

The Way Home

**The Way Home Continuum of Care
Rapid Rehousing Business Rules**

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I. Introduction

Following the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, the Houston/Harris County Continuum of Care began to coordinate service delivery across the continuum. This began with Continuum wide standards for the provision of Emergency Solutions Grants funding, initially supported by public funders within the CoC in 2011. Since implementing Continuum-wide standards, entitlement communities that are members of the Houston/Harris County Continuum of Care have met regularly to solidify coordination across the continuum with both the CoC lead agency and among entitlement communities to ensure the most effective and efficient use of funding to end homelessness.

As part of this coordination, Continuum participants are assembling resources to create a standard Rapid Rehousing Model of funding for the continuum. This funding model aims to increase the reach of rapid rehousing funds to provide assistance to the most households possible in the Continuum, allow for efficiency in providing services and standardized service delivery among providers.

The rules set forth in this document outline the process and responsibilities for funders, service providers and intermediaries in the implementation and ongoing work around this strategy for providing assistance. The model for the Houston/Harris County CoC was developed collaboratively using data to support decision making. Outcomes and ongoing data monitoring will support the continued growth of the strategy as well as inform stakeholders of opportunities for improvement. Any adjustments to the business rules will be made through a transparent process that will be based on recommendations from the Rapid Rehousing Provider Workgroup and authorized by the Rapid Rehousing Funders Collaborative. The strategy is in line with *The Way Home*, the community plan to end homelessness; *Opening Doors*, the Federal Plan to End Homelessness; and the policies of the CoC Steering Committee.

II. Definitions

Area Median Income (AMI) – Annual income estimates published by the U.S. Department of Housing and Urban Development (HUD) published annually and based on Fair Market Rent (FMR) Areas. For the Houston/Harris County Continuum of Care, the HUD FMR Area is Houston-Woodlands-Sugarland. AMI and Median Family Income (MFI) are used interchangeably to determine the income limits for a household eligible for assistance.

Auto exit – Auto exit refers to an electronic automatic exit of a household from rapid rehousing assistance through the homeless management information system (HMIS). Auto exit will only occur if a household is referred for a case management appointment through coordinated access and does not meet with a case manager within the seven-day time frame. On the eighth day, HMIS will auto exit the household and associated funding from available assistance. Auto exit does not preclude a household from receiving future assistance. A household that is scheduled to receive assistance and appears for that appointment or contacts the case manager beyond the seven-day window will be assisted by the originally assigned case manager in re-entering the system through coordinated access. However, any funds associated with that household will be released and the household may be placed on a wait list based on funding availability.

Continuum of Care – the local planning body responsible for coordinating the full range of homelessness services in a geographic area. The local Continuum of Care (CoC), identified by HUD as the Houston/Harris County Continuum of Care, covers the geographic area of Houston, Harris County and Fort Bend County and is governed by the CoC Steering Committee.

CoC Steering Committee – the governance and decision-making body for the Houston/Harris County CoC. The Steering Committee includes representatives from across the continuum representing community representing the public and private sector and includes consumer representatives.

Coordinated Access – designed to meet the requirements for coordinated assessment as outlined by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. The Houston/Harris County CoC has created a Coordinate Access System that institutes a consistent and uniform assessment and referral processes to determine and secure the most appropriate response to each individual or family's immediate and long-term housing needs. Coordinated Access, Coordinated Placement and Coordinate Access System are used interchangeably throughout this document.

Desk Monitoring – the process of reviewing and tracking program data toward outcomes remotely using a data reporting system. The Houston/Harris County CoC uses the HMIS to perform desk monitoring, which is used to track individual progress toward system outcomes and identify opportunities for technical assistance to ensure program compliance and progress.

Disabling Condition - HUD defines a disabling condition as: (1) A disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual’s ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder.

Exit – when an individual or household is removed from service via HMIS because of program completion, transition, termination or relinquishment. In some cases, a household may have multiple exits from the program if they are auto-exited due to program time limitations (see Auto-exit definition). Exits can be permanent or temporary. An exit is identified as the last month, day and year of service to a household and may or may not be tied to rental assistance. For non-residential projects the exit date may represent the last day a service was provided or the last date of a period of ongoing service. The exit date should coincide with the date the client is no longer considered a project participant.

Equal Access to Housing- The Way Home Rapid Rehousing System will abide by HUD’s Equal Access final rule as stated in 24 C RF 5.2001 -24 CFR 5.2011. Through this final rule, HUD implements policy to ensure that its core programs are open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status.

Fair Housing- The Rapid Rehousing System abides by Fair Housing Act *42 U.S.C. §§ 3601-19. The Rapid Rehousing Program will not discriminate program participants based upon race, color, ethnicity, gender, gender identity, sexual orientation, disability, religious beliefs, family status, national origin, age, marital status, pregnancy, military or veteran status or any basis protected by federal, state, and/or local law.*

Fair Market Rent (FMR) – determined by HUD annually as the 40th percentile of gross rents for typical, non-substandard rental units occupied by recent movers in a local housing market. Annual listings of FMR can be found at <http://www.huduser.org/portal/datasets/fmr.html>

Financial Assistance – encompasses all forms of financial assistance available for rapid rehousing including financial assistance for housing relocation and stabilization as well as short- and medium-term rental assistance

Housing Stabilization and Relocation – may include rental application fees, security deposits, last month’s rent, utility deposits, utility payments and moving costs. All must be in accordance with 24 CFR 576.105 (a) 1-6.

