds by completing a Consolidated Application on behalf of the local homeless service provider agencies. For our Continuum of Care, One80 Place is the Collaborative Applicant and prepares and submits an application for federal funding each year. Any agency, located in the CoC service area, interested in applying for these funds must participate in local homeless planning efforts and the CoC Program Consolidated Application process. As such, it is the responsibility of the Collaborative Applicant to ensure that the best possible application is submitted each year.

All public postings regarding the Continuum of Care FY 2021 NOFO and the local policies and procedures are now available on the CoC website at Lowcountrycoc.org. We encourage new agencies to apply.

Available Funding

Approximately $2,656,000,000 is available in this FY 2021 CoC Program NOFO, including up to $102,000,000 available for Domestic Violence (DV) Bonus projects (of which up to $50,000,000 is carried over from the Further Consolidated Appropriations Act, 2020), described in Section II.B.5 of this NOFO. HUD may add to the total amount with available funds that have been carried over or recaptured from previous fiscal years. All requirements in the FY 2021 application process, including requirements for the entire CoC Consolidated Application and the total amount of funds available, are included in this NOFO. HUD will continue to require Collaborative Applicants to rank all projects, except CoC planning and Unified Funding Agency (UFA) Costs in two tiers as described in Sections II.B.11.a and b of this NOFO.

CoC Number and Name	PPRN	Estimated ARD	CoC Planning	Bonus	DV Bonus
SC-500 Charleston/Low Country CoC	$3,195,593	$2,055,141	$95,868	$159,780	$479,339

Project Review and Ranking

Project applications submitted to the CoC for inclusion on the FY 2021 CoC Priority Listing as part of the CoC Consolidated Application must be reviewed and either accepted and ranked, approved, or rejected by the CoC. All project applications approved by the CoC must be listed on the CoC Priority Listing in rank order, except project applications for YHDP renewal or replacement, CoC planning and UFA Costs projects which are not ranked. Higher ranked projects will be assigned to Tier 1 and lower ranked projects will be assigned to Tier 2 as described in Sections II.B.11.a and b of this NOFO. The purpose of this two-tiered approach is for CoCs to notify HUD which projects are prioritized for funding based on local needs and gaps.

Application Process –New & Renewal Projects

1. Carefully read the NOFO released by HUD (General and Program sections). The HUD NOFA and related guidance can be accessed here: https://www.hudexchange.info/programs/e-snaps/fy-2021-coc-program-nofa-coc-program-competition/

2. Prepare and submit a Project Application for each new or renewal project through e-snaps. Instructions on how to register for e-snaps and set up the required applicant profile can be found here: https://www.hudexchange.info/programs/e-snaps/#general-resources.
    a. There are several steps to this process. Each applicant must:
        i. Register for e-snaps,
        ii. Create an applicant profile,
        iii. Register for the funding opportunity,
        iv. Create a project, and
        v. Complete the submission.

Do NOT wait until the last minute to begin this process. Please note that all Project Applicants must have a DUNS number and an active SAM registration.

3. Export and save the project application to a PDF file. Please follow all directions in e-snaps.

4. Email the PDF of the Project Application plus the following attachments to hcarver@lowcountrycoc.org by October 15, 2021 at 5:00 PM; please don't wait until the last minute to submit. No late applications will be accepted. If you have difficulty with e-snaps, please contact Heather Carver immediately at hcarver@lowcountrycoc.org.
    a. Application Supplement
    b. Most recent HUD APR (Renewals only)
    c. Current list of board of directors with affiliations
    d. Most recent audit
    e. Most recent Form 990
    f. Proof of current SAM.gov registration
    g. Project Policy and procedures/Operational manual

    If any of the above documents are listed on your website, you may submit a link to the appropriate page on your site.

Domestic Violence (DV) New Project Bonus Funding Availability

DV/Rapid Rehousing (RRH). HUD has announced a $120mil DV/ RRH set-aside for CoC's. This DV/RRH program is designed specifically for survivors of domestic violence, although DV-specific agencies are not the only agencies that can apply. The CoC encourages project applicants to confer with local DV providers prior to submitting an application. Applicants should demonstrate how they will implement a Housing First model in this program, how they will work with the current coordinated entry system and provide specifics on which HMIS comparable database they are using and will use for this program. The CoC can create up to (3) three new DV/RRH projects under this set-aside. The following project types can be considered:

- PH/RRH projects dedicated to serving survivors of domestic violence
- Joint TH & PH/RRH component projects dedicated to serving survivors of domestic violence
- SSO (support services only) -coordinated entry projects to implement policies, procedures and practices that equip the CoC's coordinated entry (CAT) to better meet the needs of survivors of domestic violence.

Important Notes

The Lowcountry CoC reserves the right to request additional information from project applicants during the application and review process. The Project Selection Committee will determine if any additional information is necessary. Remember that all grants, new or renewal, are subject to the scrutiny outlined in the current NOFA which will include being put through the Ranking and Scoring process. Final decisions regarding awards will be made by HUD via the national competition. A complete list of all objective criteria and past performance measures used in the ranking and scoring process will be posted on the Lowcountry CoC website.

HUD requires local CoCs to establish deadlines for Project Application and notification of inclusion in the overall Consolidated Application. Process and local deadlines are listed below. Important information can be found on HUD Exchange: https://www.hudexchange.info/programs/coc/

Overview & Timeline

Locally, the 2021 CoC Program Competition involves solicitation of applications, evaluating new and renewal projects, and determining which projects will be included in the final Consolidated Application that will be submitted to HUD via e-snaps.

August 18, 2021	HUD CoC NOFO released
August 19, 2021	Project Applications available in e-snaps, applicants may begin to enter their project directly into e-snaps
September 23, 2021	Local Release of Funding Availability (RFA) issued
October 7, 2021	Pre-recorded orientation webinar for New Applicants available and posted on CoC's website, lowcountrycoc.org.
October 15, 2021	All New and Renewal Project Applications are due in e-snaps and a PDF version plus attachments due by 5:00pm to Heather Carver at hcarver@lowcountrycoc.org. All New Applicants must also complete the online new applicant supplement found on our website. Renewal applicants are not required to complete this form.
October 25 and 26, 2021	Project scoring and ranking conducted by the Project Selection Committee.
October 29, 2021	Notification will be sent to all applicants if their application is going to be included in the CoC Consolidated Application Submission. If an application is not included in the CoC Consolidated Application, a rejection letter will be emailed to the contact information provided by the applicant.
November 1 ,2021	Priority Ranking results posted for public review on Lowcountry CoC website

November 3, 2021	Appeal letters, if any, are due to Heather Carver at hcarver@lowcountrycoc.org
November 12, 2021	CoC Governing Council approves Consolidated Application
November 12, 2021	Consolidated Application posted for public review on CoC website, www.lowcountrycoc.org.
November 16, 2021	Consolidated Application due to HUD by **Tuesday, November 16, 2021 at 8:00 PM EST**

NAVIGATION

GO Customize Threshold Requirements

GO Filter Rating Factors

GO Customize Renewal/Expansion Project Rating Tool

GO Customize New Project Rating Tool

CUSTOMIZE NEW AND RENEWAL/EXPANSION PROJECT THRESHOLD REQUIREMENTS

CoC Threshold Requirements

(Delete the X in the box next to any requirements you do not wish to include.)

