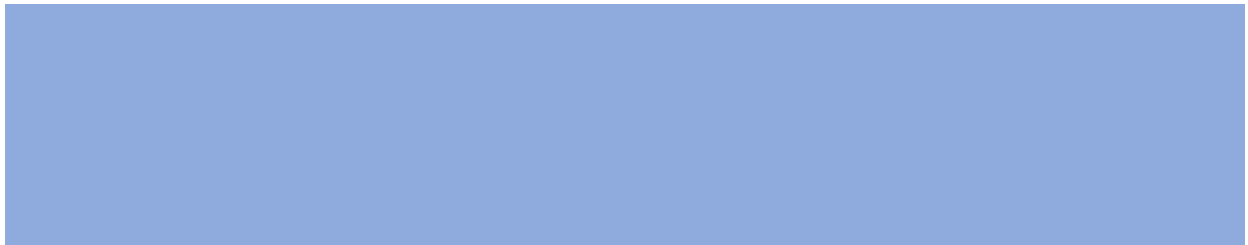


Permanent Supportive Housing Procedures



I. Table of Contents

- II. OVERVIEW..... 4
 - Guiding Principles 4
 - 1. Housing First 4
 - 2. Target Population..... 5
- I. COC PARTICIPATION..... 5
 - A. Coordinated Entry System 5
 - B. Universal Assessment 5
 - C. Homeless Management Information System 5
- II. CORE COMPONENTS OF PERMANENT SUPPORTIVE HOUSING 5
 - A. Permanent Housing 6
 - B. Supportive Services..... 6
- III. ELIGIBLE CLIENTS..... 7
- IV. COORDINATED ENTRY AND PRIORITIZATION 9
 - A. Housing Match..... 9
 - B. Prioritization 10
 - C. PSH Process Flow 10
- V. PROGRAM REQUIREMENTS 10
 - A. Rent limits 10
 - 1. Rent Reasonableness 10
 - 2. Fair Market Rent 10
 - B. LEASING & OCCUPANCY AGREEMENTS 11
 - C. HOUSING STANDARDS 11
 - 1. Housing Quality Standards..... 11
 - 2. Suitable Dwelling Size 11
 - 3. Lead-Based Paint..... 12
 - D. Security & Utility Deposits 12
 - E. Nondiscrimination & Reasonable Accommodation Policy 12
 - F. Termination Policies..... 12
- VI. Documentation Requirements..... 13
 - A. Establishing Chronic Homeless Status 13
 - B. Evidence of Homeless Status and Length/Frequency of Homelessness..... 13
 - C. Evidence of Disabling Condition 15

D.	Evidence of Institutional Stay	15
E.	Clients Transferring From RRH Or PSH.....	16
F.	Bridge Housing & Maintaining CH Status.....	16
G.	Services Provided	17
H.	Participant income	17
1.	Income Evaluation Form	18
2.	Verification of Income.....	18
	Form: Income Verification	18
I.	Termination of Services	Error! Bookmark not defined.
VII.	Definitions.....	18

II. OVERVIEW

The Lowcountry Continuum of Care (CoC) is dedicated to HUD's goal of ending chronic homelessness. Research has consistently found that PSH, using a Housing First approach, is the most effective solution for people experiencing chronic homelessness.

Permanent Supportive Housing programs provide safe, stable homes through long-term rental assistance, paired with long-term intensive case management services, to highly vulnerable individuals and families with complex issues who are otherwise at risk of serious health and safety consequences from being homeless. This model seeks to provide a stable housing option and the necessary supportive services for individuals and families who would not succeed in other permanent housing settings. Permanent supportive housing is designed for persons with disabilities which is of long, continued, and indefinite duration; substantially impedes the individual's ability to live independently; and could be improved by more suitable housing conditions. Types of permanent supportive housing include HUD CoC Permanent Supportive Housing, HUD-VASH, and other programs that combine services and rental assistance in the community specifically to house this population.

Successful Permanent Supportive Housing programs use the national best practice called Housing First, the model in which programs house all persons immediately, without preconditions, such as sobriety, income, or behavioral requirements and pair supportive services matched to the needs of the household.