Rental Assistance – short-term (up to 3 months) or medium term (3 – 24 months) of rental assistance, including arrears toward housing over a three-year period. Provision of rental assistance to participants must be in accordance with 24 CFR 576.106. Local restrictions and targeting of rental assistance are outlined in the Standards for the Provision of Rapid Rehousing adopted by the Houston/Harris County Continuum of Care.

HEARTH Act - The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), enacted into law on May 20, 2009, which consolidates three of the separate homeless assistance programs administered by HUD under the McKinney-Vento Homeless Assistance Act into a single grant program, and revises the Emergency Shelter Grants program and renames it as the Emergency Solutions Grants (ESG) program. The HEARTH Act also codifies into law the Continuum of Care planning process, a longstanding part of HUD’s application process to assist homeless persons by providing greater coordination in responding to their needs.

Homeless Management Information System (HMIS) – the information system designated by the Continuum of Care to comply with HUD’s data collection, management, and reporting standards and used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Hold – the electronic reserve of a place and funding placed on rapid rehousing assistance through the coordinated access system. A hold indicates a spot for a household to receive housing relocation and stabilization services through a case management vendor as well as holds a pre-determined amount of funds for rental assistance for that household.

Homeless – as defined by HUD for the purposes of rapid rehousing, only those households that fall under the HUD definition of:

Category 1: Literally Homeless includes an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a 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 and local government programs); or
- Is exiting an institution where (s)he has 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 4: Fleeing or attempting to flee domestic violence includes any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
- Has no other residence; and
- Lacks the resources or support networks to obtain other permanent housing

Household – an individual or family receiving rapid rehousing assistance. A household can be one person or more. Families may include parents and children, non-related adult households, combined households of non-related adults and children or other make-up of related and non-related adults and children.

Housing First – a philosophy of providing housing to homeless individuals that focuses on providing services to individuals once they are in housing to assure housing stability and does not require sobriety, medication compliance or agreement to participate in specific services as a condition of receiving assistance.

Housing Stability case management – case management provided to households receiving rapid rehousing assistance which may or may not be linked to short- or medium- term rental assistance and other financial assistance. Housing stability case management focuses on addressing the immediate need for housing, stabilizing families and individuals in housing and connecting households to mainstream resources to ensure long term housing sustainability.

Housing Search and Placement – assistance to specifically identify and place households in appropriate, affordable housing for households receiving rapid rehousing assistance. This includes connecting households with properties that have low barriers to accessing housing, negotiating fees, facilitating move in dates

and identifying appropriate areas for housing based on household wants and needs.

Participant share – the amount of monthly contribution a household enrolled in rapid rehousing must contribute to rent.

Permanent Supportive Housing – deeply affordable housing with comprehensive services that are voluntary and tenant-centered.

Permanent Housing – housing that does not have occupancy limits. This can include market rental housing, subsidized housing, supportive housing and other types of housing where individual tenants hold a lease.

Rapid Rehousing – flexible assistance designed to help homeless individuals and families move as quickly as possible from homelessness to permanent housing and achieve stability through rental assistance supportive services. Rapid Rehousing services should be provided in an environment that has low barriers to entry and supports a Housing First model.

Rent Reasonableness – the process of determining the practicality of a proposed rent amount for a unit. This is done both formally, through market analysis of a determining agency, as well as informally through a case manager or housing specialist ahead of submitting for a rent payment request comparing available data of surrounding units.

Selection Committee – the group of public funders who review and select the Financial Assistance Intermediary and Case Management Intermediary based on common evaluation criteria.

Violence Against Woman Act (VAWA) - The Violence Against Women Act (VAWA) is a landmark piece of legislation that sought to improve criminal justice and community-based responses for all victims of domestic violence, dating violence, sexual assault, and stalking. As an RRH system the CMI/FAI may create a sub program of RRH to test new ways to address homeless in our community. Sub program may not abide by caseload and rent scale policies. As an RRH system the CMI/FAI may create a sub program of RRH to test new ways to address homeless in our community. Sub program may not abide by caseload and rent scale policies. As an RRH system the CMI/FAI may create a sub program of RRH to test new ways to address homeless in our community. Sub program may not abide by caseload and rent scale policies. of RRH to test new ways to address homeless in our community. Sub program may not abide by caseload and rent scale policies. regardless of sex, gender identity, or sexual orientation, and which must be applied consistent with all nondiscrimination and fair housing requirements as set forth in 24 CFR 5.2001 -24 CFR 5.2011.

III. Policies and Procedures

Roles and Responsibilities

Funders

Funding for the Houston/Harris County Continuum of Care Rapid Rehousing Model is collaborative and collective. Funders will align resources to increase efficiency, extend the reach of funds and stabilize as many households within the continuum as possible. This model connects public and private funds across the continuum, which covers two counties, dozens of cities and four U. S. Department of Housing and Urban Development (HUD) entitlement communities which receive Emergency Solutions Grants (ESG). The funding partners will select and monitor two intermediaries to manage the program: one for fiscal management and oversight and one for case management monitoring and oversight. Selection of these entities is based on collaborative decision making that identifies a single organization for each role. Members of the funding collaborative will create a request for proposals for both entities and select the agencies based on shared evaluation around the organizations best positioned to assume this role. The agencies will distribute a common proposal for each intermediary and use common evaluation tools to select each intermediary. The funders are also responsible for creating the common monitoring and evaluation tools that will be used to evaluate each intermediary's outcomes related to implementation, launch and maintenance of the rapid rehousing model. This collaborative is made up of public funders which includes Federal, State and Local funds and private philanthropic and corporate funding partners. The role of each is described below.