- [X] Coordinated Entry Participation
- [X] Housing First and/or Low Barrier Implementation
- [X] Documented, secured minimum match
- [X] Project has reasonable costs per permanent housing exit, as defined locally
- [X] Project is financially feasible
- [X] Applicant is active CoC participant
- [X] Application is complete and data are consistent
- [X] Data quality at or above 90%
- [X] Bed/unit utilization rate at or above 90%
- [X] Acceptable organizational audit/financial review

(The first five requirements ar
the rating process either as Th
Fa

FILTER RATING FACTORS

Select project type to edit

Select...

Using these drop-down menus, select which rating factors to show and customize

Select special populati

Select...

CUSTOMIZE RENEWAL/EXPANSION PROJECT RATING TOOL

Delete the X in the box besides any rating factor below that you do not wish to include. If desired, adjust the factor/goal and point value for each measure. You can add additional locally-defined criteria below. See the Data Source Chart for information about where to obtain data to use in scoring.

Performance Measures	Factor/Goal	Max Point Valu
Length of Stay		
[X] RRH (General) - On average, participants spend XX days from project entry to residential move-in	30 days	10 points
[ ] RRH (DV) - On average, participants spend XX days from project entry to residential move-in		
[X] PSH (General) - On average, participants spend XX days from project entry to residential move-in	30 days	10 points
[ ] PSH (DV) - On average, participants spend XX days from project entry to residential move-in		
[ ] TH (General) - On average, participants stay in project XX days		
[ ] TH (DV) - On average, participants stay in project XX days		
[ ] TH+RRH (General) - TH Component (General) - On average, participants stay in project XX days		
[ ] TH+RRH (DV) - TH Component - On average, participants stay in project XX days		
[ ] TH+RRH (General) - RRH Component - On average, participants spend XX days from project entry to residential move-in		
[ ] TH+RRH (DV) - RRH Component - On average, participants spend XX days from project entry to residential move-in		
Exits to Permanent Housing		
[X] RRH (General) - Minimum percent move to permanent housing	90 %	10 points
[ ] RRH (DV) - Minimum percent move to permanent housing		
[X] PSH (General) - Minimum percent remain in or move to permanent housing	90 %	10 points
[ ] PSH (DV) - Minimum percent remain in or move to permanent housing		
[ ] TH (General) - Minimum percent move to permanent housing		
[ ] TH (DV) - Minimum percent move to permanent housing		
[ ] TH+RRH (General) - RRH Component - Minimum percent move to permanent housing		
[ ] TH+RRH (DV) - RRH Component - Minimum percent move to permanent housing		
Returns to Homelessness (if data is available for project)		
[X] RRH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	15 %	10 points
[ ] RRH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing		
[X] PSH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	15 %	10 points
[ ] PSH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing		
[ ] TH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing		
[ ] TH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing		
[ ] TH+RRH (General) - RRH Component - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing		

	TH+RRH (DV) - RRH Component - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing			

New or Increased Income and Earned Income

X	RRH (General) - Minimum percent of participants with new or increased earned income for project stayers	5 %	2.5	points
	RRH (DV) - Minimum percent of participants with new or increased earned income for project stayers			
X	PSH (General) - Minimum percent of participants with new or increased earned income for project stayers	5 %	2.5	points
	PSH (DV) - Minimum percent of participants with new or increased earned income for project stayers			
	TH (General) - Minimum percent of participants with new or increased earned income for project stayers			
	TH (DV) - Minimum percent of participants with new or increased earned income for project stayers			
	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased earned income for project stayers			
	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased earned income for project stayers			
X	RRH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	5 %	2.5	points
	RRH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers			
X	PSH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	5 %	2.5	points
	PSH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers			
	TH (General) - Minimum percent of participants with new or increased non-employment income for project stayers			
	TH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers			
	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased non-employment income for project stayers			
	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased non-employment income for project stayers			
X	RRH (General) - Minimum percent of participants with new or increased earned income for project leavers	5 %	2.5	points
	RRH (DV) - Minimum percent of participants with new or increased earned income for project leavers			
X	PSH (General) - Minimum percent of participants with new or increased earned income for project leavers	5 %	2.5	points
	PSH (DV) - Minimum percent of participants with new or increased earned income for project leavers			
	TH (General) - Minimum percent of participants with new or increased earned income for project leavers			
	TH (DV) - Minimum percent of participants with new or increased earned income for project leavers			
	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased earned income for project leavers			
	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased earned income for project leavers			
X	RRH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	5 %	2.5	points
	RRH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers			
X	PSH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	5 %	2.5	points
	PSH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers			
	TH (General) - Minimum percent of participants with new or increased non-employment income for project leavers			
	TH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers			
	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased non-employment income for project leavers			
	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased non-employment income for project leavers			

Serve High Need Populations *(select from drop-down menu)*

	Project focuses on chronically homeless people			
X	RRH (General) - XX% of participants are chronically homeless	10 %	5	points
	RRH (DV) - XX% of participants are chronically homeless			
X	PSH (General) - XX% of participants are chronically homeless	10 %	5	points
	PSH (DV) - XX% of participants are chronically homeless			
	TH (General) - XX% of participants are chronically homeless			
	TH (DV) - XX% of participants are chronically homeless			
	TH+RRH (General) - RRH Component - XX% of participants are chronically homeless			
	TH+RRH (DV) - RRH Component - XX% of participants are chronically homeless			

Project Effectiveness

	RRH (General) - Costs are within local average cost per positive housing exit for project type			
	RRH (DV) - Costs are within local average cost per positive housing exit for project type			
	PSH (General) - Costs are within local average cost per positive housing exit for project type			
	PSH (DV) - Costs are within local average cost per positive housing exit for project type			
	TH (General) - Costs are within local average cost per positive housing exit for project type			
	TH (DV) - Costs are within local average cost per positive housing exit for project type			
	TH+RRH (General) - RRH Component - Costs are within local average cost per positive housing exit for project type			
	TH+RRH (DV) - RRH Component - Costs are within local average cost per positive housing exit for project type			
X	RRH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	100 %	7.5	points
	RRH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)			
X	PSH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	90 %	7.5	points
	PSH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)			
	TH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)			
	TH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)			
	TH+RRH (General) - RRH Component - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)			
	TH+RRH (DV) - RRH Component - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)			

X	RRH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	7.5	points
	RRH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures			
X	PSH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	7.5	points
	PSH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures			
	TH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures			
	TH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures			
	TH+RRH (General) - RRH Component - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures			
	TH+RRH (DV) - RRH Component - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures			

Equity Factors

Agency Leadership, Governance, and Policies

X	Recipient has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	Yes	5	points
X	Recipient's board of directors includes representation from more than one person with lived experience	Yes	5	points
X	Recipient has relational process for receiving and incorporating feedback from persons with lived experience	Yes	5	points
X	Recipient has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers	Yes	5	points

Program Participant Outcomes

X	Recipient has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age	Yes	5	points
X	Recipient has identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes	Yes	5	points
X	Recipient is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age	Yes	5	points

Other and Local Criteria

(select from drop-down menu)

X	CoC Monitoring Score	Project is operating in conformance with CoC Standards	Yes	5	points

Total Maximum Score

RRH-General projects:	100	points
RRH-DV projects:	40	points
PSH-General projects:	100	points
PSH-DV projects:	40	points
TH-General projects:	40	points
TH-DV projects:	40	points
TH+RRH-General projects:	40	points
TH+RRH-DV projects:	40	points

CUSTOMIZE NEW PROJECT RATING TOOL

	Experience	Factor/Goal	Max Point Vali	
X	General-A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.		15	points
X	DV-A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.		15	points
X	General-B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.		10	points
X	DV-B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.		10	points
X	General-C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.		5	points
X	DV-C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.		5	points