Long-term studies demonstrate that individuals and families experiencing homelessness, even chronic homelessness, can move into a home with case management, follow a standard lease, and successfully remain in housing over a long period of time. Permanent Supportive Housing programs with preconditions for entry and overly burdensome program rules cause this high-need population to regularly fail in housing or drive programs to target lower-need individuals who do not need permanent supportive housing programs to successfully remain housed. As such, Lowcountry CoC is firmly committed to prioritizing chronically homeless households for PSH and has embraced a Housing First approach.

Guiding Principles

1. Housing First

An immediate connection to PSH can ensure that over 80% of homeless individuals remain housed, even among clients with severe substance abuse and mental health conditions. Therefore, the Lowcountry CoC has determined a housing first approach for CoC-PSH will best serve this population.

Housing First is a simple philosophy that offers permanent, affordable housing as quickly as possible to homeless individuals and families. Once in a program, case managers work to engage participants in voluntary supportive services and connect them to community-based supports with the goals of helping them to remain in housing and avoid returns to homelessness. Income, sobriety, participation in treatment and/or other services, are not required as a condition for getting housing, but are worked on after the participant is housed.

2. Target Population

The eligible population for PSH is individuals with disabilities or families in which one adult has a disability. Based on HUD's recommendations, the Lowcountry CoC has chosen to target chronically homeless individuals and families for CoC-funded PSH.

I. COC PARTICIPATION

A. Coordinated Entry System

To minimize barriers to housing access and ensure timely placement, grantees are required to receive referrals through Lowcountry CoC's Coordinated Entry System (CES). The CES prioritizes individuals and families most in need through an established order of priority. All PSH programs must follow the Lowcountry CoC Coordinated Entry Written Standards.

B. Universal Assessment

The CES assesses the most vulnerable homeless residents within the Lowcountry CoC using a universal assessment. The assessment tool evaluates eligibility and provides an objective and comparable measure of vulnerability and service need. (See the Coordinated Entry Written Standards for more information).

C. Homeless Management Information System

All grantees are required to participate in the Homeless Management Information System (HMIS) per the ESG and CoC Interim Rule (24 CFR 576 and 578). HMIS provides an opportunity to document homelessness and helps to ensure coordination between service providers while avoiding duplication of services and client data.

II. CORE COMPONENTS OF PERMANENT SUPPORTIVE HOUSING

The Lowcountry COC PSH program provides permanent housing and support services to individuals and families with a disability, prioritizing those who are chronically homeless. The program is designed to reintegrate this highly vulnerable population into the community by

addressing their basic needs for housing and providing ongoing support. There are two key components of the Lowcountry CoC-PSH program: permanent housing and supportive services.

A. Permanent Housing

Using a housing first approach, program participants are provided with rapid access to permanent housing with minimal preconditions. Good credit or rental history are not required to receive housing.

Permanent supportive housing is considered permanent housing. HUD's regulatory definition of "permanent housing" states: "The term 'permanent housing' means community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid re-housing." HUD also states "Additionally, in the regulatory definition of "permanent housing," HUD clarifies that to be permanent housing, "the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary. These requirements are consistent with Section 8 requirements."

Tenants can remain in their homes as long as the basic requirements of tenancy are met—paying the rent (as applicable), not interfering with other tenants' use of their homes, not causing property damage, etc. This ensures participants have a private and secure place to make their home, just like other members of the community, and provides them with a stable foundation from which they can pursue their goals.

B. Supportive Services

Once in housing, program participants have access to the support services that they need and want to live as independently as possible. Although PSH is designed for people who need supportive services, accepting these services is not a condition of housing. As such, supportive services are voluntary, but can and should be used to persistently engage and ensure housing stability. Households receive assistance in defining their needs and preferences through annual assessments of service needs and individualized support plans that reflect those preferences.

III. ELIGIBLE CLIENTS

PSH is not a one-size-fits-all approach and should only be offered to those households that truly need that level of support. In order to use our limited resources in the most effective means possible, Lowcountry CoC is committed to prioritizing those most in need through an established order of priority. Within that order of priority, all CoC-PSH funded programs are required to fill vacant beds with chronically homeless individuals. In addition, PSH programs that do not receive CoC funding are strongly encouraged to prioritize the chronically homeless.