- A. Public Funders** – The public funders are responsible for driving the overall process for Rapid Rehousing in the Houston/Harris County Continuum of Care and ensuring that goals for funding are in compliance with all regulations set forth by HUD and the HEARTH Act, as well as any local policies and other federal requirements put in place through the annual Notice of Funding Availability (NOFA) for the CoC funding competition, Emergency Solutions Grants Funds and Community Development Block Grants as applicable. Public funds include Federal, State and Local funding allocations through HUD as well as any additional state or local funds that may be dedicated to the initiative.

- i. Federal:** Funds available to the community directly through the Annual HUD Continuum of Care grant funding competition. Funds available for rapid rehousing are restricted based on federal priority groups and adjusted annually based on the annual NOFA for CoC funds. All CoC funding dollars are managed through the Coalition for the Homeless, the local CoC lead agency, with oversight of use by the CoC Steering Committee.
 - ii. State:** State funds for rapid rehousing include the Homeless Housing and Services Program (HHSP) that are directed to the community through the City of Houston. Other State funds may include Texas Department of Housing and Community Affairs (TDHCA) Emergency Solutions Funds (ESG) as part of the Continuum of Care or sought through the case management intermediary or other appropriate funds as they become available.
 - iii. Local:** Local funders include Houston, Harris County, Fort Bend County and Pasadena who receive ESG funding as entitlement communities from HUD. Public funders may also include other communities within the Continuum of Care who receive entitlement funding from HUD but do not receive direct ESG funds such as Sugarland, Baytown and Missouri City. Local public funds dedicated to Rapid Rehousing include both ESG and CDBG funding and may also include HOME funds where available. Local funds could also include other public resources available to serve homeless individuals such as local bonds, taxes or general revenue funds.
- B. Private Funders** - Private funders include any local or national private philanthropic, corporate foundations and other funding institutions that agree to participate in the rapid rehousing funding collaborative. Private funders will provide flexible support to the intermediaries selected through Request for Proposal process. Private funding may be allocated directly to the intermediaries or as part of a larger funding pool through a proposal process managed by the CoC lead agency. Private funding will be used to expand and support all aspects of the rapid rehousing model but will be most targeted to the expansion of case management to allow for flexible, regionally focused case management without the limits of jurisdictional boundaries that exist with public funds. Private dollars will also support expansion of financial assistance to allow for a flexible pool of funds that

can fill gaps for housing stabilization services not funded through public dollars such as emergency household or medical needs.

The Way Home Intermediaries

The Rapid Rehousing funders' collaborative has procured two intermediaries that serve in the capacity of The Way Home CoC Rapid Rehousing Lead Roles for public and private funding. Additional intermediaries will be identified as dictated by need. These intermediaries, described below, will be responsible for managing and distributing the public and private contributions of the rapid rehousing funding collaborative.

A. Financial Assistance Intermediary - The Financial Assistance Intermediary is responsible for the management, distribution and reporting for all financial assistance available through the rapid rehousing collaborative. Further description of the Financial Assistance Intermediary's responsibilities is included below.

- i. The Financial Assistance Intermediary (FAI) will manage multiple funding sources and track funding availability by source and type. Any agency that serves as the FAI must have a data management system with the capacity to classify funds by individual funder and distribute funds based on subrecipient need. The FAI is also responsible for tracking total funds available for assistance across the collaborative and communicating this to the CoC lead agency and CMI via monthly update meetings. The FAI is also responsible for maintaining a reserve of funding that ensures available resources to any household that enters into the homeless services system.
- ii. The FAI is responsible for regular reporting to individual funding sources based on distinct requirements. These may include reports required for and by HMIS, IDIS, ESnapS and other funding systems. This may also include reports to individual funders as required by governing boards and councils for each funding source.
- iii. The FAI will have the capacity to staff the rapid rehousing program with skills that can support the information technology infrastructure, conduct rent reasonableness and housing quality standards inspections, interface with landlords and process payments, maintain effective communication with the case management intermediary and its subrecipients, maintain effective communication with CoC lead agency through coordinated access, conduct and maintain quality data entry and oversee the reporting and monitoring process for the FAI. Staffing

can be through the FAI or through subcontracts with other qualified agencies that meet the fiscal and reporting responsibilities described herein.

- iv. The FAI is responsible for creating a monitoring plan for any subcontractors. Subcontractors may include an additional fiscal intermediary to provide specialized financial assistance or an organization with expertise conducting inspections and/or rent reasonableness. Monitoring will ensure any work performed conforms to all regulatory requirements and requirements of the funding collaborative.

B. Case Management Intermediary – Case Management Intermediary is responsible for oversight and management of the case management component of the rapid rehousing funding collaborative. This will include monitoring subcontractors to ensure compliance with regulations, the repaid rehousing program model and progress toward continuum-wide outcomes. Specific responsibilities are outlined below.