Design of Housing & Supportive Services

X	General-A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.		15	points

X	DV-A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.		15	points
X	General-B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.		5	points
X	DV-B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.		5	points
X	General-C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.		5	points
X	DV-C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.		5	points
X	General-D. Project leverages housing resources with housing subsidies or units not funded through the CoC or ESG programs.		10	points
X	DV-D. Project leverages housing resources with housing subsidies or units not funded through the CoC or ESG programs.		10	points
X	General-E. Project leverages health resources, including a partnership commitment with a healthcare organization.		10	points
X	DV-E. Project leverages health resources, including a partnership commitment with a healthcare organization.		10	points

Timeliness

X	General-A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.		10	points
X	DV-A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.		10	points

Financial

	General-A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.			
	DV-A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.			
	B. Organization's most recent audit:			
	General-1. Found no exceptions to standard practicess			
	DV-1. Found no exceptions to standard practicess			
	General-2. Identified agency as 'low risk'			
	DV-2. Identified agency as 'low risk'			
X	General-3. Indicates no findings		5	points
X	DV-3. Indicates no findings		5	points
X	General-C. Documented match amount meets HUD requirements.		5	points
X	DV-C. Documented match amount meets HUD requirements.		5	points
	General-D. Budgeted costs are reasonable, allocable, and allowable.			
	DV-D. Budgeted costs are reasonable, allocable, and allowable.			

Project Effectiveness

X	General-Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals	100 %	15	points
X	DV-Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals	100 %	15	points

Equity Factors

Agency Leadership, Governance, and Policies

X	New project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	Yes	10	points
X	New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g))	Yes	10	points
X	New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one	Yes	10	points
X	New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes	Yes	15	points

Program Participant Outcomes

X	New project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review		10	points
X	New project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review		10	points
X	New project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age. If already implementing plan, describe findings from review		10	points

Other and Local Criteria

Total Maximum Score General projects: 100 points

NAVIGATION

GO Customize Threshold Requirements

GO Filter Rating Factors

GO Customize Renewal/Expansion Project Rating Tool

GO Customize New Project Rating Tool

CUSTOMIZE NEW AND RENEWAL/EXPANSION PROJECT THRESHOLD REQUIREMENTS

CoC Threshold Requirements

(Delete the X in the box next to any requirements you do not wish to include.)

- [X] Coordinated Entry Participation
- [X] Housing First and/or Low Barrier Implementation
- [X] Documented, secured minimum match
- [X] Project has reasonable costs per permanent housing exit, as defined locally
- [X] Project is financially feasible
- [X] Applicant is active CoC participant
- [X] Application is complete and data are consistent
- [X] Data quality at or above 90%
- [X] Bed/unit utilization rate at or above 90%
- [X] Acceptable organizational audit/financial review

(The first five requirements ar
the rating process either as Th
Fa

FILTER RATING FACTORS

Select project type to edit

Select...

Using these drop-down menus, select which rating factors to show and customize

Select special populati

Select...

CUSTOMIZE RENEWAL/EXPANSION PROJECT RATING TOOL

Delete the X in the box besides any rating factor below that you do not wish to include. If desired, adjust the factor/goal and point value for each measure. You can add additional locally-defined criteria below. See the Data Source Chart for information about where to obtain data to use in scoring.

Performance Measures	Factor/Goal	Max Point Valu
Length of Stay		
[X] RRH (General) - On average, participants spend XX days from project entry to residential move-in	30 days	10 points
[ ] RRH (DV) - On average, participants spend XX days from project entry to residential move-in		
[X] PSH (General) - On average, participants spend XX days from project entry to residential move-in	30 days	10 points
[ ] PSH (DV) - On average, participants spend XX days from project entry to residential move-in		
[ ] TH (General) - On average, participants stay in project XX days		
[ ] TH (DV) - On average, participants stay in project XX days		
[ ] TH+RRH (General) - TH Component (General) - On average, participants stay in project XX days		
[ ] TH+RRH (DV) - TH Component - On average, participants stay in project XX days		
[ ] TH+RRH (General) - RRH Component - On average, participants spend XX days from project entry to residential move-in		
[ ] TH+RRH (DV) - RRH Component - On average, participants spend XX days from project entry to residential move-in		
Exits to Permanent Housing		
[X] RRH (General) - Minimum percent move to permanent housing	90 %	10 points
[ ] RRH (DV) - Minimum percent move to permanent housing		
[X] PSH (General) - Minimum percent remain in or move to permanent housing	90 %	10 points
[ ] PSH (DV) - Minimum percent remain in or move to permanent housing		
[ ] TH (General) - Minimum percent move to permanent housing		
[ ] TH (DV) - Minimum percent move to permanent housing		
[ ] TH+RRH (General) - RRH Component - Minimum percent move to permanent housing		
[ ] TH+RRH (DV) - RRH Component - Minimum percent move to permanent housing		
Returns to Homelessness (if data is available for project)		
[X] RRH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	15 %	10 points
[ ] RRH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing		
[X] PSH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	15 %	10 points
[ ] PSH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing		
[ ] TH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing		
[ ] TH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing		
[ ] TH+RRH (General) - RRH Component - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing		

	TH+RRH (DV) - RRH Component - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing			

New or Increased Income and Earned Income

X	RRH (General) - Minimum percent of participants with new or increased earned income for project stayers	5 %	2.5	points
	RRH (DV) - Minimum percent of participants with new or increased earned income for project stayers			
X	PSH (General) - Minimum percent of participants with new or increased earned income for project stayers	5 %	2.5	points
	PSH (DV) - Minimum percent of participants with new or increased earned income for project stayers			
	TH (General) - Minimum percent of participants with new or increased earned income for project stayers			
	TH (DV) - Minimum percent of participants with new or increased earned income for project stayers			
	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased earned income for project stayers			
	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased earned income for project stayers			
X	RRH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	5 %	2.5	points
	RRH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers			
X	PSH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	5 %	2.5	points
	PSH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers			
	TH (General) - Minimum percent of participants with new or increased non-employment income for project stayers			
	TH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers			
	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased non-employment income for project stayers			
	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased non-employment income for project stayers			
X	RRH (General) - Minimum percent of participants with new or increased earned income for project leavers	5 %	2.5	points
	RRH (DV) - Minimum percent of participants with new or increased earned income for project leavers			
X	PSH (General) - Minimum percent of participants with new or increased earned income for project leavers	5 %	2.5	points
	PSH (DV) - Minimum percent of participants with new or increased earned income for project leavers			
	TH (General) - Minimum percent of participants with new or increased earned income for project leavers			
	TH (DV) - Minimum percent of participants with new or increased earned income for project leavers			
	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased earned income for project leavers			
	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased earned income for project leavers			
X	RRH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	5 %	2.5	points
	RRH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers			
X	PSH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	5 %	2.5	points
	PSH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers			
	TH (General) - Minimum percent of participants with new or increased non-employment income for project leavers			
	TH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers			
	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased non-employment income for project leavers			
	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased non-employment income for project leavers			

Serve High Need Populations *(select from drop-down menu)*

	Project focuses on chronically homeless people			
X	RRH (General) - XX% of participants are chronically homeless	10 %	5	points
	RRH (DV) - XX% of participants are chronically homeless			
X	PSH (General) - XX% of participants are chronically homeless	10 %	5	points
	PSH (DV) - XX% of participants are chronically homeless			
	TH (General) - XX% of participants are chronically homeless			
	TH (DV) - XX% of participants are chronically homeless			
	TH+RRH (General) - RRH Component - XX% of participants are chronically homeless			
	TH+RRH (DV) - RRH Component - XX% of participants are chronically homeless			