Currently literally homeless	1 year continuous or cumulative homeless	Disabling Condition
<ul style="list-style-type: none"> •Currently resides in: <ul style="list-style-type: none"> •A place not meant for human habitation •Emergency Shelter •Safe Haven •An institutional facility and has been there for 90 days or less and was homeless immediately prior to entering 	<ul style="list-style-type: none"> •Continuously homeless for one year with no breaks over 7 days. •4 separate homeless episodes in the last 3 years that equal 1 year 	<ul style="list-style-type: none"> •Substance use disorder •Serious mental illness •Developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)) % Post-traumatic stress disorder •Cognitive impairments resulting from brain injury •Chronic physical illness or disability

On July 25, 2016, HUD published CPD-16-11 “Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. HUD stated on page 3 that

“This Notice supersedes Notice CPD-14-012 and provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in all CoC Program-funded PSH. This Notice reflects the new definition of chronically homeless as defined in CoC Program interim rule as 2 amended by the Final Rule on Defining “Chronically Homeless” (herein referred to as the Definition of Chronically Homeless final rule) and updates the orders of priority that were established under the prior Notice. CoCs that previously adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the FY2015 CoC Program Competition are

encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice.

HUD strongly encouraged chronically homeless households as prioritized eligible clients for permanent supportive housing and within Section D Key Terms of the notice, HUD stated that

The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is:

“(a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

- i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.”

Also, HUD encouraged eligible clients to be chronically homeless persons with the most severe service needs. Severity of Service Needs, as defined within Section D Key Terms

“refers to persons who have been identified as having the most severe service needs.

(a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:

- i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
- ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
- iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
- iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.

(b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a)."

IV. COORDINATED ENTRY AND PRIORITIZATION

All Lowcounty CoC-PSH providers are required to fill vacant beds through the region's Coordinated Entry System (CES) to ensure that the CoC's limited resources are being used in the most effective manner possible and that households most in need are being prioritized. This system ensures that every homeless individual is known by name, provides assistance based on individual's unique needs, and matches them to the right housing fit. Please see the Coordinated Entry Written Standards for more information on coordinated entry policies

A. Housing Match

PSH providers submit vacancies to the CES when PSH openings become available. The CES then matches the most vulnerable individual with that opening through a single prioritized waiting list that ranks individuals based on vulnerability. Households are prioritized by the Universal Assessment and Case Conferencing.

B. Prioritization

The Lowcountry CoC has developed an order of priority to establish a uniform process for prioritizing placement into PSH through the CES. The overarching intent of this order of priority is to ensure that chronically homeless persons with the longest lengths of time homeless and the most severe service needs are prioritized over other eligible households. It is important to note that the order of priority established below will be followed with consideration of agency goals and target populations (e.g. mental illness).

C. PSH Process Flow



V. PROGRAM REQUIREMENTS

A. Rent limits

HUD mandates specific rent requirements for all PSH rental assistance and leasing awards. As detailed below, both types of awards are subject to rent reasonableness standards. Additionally, leasing awards that provide assistance to participants for individual units are required to meet Fair Market Rent standards.

1. Rent Reasonableness

Annual certification that rent complies with HUD's standard of rent reasonableness is required for both rental assistance and leasing awards (including structures and individual units). This means that the rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

2. Fair Market Rent

Rents for individual units paid with CoC leasing grants may not exceed the Fair Market Rent (FMR). Recipients, however, may use other funds to pay rent amounts in excess of FMR. There is no FMR limitation for structures paid with CoC leasing grants.

With rental assistance grants, while awards are calculated based on Fair Market Rent amounts for the applicable unit sizes, a recipient is allowed to pay rents up to the rent reasonable amount even if it is higher than the FMR. If the recipient pays rent beyond FMR

levels for some units in a project, they must ensure that they have sufficient funding—such as program participant rent contributions or lower rents in other areas of the community—to serve the contracted number of program participants for the remainder of the grant term. All units that are required to meet FMR guidelines must be assessed at entry and annually thereafter.

B. LEASING & OCCUPANCY AGREEMENTS

A key component in CoC leasing and rental assistance is leasing and occupancy agreements. All participants must have a signed agreement outlining the terms of their housing. Two individuals in a shared housing situation must have their own lease and their own bedroom unless the two individuals are presented together as a household.