- i. The CMI is responsible for managing and distributing multiple funding sources for case management, ensuring distribution among geographically appropriate service providers and providing logistical support to the system. Any CMI will be contracted based on
 - Performance and outcomes of all subcontractors toward the continuum-wide outcome measures as described in the CoC Steering Committee approved Housing Model for Rapid Rehousing; and
 - Experience and capacity to procure and manage service agencies that will provide case management; and
 - Ability to validate financial systems for the subcontracts.
- ii. The CMI is not expected to provide direct services, but instead will subcontract with qualified service providers in the community to deliver quality housing stabilization case management and housing navigation expertise. The expectations of services include:
 - Case managers that are geographically distributed to meet the needs of households receiving rapid rehousing services. Any case manager will be credentialed to effectively provide housing stabilization case management as defined within these rules and outlined within the RFP for case management providers. Case

managers should also have the ability to provide and support housing navigation services as needed and; housing navigators/specialists that are responsible for building and maintaining relationships with landlords to ensure rapid placement in quality affordable housing and reduce the barriers to housing. This will include minimizing the fees associated with housing placement such as application and deposit fees. Housing navigators will work with any referred household to provide housing search and placement per the need of the household. The specialist will also assist households in completion of required documentation and ensure that units are reasonable based on FMR, area and amenities so that households can secure units as quickly as possible. Households will not be connected to an apartment or home that is above FMR. Based upon documentation that case managers submit, the FAI will determine if units meet FMR.

- iii.** The CMI is responsible for regular reporting to individual funding sources based on their distinct requirements. These may include reports required for and by HMIS, IDIS, ESnapS, other funding systems and/or funding source reporting forms. The CMI will provide monthly reports to funders based on desk monitoring that includes demographic data of households served, total assistance provided, and tracking based on use of common assessment tools and adherence to housing stabilization plan. The CMI will use the analysis to support adjustments to funding hold amounts in conjunction with the FAI and Coordinated Access. The CMI will have policies and procedures in place for maintaining confidentiality of all households who are homeless because of fleeing domestic violence as outlined in 24 CFR 576.500 (x).
- iv.** The CMI will have solid project management experience and dedicated staff to manage the rapid rehousing program. CMI staff must also have appropriate training or educational background that enables the organization to effectively evaluate the outcomes of any subcontractor. Staff from the CMI will be expected to participate in any Continuum-wide training required for case management staff as well as be a registered user with the Homeless Management Information System (HMIS).
- v.** The CMI is responsible for creating a monitoring plan for case management subcontractors that measures each agency's progress

toward continuum-wide outcomes. Monitoring will include ensuring client eligibility and homelessness documentation based on regulatory and programmatic requirements as well as ensuring consistency across the case management subrecipients in distribution of funding. It is expected that the CMI will also review the HMIS for use, data quality and accuracy based on the HMIS data quality standards

Upon request by system partners and funders, the CMI would need to provide summary data and ad hoc reports on the success of the RRH System to which the CM Vendors are accountable for data entry; these reports could include the number of households served, successful exits from the program, and returns to homelessness within 30 and 90 days from program exit, etc.

CoC Lead Agency

The Coalition for the Homeless, as the CoC lead agency, will serve multiple roles in the oversight and performance of the rapid rehousing program. The CoC lead agency will be responsible for reporting to the CoC Steering Committee on dashboards and outcomes related to rapid rehousing. In this role, the Coalition will ensure that all components of the service delivery for rapid rehousing are aligned with the CoC goals and strategies for ending homelessness. The CoC lead agency will do this through dedicated project management to the rapid rehousing program as well as regular CoC lead agency duties as outlined below.

- a) Management of HMIS and data quality will be through the CoC lead agency. This includes day to day data quality requirements but may also include technical assistance to the FAI, CMI or subcontractor entities around data entry, quality and reporting.
- b) The CoC lead agency is responsible for tracking and reporting overall outcomes for the rapid rehousing program to the CoC Steering Committee, to rapid rehousing funders collaborative and to the public through dashboards. Outcomes will be based on both data quality standards and CoC approved goals as outlined in the rapid rehousing housing model and approved by the CoC Steering Committee.
- c) The CoC is responsible for regular reporting to public funders as required by each funding program which includes but is not limited to the Consolidated Annual Performance and Evaluation Report (CAPER) required for each entitlement community, Annual Performance Reports (APR) as required by HUD and any other additional reports required by federal, state and local funders that will be tracked and managed through HMIS. In its reporting

role, the CoC lead agency is responsible for notifying the CoC Steering Committee and rapid rehousing funders of any issues or trends identified through regular analysis with the FAI and CMI that may trigger a change to the rapid rehousing program model. In addition, the CoC lead agency will provide pertinent data for reporting requirements outlined by funding sources, such as those of the Annual Action Plan, Consolidated Plan or foundation and corporate Boards of Directors and/or oversight Boards.

Rapid Rehousing Provider Workgroup

The Rapid Rehousing provider workgroup is the CoC affinity group of providers that provide strategic support to the development of continuum-wide tools adopted by the rapid rehousing funders collaborative. The RRH provider workgroup will continue to provide feedback to the CoC Steering Committee in its role as affinity group and recommend to the CoC Steering Committee any changes that may be necessary to the rapid rehousing program tools or strategies based on best practices in implementation.