Project Effectiveness

	RRH (General) - Costs are within local average cost per positive housing exit for project type			
	RRH (DV) - Costs are within local average cost per positive housing exit for project type			
	PSH (General) - Costs are within local average cost per positive housing exit for project type			
	PSH (DV) - Costs are within local average cost per positive housing exit for project type			
	TH (General) - Costs are within local average cost per positive housing exit for project type			
	TH (DV) - Costs are within local average cost per positive housing exit for project type			
	TH+RRH (General) - RRH Component - Costs are within local average cost per positive housing exit for project type			
	TH+RRH (DV) - RRH Component - Costs are within local average cost per positive housing exit for project type			
X	RRH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	100 %	7.5	points
	RRH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)			
X	PSH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	90 %	7.5	points
	PSH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)			
	TH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)			
	TH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)			
	TH+RRH (General) - RRH Component - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)			
	TH+RRH (DV) - RRH Component - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)			

X	RRH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	7.5	points
	RRH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures			
X	PSH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	7.5	points
	PSH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures			
	TH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures			
	TH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures			
	TH+RRH (General) - RRH Component - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures			
	TH+RRH (DV) - RRH Component - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures			

Equity Factors

Agency Leadership, Governance, and Policies

X	Recipient has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	Yes	5	points
X	Recipient's board of directors includes representation from more than one person with lived experience	Yes	5	points
X	Recipient has relational process for receiving and incorporating feedback from persons with lived experience	Yes	5	points
X	Recipient has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers	Yes	5	points

Program Participant Outcomes

X	Recipient has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age	Yes	5	points
X	Recipient has identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes	Yes	5	points
X	Recipient is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age	Yes	5	points

Other and Local Criteria

(select from drop-down menu)

X	CoC Monitoring Score	Project is operating in conformance with CoC Standards	Yes	5	points

Total Maximum Score

RRH-General projects:	100	points
RRH-DV projects:	40	points
PSH-General projects:	100	points
PSH-DV projects:	40	points
TH-General projects:	40	points
TH-DV projects:	40	points
TH+RRH-General projects:	40	points
TH+RRH-DV projects:	40	points

CUSTOMIZE NEW PROJECT RATING TOOL

Experience

		Factor/Goal	Max Point Vali	
X	General-A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.		15	points
X	DV-A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.		15	points
X	General-B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.		10	points
X	DV-B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.		10	points
X	General-C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.		5	points
X	DV-C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.		5	points

Design of Housing & Supportive Services

X	General-A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.		15	points

X	DV-A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.		15	points
X	General-B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.		5	points
X	DV-B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.		5	points
X	General-C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.		5	points
X	DV-C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.		5	points
X	General-D. Project leverages housing resources with housing subsidies or units not funded through the CoC or ESG programs.		10	points
X	DV-D. Project leverages housing resources with housing subsidies or units not funded through the CoC or ESG programs.		10	points
X	General-E. Project leverages health resources, including a partnership commitment with a healthcare organization.		10	points
X	DV-E. Project leverages health resources, including a partnership commitment with a healthcare organization.		10	points

Timeliness

X	General-A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.		10	points
X	DV-A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.		10	points

Financial

	General-A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.			
	DV-A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.			
	B. Organization's most recent audit:			
	General-1. Found no exceptions to standard practicess			
	DV-1. Found no exceptions to standard practicess			
	General-2. Identified agency as 'low risk'			
	DV-2. Identified agency as 'low risk'			
X	General-3. Indicates no findings		5	points
X	DV-3. Indicates no findings		5	points
X	General-C. Documented match amount meets HUD requirements.		5	points
X	DV-C. Documented match amount meets HUD requirements.		5	points
	General-D. Budgeted costs are reasonable, allocable, and allowable.			
	DV-D. Budgeted costs are reasonable, allocable, and allowable.			

Project Effectiveness

X	General-Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals	100 %	15	points
X	DV-Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals	100 %	15	points

Equity Factors

Agency Leadership, Governance, and Policies

X	New project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	Yes	10	points
X	New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g))	Yes	10	points
X	New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one	Yes	10	points
X	New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes	Yes	15	points

Program Participant Outcomes

X	New project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review		10	points
X	New project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review		10	points
X	New project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age. If already implementing plan, describe findings from review		10	points

Other and Local Criteria

Total Maximum Score General projects: 100 points

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: Lease on Life 1 (31) Print Blank Template Print Report Card

Organization Name: Origin

Project Type: PSH

Project Identifier: 31

Renewal/Expansion Projects Rating Complete: yes

RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE		POINTS AWARDED		MAX POINT VALUE
PERFORMANCE MEASURES						
Length of Stay						
Placed in housing within 30 days of entry		19	days	10	out of	10
Exits to Permanent Housing						
Minimum 90% remain/move to PH		100	%	10	out of	10
Returns to Homelessness						
Within 12 months of exit to permanent housing		0	%	10	out of	10
New or Increased Income and Earned Income						
Earned income for project stayers		5	%	2.5	out of	2.5
Non-employment income for project stayers		56	%	2.5	out of	2.5
Earned income for project leavers		0	%	0.0	out of	2.5
Non-employment income for project leavers		100	%	2.5	out of	2.5
Performance Measures Subtotal				37.5	out of	**40**
SERVE HIGH NEED POPULATIONS						
>10% of participants are chronically homeless		100	%	5.0	out of	5
Serve High Need Populations Subtotal				5	out of	**5**
PROJECT EFFECTIVENESS						

Coordinated Entry Participation		90	%	7.50	out of	7.5
Housing First and/or Low Barrier Implementation		yes		7.50	out of	7.5
Project Effectiveness Subtotal				15	out of	**15**
EQUITY FACTORS						
Agency Leadership, Governance, and Policies						
Recipient Management & Leadership Positions		yes		5	out of	5
Recipient Board of Directors		yes		5	out of	5
Process for receiving & incorporating feedback		yes		5	out of	5
Internal Policies and Procedures		yes		5	out of	5
Program Participant Outcomes						
Outcomes with an equity lens		yes		5	out of	5
Program changes for equitable outcomes		yes		5	out of	5
HMIS data review with equity lens		yes		5	out of	5
Equity Factors Subtotal				35	out of	**35**
OTHER AND LOCAL CRITERIA						
CoC Monitoring Score	#REF!	yes		5	out of	5
TOTAL SCORE				97.5	out of	**100**
PROJECT FINANCIAL INFORMATION						
CoC funding requested					**$**	**180, 510**

Rank	% Rating Score	Project	ARA
N/A	Not Rated	CoC Planning Grant	$95,868

Tier 1					
Rank	% Rating Score	Project	Provider	Type	ARA
1	Not Rated	HMIS	One80 Place	HMIS	
2	97.5	LOL 1	Origin SC	PSH	$180,510
3	90	LOL 3	Origin SC	PSH	$99,105
4	86	Home to Stay	Origin SC	PSH	$80,235
5	84	RRH	One80 Place	RRH	$563,886
6	83	Youth RRH	One80 Place	RRH	$180,826
7	80.5	LOL 2	Origin SC	PSH	$127,914
8	75	Housing First PSH	One80 Place	PSH	$656,045
				Total	

Tier 2					
Rank	% Rating Score	Project	Provider	Type	ARA
1 DV Bonus	95		Hopeful Horizons	RRH	$239,650
2 DV Bonus	94		My Sister's House	RRH	$239,000
				TOTAL	$478,650
1 Bonus	95		One80 Place	PSH	$159,780
				TOTAL	$159,780

Not ranked			Florence Crittenton	TH/RRH	$159,090

CoC Number and Name	PPRN	Estimated ARD	CoC Planning	Bonus	DV Bonus
SC-500 Charleston/Low Country CoC	$3,195,593	$2,055,141	$95,868	$159,780	$479,339

CoC Competition

HC

Heather Carver
To codonnell@florencecrittentonsc.org

10/29/2021

Flo Crit letter_final.pdf
510 KB

Good Afternoon,

Attached is the response from the rating and ranking committee regarding your application.