C. HOUSING STANDARDS

CoC-funded programs with housing programs occupied by program participants are subject to certain housing standards defined by HUD. These standards include Housing Quality Standards (HQS), Suitable Dwelling Unit Size standards, and lead-based paint requirements. Grantees must retain documentation of compliance with these housing standards, including HQS inspection reports.

1. Housing Quality Standards

All CoC-funded programs with housing programs occupied by program participants must meet the applicable HQS under 24 CFR 982.401 of this title, except that 24 CFR 982.401(j) only applies to program participants receiving TBRA. Before any assistance is provided, each unit must be physically inspected to assure that the unit meets HQS. In addition, grantees must inspect all units at least annually during the grant period to ensure that the units continue to meet HQS.

Assistance will not be provided for units that fail to meet HQS, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the grantee verifies that all deficiencies have been corrected.

2. Suitable Dwelling Size

Each CoC-funded unit must have at least one bedroom or living/sleeping room for each two persons. Children of the opposite sex, other than very young children, may not be required to occupy the same bedroom or living/ sleeping room. If household composition changes during the term of assistance, grantees may relocate the household to a more appropriately sized unit.

3. Lead-Based Paint

All CoC-funded programs with housing programs occupied by program participants are required to incorporate lead-based paint remediation and disclosure requirements. Generally, these provisions require the recipient to screen for, disclose the existence of, and take reasonable precautions regarding the presence of lead-based paint in leased or assisted units constructed prior to 1978.

D. Security & Utility Deposits

If a program participant leaves the program but remains in the unit for which the deposits were paid, the landlord will continue to hold the security deposit as provided in the lease, and/or the utility company will continue to hold any utility deposit as provided in the utility contract. State or local law and the terms of the lease and/or utility contract will dictate what the landlord and utility company may do with their respective deposits when the tenant leaves the unit and the utility contract terminates.

Programs need not require that security or utility deposits be returned to the program when the participant leaves the program, or when the lease or utility contract terminate. Any repayment of a security or utility deposit is considered program income and must be used as match in accordance with match regulations, and must be tracked in accordance with the recordkeeping requirements for match and program income.

E. Nondiscrimination & Reasonable Accommodation Policy

CoC-PSH programs must have written policies regarding nondiscrimination and reasonable accommodations/ modifications. CoC Programs must operate in compliance with federal nondiscrimination and equal opportunity requirements including the Fair Housing Act, Title VI of the Civil Rights Act, the Age Discrimination Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act. Programs may not discriminate on the basis of actual or perceived sexual orientation, gender identity or marital status. For persons with disabilities, it is unlawful to: (1) fail to make reasonable accommodation in rules, policies, and services to give a person with a disability equal opportunity to occupy and enjoy the full use of a housing unit and (2) fail to allow reasonable modification to the premises if the modification is necessary to allow full use of the premises.

F. Termination Policies

The interim rule (§ [578.91](#)) states that a recipient may terminate assistance to a participant who violates program requirements or conditions of occupancy. The recipient must provide a formal process that recognizes the due process of law. Recipients may resume assistance to a participant whose assistance has been terminated. Recipients that are providing

permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all circumstances in determining whether termination is appropriate. Under this interim rule, HUD has determined that a participant's assistance should be terminated only in the most severe cases. Termination does not bar the grantee from providing further assistance at a later date to the same individual or family.

In terminating assistance to a program participant, the grantee must provide a formal process that recognizes the rights of the individual receiving assistance under the due process of law. This process, at a minimum, must consist of:

1. Providing the participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
2. Written notice to the program participant containing a clear statement of the reasons for termination
3. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
4. Prompt written notice of the final decision to the program participant.

VI. Documentation Requirements

All CoC-funded programs must establish and maintain policies and procedures for ensuring that CoC program funds are used in accordance with the recordkeeping requirements set forth in 24 CFR 578.103 and Notice CPD-14-012. This section provides an overview of those requirements and the Pasadena CoC's additional recordkeeping requirements.