Rapid Rehousing Process and Design

Funding/Vendor Selection

The rapid rehousing funders collaborative has created a new process and design for management, distribution and performance around rapid rehousing for the Houston/Harris County Continuum of Care. By formalizing the process and distribution of funds among all public funders, the rapid rehousing funders collaborative ensures that homeless individuals seeking assistance will be able to receive the same quality and level of assistance across the continuum. This also ensures the most efficient use of funding and resources that will allow the collaborative to reach households within our community with the highest need. The elements below describe the process and design for how rapid rehousing funds will be distributed and the case management driven program will operate. The program is designed to ensure housing stability for homeless households in need of short to medium term assistance using a housing first model for services.

- A.** The Collaborative will align its resources to create greater impact and leverage more dollars for assistance. Participation in the aligned funding model satisfies the required Continuum-wide coordination and collaboration as outlined in the HEARTH Act. Public and private funders will agree to align funding and will have common goals and expectations around vendor selection, capacity and overall project management for the rapid rehousing program.
- B.** Members of the collaborative will select vendors for the two fiscal intermediaries (financial assistance and case management) through a competitive Request for Proposals process. The intermediaries will be procured and approved by a selection committee of ESG funded entitlement communities and the CoC lead agency with the Houston/Harris County CoC. Funders may also agree to contribute funding to vendors after selection is made through the initial RFP process. Intermediary organizations are selected based on criteria outlined in these rules and the RFP. There will be an option for contract renewal based on performance toward Continuum wide outcomes and overall contract performance.
- C.** Case management vendors will be selected on their ability to adhere to the continuum wide outcomes and meet the expectations of the funding collaborative as outlined in these business rules and RFP. Vendors must also ensure compliance with the written standards for rapid rehousing assistance.

- D.** Overall project management for the rapid rehousing funding collaborative will be through the Coalition for the Homeless of Houston/Harris County, the CoC lead agency for the collaborative. A dedicated staff person will be assigned to the collaborative to ensure the collaborative is on track to achieving its goals as outlined. The project manager will also serve as the point person for the collaborative and manage any communication or process concerns identified by the funders, intermediaries, coordinated access or vendors and will be responsive to trouble shooting for the collaborative.

Service Delivery

Service delivery for the rapid rehousing model is standardized and uniform across the continuum. All eligibility, referral and assessment will be done through a continuum-wide, standardized process and use standardized tools that ensure the same level and quality of service regardless of vendor agency. The process described below outlines the way vendors will provide rapid rehousing assistance to homeless households from entrance and eligibility through housing placement, program exit and follow up.

- A.** Regardless of funding used for either rental assistance or case management, the COC will use ESG standards to the extent possible.
- B.** The continuum-wide coordinated access and placement system will be the sole source of placement into rapid rehousing for the Houston/Harris County Continuum of Care. Households will access the homeless services system through one of the coordinated assessment hub sites or through a case manager supported assessment to the call-in center.
- C.** Eligibility for rapid rehousing is determined by a specialized, trained assessor dedicated to coordinate access. This assessor will use the guidance established in the ESG standards for the provision of rapid rehousing to ensure eligibility for assistance based on regulatory requirements including income, housing status and household composition.
- D.** Referral for rapid rehousing assistance is done only through a trained assessor within the coordinated assessment system and will be made electronically through HMIS. Any agency providing rapid rehousing assistance must accept referrals through coordinated assessment and the front door into the rapid rehousing program is only through coordinated assessment. When coordinated access makes a referral of an eligible

household to a rapid rehousing service provider both the CMI and FAI will be notified electronically.

- E.** Coordinated access can make referrals to one of three programs off the Rapid Rehousing waitlist. Either Families or Single individuals where the head of household is between ages 18-24 years old and non-chronic will be referred to the Youth and Young Adult RRH. If there is an opening and a Young Adult is the next client in line on the waitlist they will have the option to be enrolled in the Adult RRH or wait for a caseload opening on the Youth and Young Adult RRH. Adult Households who are over the age of 18 years old and score between 17-6 on the assessment will be referred to Adult RRH. Adult Households over the age of 18 years old and score between 18-27 will be referred to the Non-Chronic Program. The FAI will set aside funds for each referred household. The amount placed on hold will be based on national averages and will be updated through coordination of the FAI, CMI and the CoC lead agency to reflect the local data and outcomes. Coordinated Access and the FAI will have a user agreement in place with the HMIS that outlines the roles and responsibilities of communication and data sharing to ensure this process is fluid. The CMI, FAI and Coordinated Access will meet after the first quarter of funding to identify if the average for each household should be adjusted. Thereafter, the three entities will meet monthly to review the amount represented by each household and update accordingly.
- F.** Once an individual is found eligible for rapid rehousing, the assessor will provide a direct referral to a case manager vendor. Available slots for rapid rehousing in HMIS will be based on an average caseload up to 35 families/singles. Program caseloads will differ based upon populations served, current caseload sizes can be found on Appendix D. If all case management vendors are at caseload capacity, the coordinated access system will place the household on a waitlist managed through the coordinated assessment system. Referrals for rapid rehousing are made as funding is available and are made directly to the case management vendors based on availability in HMIS. Coordinated Access will assign referrals based on geographic area to the best of their ability. CA may refer households interested in a specific geography to a case management vendor located in an area that is outside of their preferred service area. Case managers have 24 hours to acknowledge the referral and begin the process of the initial appointment to engage the household in the assessment and housing. If a

case management vendor is unable to accept a referral, the vendor must initiate a case call between coordinated access, the CMI and the vendor to identify the reason a household is not an appropriate fit for that vendor.