Sincerely,

Heather Carver
CoC Program Director
Lowcountry Continuum of Care
P.O. Box 20038
Charleston, SC 29413
843-212-8568
https://lowcountrycoc.org/

Housing Crisis Line: 843-737-8357

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LOWCOUNTRY COC

October 28, 2021

Cheryl O'Donnell
Executive Director
Florence Crittenton Programs of SC
19 Saint Margaret Street
Charleston, SC 29403-3612

RE: TH/RRH for Pregnant & Parenting Youth

Dear Ms. O'Donnell,

Thank you for your submission of a Project Application for the Lowcountry CoC 2021 HUD Continuum of Care Competition. The Lowcountry CoC is fortunate to have quality providers delivering services in our 7-county area. This year's competition had more resources requested through Project Applications than resources available. The Rating & Ranking Committee had many difficult selections to make. Selections were based on a common scoring tool published publicly prior to the local application deadline.

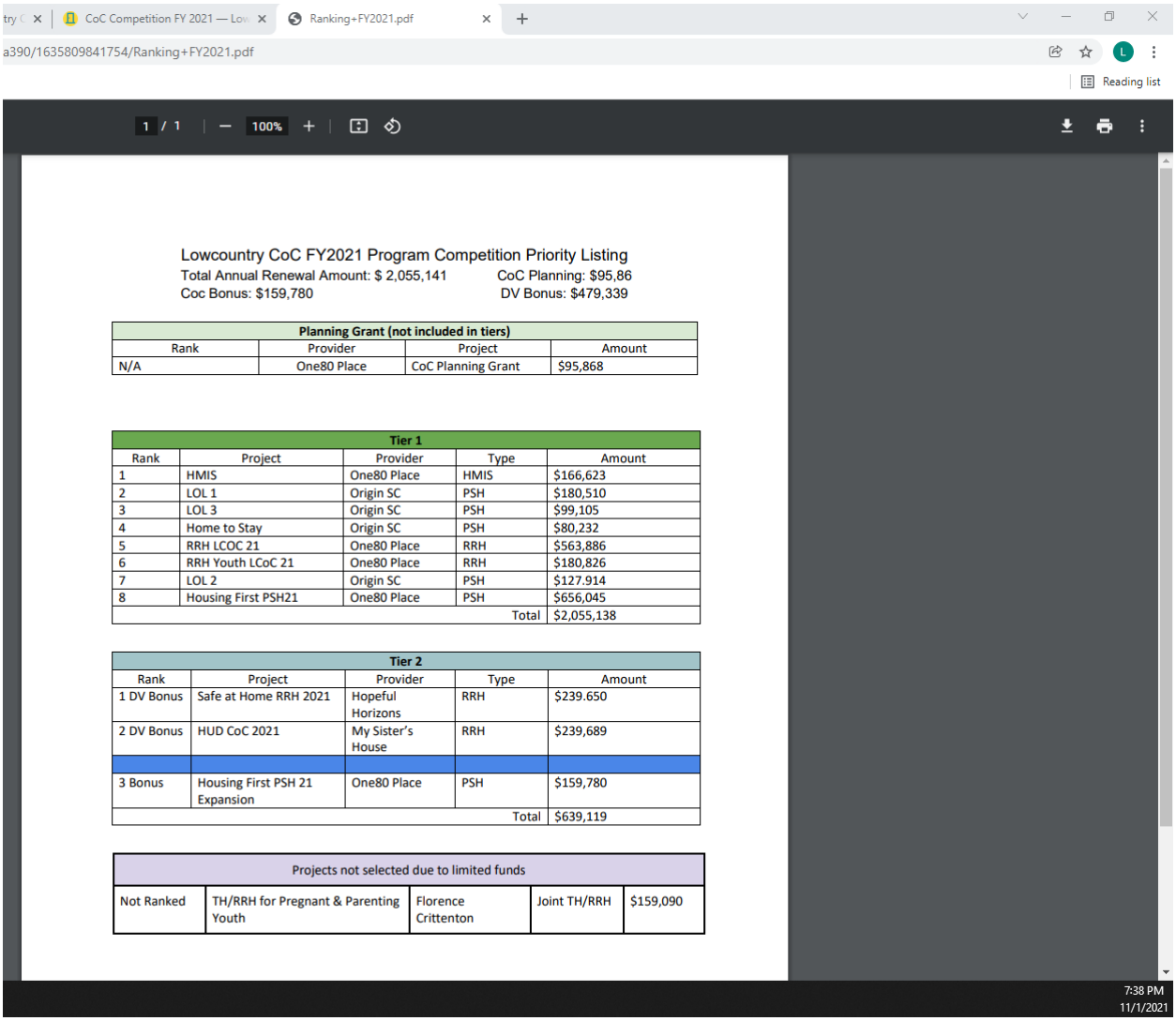
Unfortunately, your New Project was not selected due to limited resources. All new projects must meet threshold and then ranked based on available resources in our CoC. Due to the need for PSH projects, the committee decide to prioritize that project type for this bonus round. We appreciate the work of Florence Crittenton and encourage submission of future applications for funding.

As always, thank you for your investment in addressing homelessness in our region. Although the CoC is not able to provide Technical Assistance once the NOFA is released, we are looking forward to working together in the coming year to assist with strengthening your next application, if you decide to apply during the next funding cycle. Please reach out to Heather Carver at hcarver@lowcountrycoc.org if you would like to discuss your submission further.

Sincerely,

Brandy Yant
Project Selection Committee Chairperson
Lowcountry CoC

Heather Carver
Program Director
Lowcountry CoC



Lowcountry CoC FY2021 Program Competition Priority Listing

Total Annual Renewal Amount: $ 2,055,141 CoC Planning: $95,86

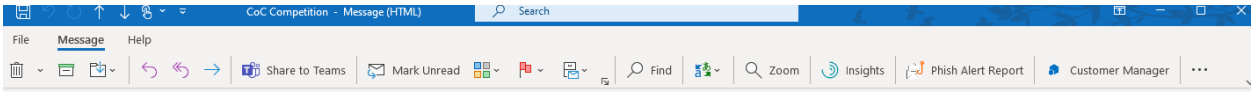
Coc Bonus: $159,780 DV Bonus: $479,339

Planning Grant (not included in tiers)			
Rank	Provider	Project	Amount
N/A	One80 Place	CoC Planning Grant	$95,868

Tier 1				
Rank	Project	Provider	Type	Amount
1	HMIS	One80 Place	HMIS	$166,623
2	LOL 1	Origin SC	PSH	$180,510
3	LOL 3	Origin SC	PSH	$99,105
4	Home to Stay	Origin SC	PSH	$80,232
5	RRH LCOC 21	One80 Place	RRH	$563,886
6	RRH Youth LCoC 21	One80 Place	RRH	$180,826
7	LOL 2	Origin SC	PSH	$127.914
8	Housing First PSH21	One80 Place	PSH	$656,045
			Total	$2,055,138

Tier 2				
Rank	Project	Provider	Type	Amount
1 DV Bonus	Safe at Home RRH 2021	Hopeful Horizons	RRH	$239.650
2 DV Bonus	HUD CoC 2021	My Sister's House	RRH	$239,689
3 Bonus	Housing First PSH 21 Expansion	One80 Place	PSH	$159,780
			Total	$639,119

Projects not selected due to limited funds				
Not Ranked	TH/RRH for Pregnant & Parenting Youth	Florence Crittenton	Joint TH/RRH	$159,090



CoC Competition

HC

Heather Carver
To Kristin Dubrowski (dubrowskik@hopefulhorizons.org)

Reply | Reply All | Forward

Fri 10/29/2021 12:52 PM

Hopeful Horizons approval letter_final.pdf
670 KB

Good Afternoon,

Attached is the response from the rating and ranking committee regarding your application.