A. Establishing Chronic Homeless Status

To ensure each of the three conditions for chronic homeless status have been met and verified through the recordkeeping requirements detailed below, the Lowcountry CoC has established a number of tools to assist with documenting chronic homeless status . These tools can be found at www.lowcountrycoc.org. Documents that determine chronic homeless status must be uploaded into HMIS within 60 days of the participant being housed. ?

B. Evidence of Homeless Status and Length/Frequency of Homelessness

HUD has established four options to document homeless status (and any breaks), as well as an order of priority for documentation. To document the length/frequency of the homeless status, **the start and end date must be included in the documentation.** To help ensure

compliance with HUD's requirements, Lowcountry CoC has developed a set of recordkeeping forms to document each of these methods of verification. Homeless Status Recordkeeping Forms are available at www.lowcountrycoc.org

These four options for documenting homeless status are as follows (in order of priority):

1. **HMIS data.** To document a client's homeless status through HMIS data (or a comparable database used by victim service or legal service providers), a program may print an exit report or screen shot that indicates a client's homeless status as described above.
2. **Third party referral.** Evidence of current living situation may also be documented by a written referral by a housing or service provider (such as emergency shelters, institutional care facilities, police officers, business owners, etc) that demonstrates the individual or head of household's homeless status. Institutional stays may also be documented through an oral third party verification or discharge paperwork that indicates the dates of stay.
3. **A written observation by an outreach worker.** Evidence of the current living situation may be documented by a written observation of an outreach worker.
4. **Self-declaration.** In addition, when a written observation by an outreach worker or third party referral is not available, three (3) of the (12) months, as well as all of the breaks, may be documented through a signed statement by the applicant verifying his or her homeless status. This self-declaration must include evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living.

In establishing the duration of homelessness, a single encounter with a homeless service provider on a single day within one (1) month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has and a break in homeless status during that month (e.g. evidence in HMIS of a stay in transitional housing).

Please note that in the most rare and extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. HUD has set a maximum of 25 percent of

chronically homeless individuals and families use self-declarations to document more than three (3) months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter.

Where third-party documentation could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence (self-declaration of homeless status) as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

C. Evidence of Disabling Condition

In addition being homeless for an extended period of time, to be considered chronically homeless, an individual or head of household must be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 103 of the Developmental Disabilities Assistance Bill of Rights Act of 2000, 42 U.S.C.15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. Documentation of diagnosis must include one of the following:

- **Written certification.** Written verification of the condition from a professional licensed by the State of South Carolina to diagnose and treat the condition.
- **Verification from SSA.** Written verification from the Social Security Administration.
- **Disability check.** Copies of a disability check (e.g. Social Security Disability Insurance check or Veterans Disability Compensation)
- **Written observation & written certification (45 days after).** Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days after the application for assistance and accompanied with one of the types of evidence above.

D. Evidence of Institutional Stay

Individuals residing in an institution for less than 90 days (including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility) must provide evidence of homeless status, length/frequency of homelessness and disability (see above requirements) as well as documentation of their stay. Acceptable evidence includes either:

- **Discharge paperwork or a written or oral referral.** Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrates the person resided there for less than 90 days. All oral statements must be recorded by the intake worker.
- **Certification from the person seeking assistance.** Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days.

In order to be considered homeless during their stay in an institution, and individual must have also been homeless immediately prior to entering that institution

E. Clients Transferring From RRH Or PSH

For the purpose of transferring to a different CoC-PSH or RRH program, participants maintain their chronically homeless status during the time period that they are receiving rapid re-housing or permanent supportive housing assistance through other programs (so long as they met any other additional eligibility criteria for the new program prior to entering the original program).

These additional permanent housing programs may include:

- those funded by the Emergency Solutions Grants (ESG) Program,
- the CoC Program,
- the Supportive Services for Veterans Families (SSVF) Program,
- or the Veterans Homelessness Prevention Demonstration Program (VHPD).

Recordkeeping requirements for clients who transfer into a CoC-PSH from a RRH or PSH program includes the original chronic homeless documentation (prior to entering the original permanent housing), documentation of the reasons for the transfer, as well as documentation that it's the client's choice to switch programs.