- G.** Once Coordinated Access directly refers a client to a case management vendor, a case manager will verify that the head of household is literally homeless and eligible for services. Eligibility will be determined primarily by third-party documentation as the desired form of documentation. Secondly, intake worker observations may be used as documentation of homelessness, and last, and only on rare occasions may certification from the person seeking assistance serve as documentation. The case manager will have an initial appointment with the household to conduct an overall housing assessment and develop a housing plan. This assessment and housing plan will be done using the standardized tools approved for all case managers in the Houston/Harris County CoC. These tools are included as reference in Appendix A, B. The case manager must enroll the household or deny the referral within 7 days. A case manager can reject or deny the referral if the case manager has been unable to contact the household after 7 days. If a household shows up at the case management vendor after the 7 days have expired, the case manager will assist the household in reentering the system through coordinated access. Details of the release process are explained in the definition section of these business rules.
- H.** The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 imposed restrictions on eligibility for receipt of public benefits. Essentially, the law provides that illegal aliens are not to receive public benefits and specifies how the inquiry into a person's status is to be conducted. For permanent housing projects, recipients that are governments are required to comply with the law. To receive assistance, a family member must be a U.S. citizen or eligible immigrant. Eligible immigrants are persons who are in one of the immigrant categories specified by HUD. Every household member must provide sufficient information to enable the Authority to determine citizenship or eligible immigration status in accordance with HUD regulations. Citizens may certify to their status, but the FVRC/HHA is required to verify through the United States Citizenship and Immigration Service (USCIS) the status of all persons claiming to be eligible immigrants. The status of each member of the household is considered individually before the family's status is defined for this reason. A family is eligible for assistance if at least one member is a

citizen or eligible immigrant. Households that include eligible and ineligible individuals are “mixed families” and assistance is pro-rated by dividing the number of eligible members by the total number of members

- I. Case managers will use the housing plan and budget as a communication tool with the FAI to indicate client portion and anticipated payment request to the landlord. The budget document will be submitted electronically via HMIS and will be used as a planning tool during the housing search process. Submission of the housing plan and budget will indicate to the FAI that a client has an active Leasing Request Packet and is in the housing search process. If a client cannot be contacted for 14 days after initiation of the housing plan and budgeting, the case shall be forwarded to the case management supervisor. The case management supervisor then has 48 hours to contact the household. If there is not contact after 48 hours, the case management supervisor may exit the household to the last known destination on the 3rd day.
- J. Once a housing plan is complete, the process for housing search and placement can begin. The case manager will refer directly to housing navigation staff as needed for any household requesting or requiring additional assistance. Housing navigation assistance will be available but not required for each household. Case managers will assist with housing navigation services for those households that do not need a dedicated housing navigator. Each agency providing case management will have dedicated housing navigators, either through the agency or shared among the collaborative as assigned by the CMI. Housing navigation specialists will also help secure utility and security deposits and application fees for households that require this additional assistance. Part of housing search and placement, either with the case manager or housing navigation staff, will include informal rent reasonableness to ensure a client is seeking housing that is reasonable for the area, but also for their projected income and needs.
- K. The goal for the rapid rehousing program is that the total process, from eligibility referral to housing placement, within 30 days. Once housing is identified, the case manager or housing navigator will submit Leasing Request Packet with the deposit request and an unexecuted lease to FAI. Households are only eligible to receive one security deposit that is up to two months of rent. Submission of the LRF triggers an inspection and evaluation of rent reasonableness by the FAI or its contractor. Once a unit has passed

inspection, the FAI will communicate with the case manager or housing navigation staff who submitted ILF that the unit is ready for leasing. Exceptions to this policy may be made by the CMI and FAI in agreement for situations as follows:

- i. If the client needs to be relocated for safety purposes.
 - ii. If for some reason the FAI request an emergency inspection of the unit and the landlord is asked to make repairs to the unit. If the landlord refuses to make modifications and the client is then forced to find another unit.
- L. Once a unit passes inspection and the FAI receives a final budget from the case manager via HMIS, the FAI will release a Lease and Rental Assistance Agreement (Agreement) between the FAI and the landlord. The Agreement will be based on the lease and budget the case manager/housing navigator will work with the landlord to complete and review the lease and rental assistance agreement and return it into FAI. The Agreement and lease should be in place within 45 days of initial submission of the tenant budget in HMIS. A case management supervisor can review and extend for up to 90 days as needed for extenuating circumstances that include but are not limited to failed inspection, landlord delays, and unexpected medical or financial conditions. Any case that exceeds 90 days must conference with the case management supervisor for that vendor and the CMI to identify the reasons for ongoing extensions and the long-term plan for housing stability. Case managers will work with households to expedite the search and placement process in the case that a unit is deemed unacceptable because of multiple failed inspections. Any unit that fails two inspections can only receive a third inspection if a written request is submitted to the FAI by the case manager or housing specialist detailing the reason for request. The process for funding release and request will be initiated with the rental assistance agreement and placed into the electronic check distribution system of the FAI. The FAI will process payments based on the rental assistance agreement. Case managers will submit any adjustments to the rental amount by the 15th of each month. The FAI will notify landlords of rent changes through a rent change notification submitted by the within 10 days of a processed budget adjustment and no later than the 28th of each month. Adjustments will be made through the same process as the rental assistance release. The FAI and CMI will establish a communication plan to

meet required timelines and to notify the CMI and vendor of the appropriate funding source.