Enjoy your weekend,

Heather Carver
CoC Program Director
Lowcountry Continuum of Care
P.O. Box 20038
Charleston, SC 29413
843-212-8568
https://lowcountrycoc.org/

Housing Crisis Line: 843-737-8357

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LOWCOUNTRY COC

October 28, 2021

Kristin Dubrowski
Chief Executive Officer
Hopeful Horizons
PO Box 1775
Beaufort, SC 29901

Dear Ms. Dubrowski,

The Lowcountry Continuum of Care (CoC) Project Selection Committee has completed rating and ranking of new, renewal and bonus applications for the 2022 CoC Competition. We are happy to announce that the following project(s) will be recommended for inclusion in the Collaborative Application to HUD:

DV Bonus: Rapid ReHousing

Each competition period, HUD requires CoCs to evaluate the performance of projects applying for CoC funds and prioritize those projects by ranking them. The CoC must also submit the project rankings to HUD in the CoC funding application.

HUD also requires CoCs to rank projects into two tiers. This means that some funds are placed in Tier 1, while a certain amount of funding (determined by HUD) must be placed in Tier 2. Your bonus application will be listed at the top of tier 2.

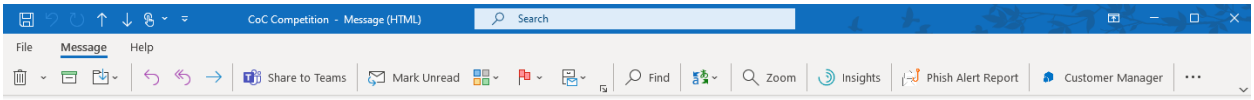
The CoC Rating and Ranking Committee reviews program performance by utilizing APR data from the most recent program year and scoring the project based on the HUD approved rating and ranking tool along with the application supplement, both available at www.lowcountrycoc.org.

As always, thank you for your investment in addressing homelessness in our region.

Sincerely,

Brandy Yant
Project Selection Committee Chairperson
Lowcountry CoC

Heather Carver
Program Director
Lowcountry CoC



CoC Competition

HC

Heather Carver
To Tosha Connors (tosha@mysistershouse.com); Debbie Easterling

Reply | Reply All | Forward

Fri 10/29/2021 12:53 PM

My Sisters House approval letter_final.pdf
681 KB

Good Afternoon,

Attached is the response from the rating and ranking committee regarding your application.

Enjoy your weekend,

Heather Carver
CoC Program Director
Lowcountry Continuum of Care
P.O. Box 20038
Charleston, SC 29413
843-212-8568
https://lowcountrycoc.org/

Housing Crisis Line: 843-737-8357

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LOWCOUNTRY COC

October 28, 2021

Tosha Connors
Executive Director
My Sister's House
PO Box 71171
North Charleston, SC 29415

Dear Ms. Connors,

The Lowcountry Continuum of Care (CoC) Project Selection Committee has completed rating and ranking of new, renewal and bonus applications for the 2022 CoC Competition. We are happy to announce that the following project(s) will be recommended for inclusion in the Collaborative Application to HUD:

DV Bonus: Rapid ReHousing

Each competition period, HUD requires CoCs to evaluate the performance of projects applying for CoC funds and prioritize those projects by ranking them. The CoC must also submit the project rankings to HUD in the CoC funding application.

HUD also requires CoCs to rank projects into two tiers. This means that some funds are placed in Tier 1, while a certain amount of funding (determined by HUD) must be placed in Tier 2. Your bonus application will be listed in Tier 2.

The CoC Rating and Ranking Committee reviews program performance by utilizing APR data from the most recent program year and scoring the project based on the HUD approved rating and ranking tool along with the application supplement, both available at www.lowcountrycoc.org

As always, thank you for your investment in addressing homelessness in our region.

Sincerely,

Brandy Yant
Project Selection Committee Chairperson
Lowcountry CoC

Heather Carver
Program Director
Lowcountry CoC

CoC Competition

HC Heather Carver
To Amy Wilson - One80 Place (awilson@one80place.org)

Reply | Reply All | Forward

Fri 10/29/2021 5:04 PM

One80 letter_final.pdf
741 KB

Hi Amy,

Attached is the letter from the project selection committee regarding your applications.

Heather Carver
CoC Program Director
Lowcountry Continuum of Care
P.O. Box 20038
Charleston, SC 29413
843-212-8568
https://lowcountrycoc.org/

Housing Crisis Line: 843-737-8357

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LOWCOUNTRY COC

October 28, 2021

Amy Wilson
Chief Compliance Officer
One80 Place
35 Walnut Street
Charleston, SC 29403

Dear Ms. Wilson,

The Lowcountry Continuum of Care (CoC) Project Selection Committee has completed rating and ranking of new, renewal and bonus applications for the 2022 CoC Competition. We are happy to announce that the following project(s) will be recommended for inclusion in the Collaborative Application to HUD:

Rapid Re-Housing
Housing First PSH
HMIS
Rapid Re-Housing Youth
PSH (Bonus)

HUD requires each CoC to evaluate the performance of projects applying for CoC funds, and to prioritize projects for funding by ranking them. The CoC must submit the ranking to HUD in the CoC funding application. The HEARTH Act performance measures are used to evaluate the performance of projects and determine ranking priority.

HUD also requires CoCs to rank projects in two tiers. This means that some funds are placed in Tier 1, while a certain amount of funding (determined by HUD) must be placed in Tier 2. This year, HUD provided enough funds to rank all renewal funds into tier 1: therefore all 4 renewal projects will be listed in tier 1 when submitted to HUD in the collaborative application and the bonus in tier 2.

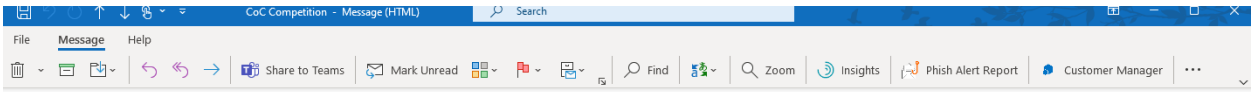
The CoC Rating and Ranking Committee reviews program performance by utilizing APR data from the most recent program year and scoring the project based on the HUD approved rating and ranking tool along with the application supplement, both available at www.lowcountrycoc.org

As always, thank you for your investment in addressing homelessness in our region.