If RRH is being used as a bridge into PSH, the PSH documentation must be completed prior to the household entering RRH and the Coordinated Entry Manager must approve the bridging between programs,

F. Bridge Housing & Maintaining CH Status

The Lowcountry CoC understands that once a chronically homeless household has been determined eligible and entered into a CoC-PSH program, a unit is not always immediately available. During this time, unless they have other options such as temporarily living with friends or family, the household will generally continue to reside in an emergency shelter or on the streets, prolonging their period of homelessness. Thus, after an individual or family

has been accepted into a program but before an appropriate unit has been identified, a household may stay with a friend or family in a hotel or motel without losing their eligibility for a CoC-PSH program in which they have already been accepted.

In addition, the individual or family member may be temporarily housed in an available transitional housing bed while a permanent housing unit is identified. This allowance is only permitted in the circumstances described below and only applies to persons that were considered chronically homeless prior to entry into the program:

1. **Housing First.** Since the program participant has been accepted into a CoC-PSH program, the transitional housing provider cannot place any requirements on the program participant, including requiring a program participant to participate in additional services as a condition of occupancy or requiring the program participant to meet sobriety requirements.
2. **Active Housing Search.** The CoC-PSH provider must be actively assisting the program participant to identify a unit as quickly as possible and must be able to document attempts at locating a unit in the case file. Under no circumstance, should the placement in transitional housing slow down placement into permanent housing. This means that placing a program participant into a permanent housing unit should not take any longer than the time it would normally take to place someone in permanent housing who is residing on the streets or in an emergency shelter.
3. **No Duplication of Services.** There cannot be duplication in billing for the program participant. For example, both programs cannot provide and then seek reimbursement from HUD for housing search or other services. The CoC-PSH provider and the transitional housing provider must coordinate to ensure that the appropriate services are provided and the same services are not being paid for out of both grants.

G. Services Provided

CoC-PSH grantees are required to document and keep records of services provided in HMIS. In addition, grantees are required to document that client records were reviewed at least annually and that the service package offered was adjusted as necessary.

H. Participant income

To determine the amount of contribution towards rent, grantees must examine a program participant's income at entry and annually thereafter (as applicable). If there is a change in family composition (e.g., birth of a child) or a decrease in the resident's income during the year, the resident may request an interim reexamination, and the occupancy charge will be

adjusted accordingly. To ensure proper evaluation of a participant's income, the grantee must keep the following documentation:

1. [Income Evaluation Form](#)

Participants must complete an income evaluation form as specified by HUD to determine contribution towards rent.

2. [Verification of Income](#)

In addition to completing an income evaluation form, participants must provide verification of income. The order of priority for verifying income is:

1. **Source Documents.** Source documents (e.g. most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) for the assets held by the program participant and income received before the date of evaluation.
2. **Third-Party Verification.** To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g. employer, government benefits administrator) or the written certification by the grantee's intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period.
3. **Written Certification by the Program Participant.** To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income that the program participant is reasonably expected to receive over the 3-month period following the evaluation.

Form: [Income Verification](#)

VII. [Definitions](#)

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

meets all of the criteria in (1) or 2) of this definition, including a family whose composition had fluctuated while the head of household has been homeless. (24 CFR 578.3)

Developmental Disability: As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following major life activities: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) an individual from birth to age 9, inclusive, who has a substantial developmental disability or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in (1)(i) through (v) of the definition of "developmental disability" in this definition if the individual, without services or supports, has a high probability of meeting these criteria later in life. (24 CFR 578.3)

Disabling Condition: According to HUD: (1) a condition that: (i) is expected to be of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by providing more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, posttraumatic stress disorder, or brain injury; or a developmental disability, as defined above; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from AIDS, including infection with the Human Immunodeficiency Virus (HIV). (24 CFR 583.5)

Homeless:

Category 1: an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals); or (iii) an individual who exits an institution where he/she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Category 2: an individual or family who will immediately lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii)

the individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing; or

Category 4: any individual or family who: (i) is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; (ii) had no other residence; and (iii) lacks the resources or support networks (e.g. family, friends, and faith-based or other social networks) to obtain other permanent housing. (24 CFR 578.3)

Housing First: A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>)

Permanent Housing: HUD clarifies that to be permanent housing, “the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary. These requirements are consistent with Section 8 requirements.”