- M.** Each month the case manager will meet with each household to review housing goals along with fill out the monthly budget according to the payment schedule by population which can be found on Appendix E, F, G. Within the payment schedule there is the grace budget, which can be used when a case manager cannot meet directly with the client to fill out monthly budget. There are also contingency budgets that can be used when the client cannot pay their portion that month.
- N.** Case managers or designated persons will be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of title VII of the Act;
 - i.** RRH is a scattered site housing program and clients are permitted to select their own units. This allows the client the opportunity to seek housing that is accessible to resources such as employment, support systems and schools. The Case Manager will document in HMIS the educational status of all school aged children in the household composition. Information obtained will include the child's current grade level, type and name of school. In cases in which the family may not be able to reside in the school district of choice due to various situations (e.g. lack of affordability & available housing), the CM will coordinate with the current school social workers to utilize rights afforded to the child under the McKinney-Vento Act. The educational status documentation will be placed in the HHA FAI files under the Screening from Case Management section.
- O.** The income for each household will be formally assessed at a minimum of every 12 months to ensure that they are still income eligible. Income eligibility is 30% of AMI by ESG standards. If the client is over income, they will need to be exited. Case Managers will gather 30 days proof of income to determine if client is below 30% AMI by ESG standards. If a client fails to provide income documentation or refuses to participate in the income verification process, then the client must be discharged from the program for non-compliance by their annual assessment date. If Case Managers determine that the client may be getting close to over income, they will

begin working with the client to create an exit plan for their 12-month income verification. Monthly Case Management budgeting sessions do not constitute a formal income assessment. 12-month income assessment form can be found on appendix I.

- P.** If rental assistance is CoC funded, the CMI can approve for Case Management and rental assistance to be continued for up to 24 months if it is deemed necessary. As a client approaches their twelfth month in a rental unit, the FAI will conduct an annual inspection. If the unit fails the annual inspection, rental assistance will not be paid for the time between when the unit fails the annual inspection and passes. This process also applies to emergency inspections.
- Q.** If a family was eligible at intake into the permanent housing program when they presented together for assistance and it has recently come to your attention that the family composition has changed in light of the children no longer residing in the project, HUD would consider the family still eligible to receive assistance through the project. This is because—so long as the homeless status was confirmed upon entry into the program—any subsequent change in the household composition would not disqualify a program participant's ongoing eligibility for the program.

 - a. Please note that when household composition changes, however, it is important to consider the following as you continue to provide assistance:

 - i. Recipients or subrecipients must ensure that the unit meets all occupancy standards and local and state codes. Further, all units that receive rental assistance through the CoC Program must meet the requirements and standards included in Sections 578.75(b) and (c) of the CoC Program interim rule. Section 578.75(b) states that housing leased with CoC program funds, or for which rental assistance payments are made must meet applicable housing quality standards under 24 CFR 982.401. Section 578.75(c) states that all dwelling units must have at least one bedroom or living/sleeping room for each two persons. The interim rule does not prohibit a single parent from sharing a room with their small child. Additionally, it should be noted that a living room may be used as sleeping (bedroom) space, but no more than two persons may occupy the space,

and children of the opposite sex, other than young children, may not be required to share that space.

- ii. The recipient or sub recipient must ensure that the cost and size of the unit is reasonable and appropriate. According to the Omni Circular (2 CFR 200), all CoC Program costs must be reasonable and appropriate.
 - iii. Where rent is charged, it must be adjusted as necessary in accordance with the policies set in place through the CoC's standards. CoC's standards are determined by funder recommendations, grant regulations, and CoC data. Rent Budget plans for charging rent to clients can be found in Appendix E, F, G by population.
- R.** Rapid Rehousing Plus screening and eligibility will be determined by the project manager and CMI.
- S.** The CMI will ensure that each agency has a grievance procedure in place and appeals for termination for clients. The CMI will monitor the use of the grievance procedure for each case management vendor and have a process in place for clients that chose to appeal to the CMI and FAI. At point of notification, the CMI and FAI should investigate as a review of the grievance. After review, if the CMI and FAI deem the grievance plausible, further investigation by CMI, FAI and involved parties will occur; if the CMI and FAI review finds grievance is not justifiable, the decision by the Agency will stand. The funding collaborative will monitor the CMI to ensure consistency in use and application of grievances and terminations. The grievance policy can be found on Appendix H.

As an RRH system the CMI/FAI may create a sub program of RRH to test new ways to address homeless in our community. Sub program may not abide by caseload and rent scale policies.

Terminations

Households may be exited or terminated from rapid rehousing assistance based on program requirements. The types of exits a case manager might enter HMIS for reporting are detailed in the reporting section. This section describes when households might be auto-exited, or assistance is terminated. All exits, and termination will be documented in HMIS and supported by case notes.