Sincerely,

Brandy Yant
Project Selection Committee Chairperson
Lowcountry CoC

Heather Carver
Program Director
Lowcountry CoC



CoC Competition

HC

Heather Carver
To Caprice Atterbury - Origin SC (catterbury@originsc.org); Kristin Bastian

Reply | Reply All | Forward

Fri 10/29/2021 12:55 PM

Origin SC approval letter_final.pdf
723 KB

Good Afternoon,

Attached is the response from the rating and ranking committee regarding your application.

Enjoy your weekend,

Heather Carver
CoC Program Director
Lowcountry Continuum of Care
P.O. Box 20038
Charleston, SC 29413
843-212-8568
https://lowcountrycoc.org/

Housing Crisis Line: 843-737-8357

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LOWCOUNTRY COC

October 28, 2021

Kristin Bastian
Grants & Operations Director
Family Services Inc., DBA Origin SC
8084 Rivers Ave., Suite 100
Charleston, SC 29406

Dear Ms. Bastian,

The Lowcountry Continuum of Care (CoC) Project Selection Committee has completed rating and ranking of new and renewal applications for the 2022 CoC Competition. We are happy to announce that the following project(s) will be recommended for inclusion in the Collaborative Application to HUD:

Lease on Life Phase 1
Lease on Life Phase 2
Lease on Life Phase 3
Home to Stay

Each competition period, HUD requires CoCs to evaluate the performance of projects applying for CoC funds and prioritize those projects by ranking them. The CoC must also submit the project rankings to HUD in the CoC funding application.

HUD also requires CoCs to rank projects into two tiers. This means that some funds are placed in Tier 1, while a certain amount of funding (determined by HUD) must be placed in Tier 2. This year, HUD provided enough funds to rank all renewal funds into Tier 1: therefore all 4 projects will be listed in tier 1 when submitted to HUD in the collaborative application.

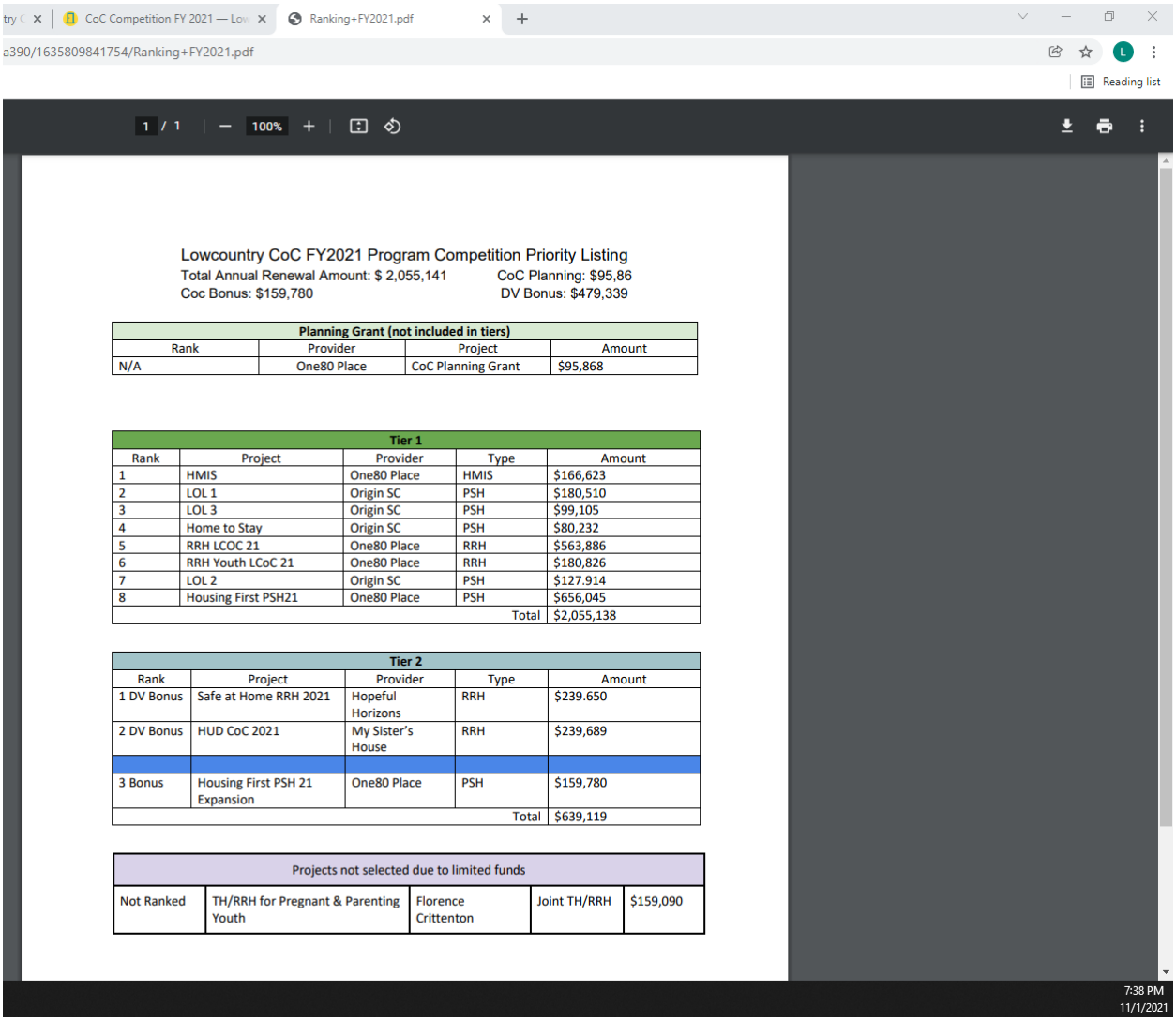
The CoC Rating and Ranking Committee reviewed program performance by utilizing project performance reports and APR data from the FY '20 program year and scored the project(s) based on the HUD approved rating and ranking tool along with the application supplement, both available at www.lowcountrycoc.org.

As always, thank you for your investment in addressing homelessness in our region.

Sincerely,

Brandy Yant
Project Selection Committee Chairperson
Lowcountry CoC

Heather Carver
Program Director
Lowcountry CoC



Lowcountry CoC FY2021 Program Competition Priority Listing

Total Annual Renewal Amount: $ 2,055,141 CoC Planning: $95,86

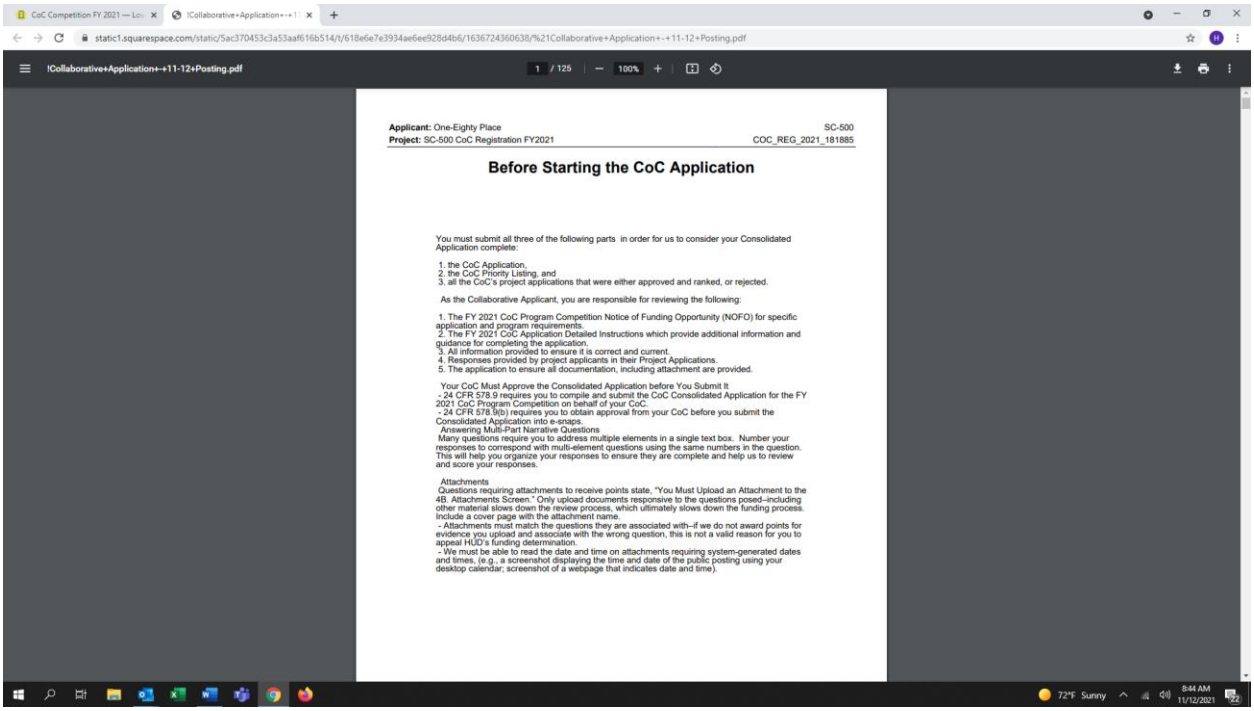
Coc Bonus: $159,780 DV Bonus: $479,339

Planning Grant (not included in tiers)			
Rank	Provider	Project	Amount
N/A	One80 Place	CoC Planning Grant	$95,868

Tier 1				
Rank	Project	Provider	Type	Amount
1	HMIS	One80 Place	HMIS	$166,623
2	LOL 1	Origin SC	PSH	$180,510
3	LOL 3	Origin SC	PSH	$99,105
4	Home to Stay	Origin SC	PSH	$80,232
5	RRH LCOC 21	One80 Place	RRH	$563,886
6	RRH Youth LCoC 21	One80 Place	RRH	$180,826
7	LOL 2	Origin SC	PSH	$127.914
8	Housing First PSH21	One80 Place	PSH	$656,045
			Total	$2,055,138

Tier 2				
Rank	Project	Provider	Type	Amount
1 DV Bonus	Safe at Home RRH 2021	Hopeful Horizons	RRH	$239.650
2 DV Bonus	HUD CoC 2021	My Sister's House	RRH	$239,689
3 Bonus	Housing First PSH 21 Expansion	One80 Place	PSH	$159,780
			Total	$639,119

Projects not selected due to limited funds				
Not Ranked	TH/RRH for Pregnant & Parenting Youth	Florence Crittenton	Joint TH/RRH	$159,090


CoC Competition FY 2021 — Lo
!Collaborative+Application+-+11
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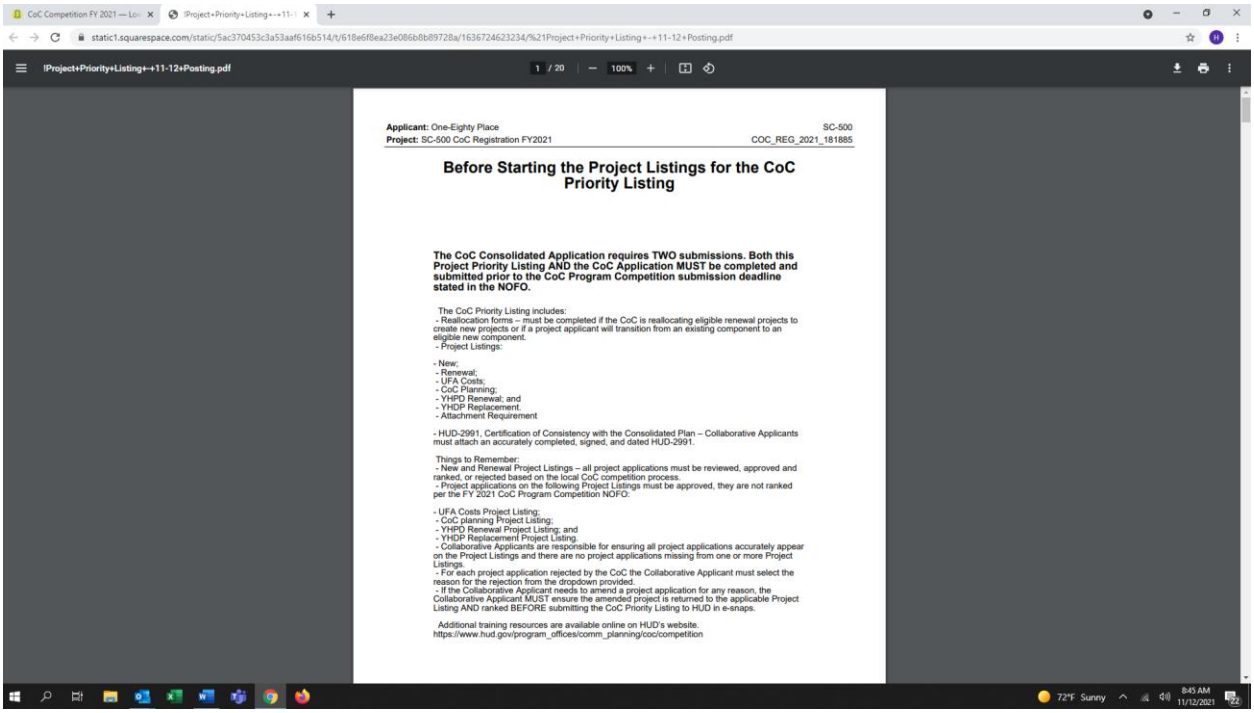
!Collaborative+Application+-+11-12+Posting.pdf
1 / 125
100%
Applicant: One-Eighty Place SC-500
Project: SC-500 CoC Registration FY2021 COC_REG_2021_181885
Before Starting the CoC Application
You must submit all three of the following parts in order for us to consider your Consolidated Application complete:
1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.
As the Collaborative Applicant, you are responsible for reviewing the following:
1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
Answering Multi-Part Narrative Questions
Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.
Attachments
Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed--including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
- Attachments must match the questions they are associated with--if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
72°F Sunny
8:44 AM
11/12/2021


CoC Competition FY 2021 — Lo
!Project+Priority+Listing+-+11-1
static1.squarespace.com/static/5ac370453c3a53aaf616b514/t/618e6f8ea23e086b8b89728a/1636724623234/%21Project+Priority+Listing+-+11-12+Posting.pdf
!Project+Priority+Listing+-+11-12+Posting.pdf
1 / 20
100%
Applicant: One-Eighty Place
SC-500
Project: SC-500 CoC Registration FY2021
COC_REG_2021_181885
Before Starting the Project Listings for the CoC Priority Listing
The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.
The CoC Priority Listing includes:
- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:
- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHPD Renewal; and
- YHDP Replacement.
- Attachment Requirement
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.
Things to Remember:
- New and Renewal Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved, they are not ranked per the FY 2021 CoC Program Competition NOFO:
- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHPD Renewal Project Listing; and
- YHDP Replacement Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked BEFORE submitting the CoC Priority Listing to HUD in e-snaps.
Additional training resources are available online on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition
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