- A.** Households will be exited from rapid rehousing for reasons noted in these business rules that apply to timeliness and communication in establishing

appointments, creating a housing plan and engaging in housing search and placement process.

- B.** Households will be auto-exited from rapid rehousing if they receive 24 months of assistance over a 3-year period, as required by HUD and outlined in 24 CFR 576.104.
- C.** Any household may be terminated from rapid rehousing assistance if deemed necessary by a case management vendor and monitored by the CMI and FAI. Reasons for termination may include but are not limited to:
 - i.** Incarceration or institutionalization over 90 days. Case managers in coordination with the FAI and CMI may continue to support households where the head of household receiving assistance is incarcerated or institutionalized for up to 90 days. Any household where the head of household receiving assistance is incarcerated or institutionalized for more than 90 days will be terminated from the program in accordance with 24 CFR 576.500 (b)(2).
 - ii.** Tenants who are not participating in their agreed upon housing plan may be terminated from assistance. This is only for tenants who are not actively participating in their assistance rather than noncompliance with any one aspect of their plan. Terminations for this reason should be rare, must be approved by the CMI, and participants should be linked to coordinated access for additional housing options where appropriate.
 - iii.** Clients may be terminated if the case manager is unable to contact the household for two consecutive weeks. The case is then escalated to the supervisor to attempt contact. If supervisor is unable to establish contact, the case may be presented to the CMI for exit permission.
- D.** If a household indicates that they would no longer like to participate in rapid rehousing assistance and is currently paying 100% of their rent, a case manager must keep the household enrolled for 30 days after the last payment by the FAI before exiting the household to permanent housing. Terminations must include documented incidences where a household is not participating in their agreed upon responsibilities of the housing plan or those cases where there is abandonment of the program and unit.
- E.** In the case of termination, the CMI must notify the FAI to immediately stop payment for the unit where a household has been terminated. At point of notification, the FAI should investigate as a second review of the termination case. After review, if the FAI deems the termination plausible,

the termination will stand; if the FAI review finds termination is not justifiable, further investigation by CMI, FAI and involved parties will occur.

- F. In the case that the FAI is notified via the landlord, the FAI will notify both the CMI and appropriate vendor. All terminations must be in accordance with 24 CFR 576.402 and do not preclude a household from receiving future assistance.

Data Entry and Reporting

All entities that are contracted to provide services and case management will be responsible for entering data into HMIS. All reporting and data entry requirements for rapid rehousing will be dictated by the HMIS user agreement. Outcomes reporting will be pulled from data entered directly into HMIS. All case management vendors are expected to adhere to existing HMIS data quality standards and any updates to the standards published by HUD and/or adopted by the Continuum of Care. The CMI will monitor against the standards and is responsible for reviewing data for quality and accuracy. The CMI will generate quarterly reporting to funders through HMIS.

IV. Appendices: Case Management Tools

A. Rapid Rehousing Placement Assessment

B. Rapid Rehousing Plan Guide

1. Plan Overview
2. Releases of Information
3. Housing Search Tools

C. Rapid Rehousing Budget

1. For rent to be paid each month, Rapid Rehousing CM meet with clients and fill out a budget below. It is a tool for the CM to speak with clients about budgeting, spending habits, and informs the Housing Authority what should be paid each month. Budgets should be in by the 15th of every month for the month before it is to be paid. For example, for April's rent to be paid, a budget must be signed by the client and CM by March 15th and submitted to the Housing Authority.
2. If a CM cannot locate a client or a client is unwilling to meet with CM to review the Rapid Re-housing budget by the 15th of the month then the Housing Authority is unable to pay the rent. There are three different budgets that CM's can use with clients:
 - a) **Monthly Budgets:** Included in the business rules is an example of a monthly budget to be filled out with clients. Contact the CMI of your program to get budgets that are outlined each month for your agency's program.
 - b) **Grace Budget:** This budget it to be used with a CM has been in communication with a client but cannot physically meet with the client to fill out and sign a budget.
 - c) **Contingency Budget:** This budget is designed to give clients a break in paying the rent if something should happen in their personal lives that could cause them financial burden. It is only to be used when client is paying rent based upon the rental amount. Consultation with the CMI of the program before budget is used on a client.

- D. Rapid Rehousing Caseload Size**
- E. Rapid Rehousing Adult Payment Scale**
- F. Rapid Rehousing Non-Chronic Payment Scale**
- G. Rapid Rehousing Youth Payment Scale**
- H. Rapid Rehousing Grievance Policy**
- I. Income Verification**
 - 1. Income Verification:** This is a review of the client's income. We are using the past 30 days of income to predict the client's gross annual income for the following year. The Case Manager will need to collect any form of income. Below are examples of income that a client could have:
 - a) Examples of Proof of Income:**
 - b) 30 days' worth of pay stubs**
 - c) SSI or SSDI reward letter**
 - d) TANF reward Letter**
 - e) Employment Verification Letter**
 - f) Self-Declaration of Income Form (only to be used with CMI Approval)**
 - 2. Once the Case Manager has collected verification of income, the Case Manager will fill out the Income Verification form. If client is above 30% AMI by ESG standards, then Supervisor should review the form and verify that this is true. If Supervisor also finds client to be over-income, then client will need to be exited from program. Regardless of whether the client stays in the program or not, both CM and client needs to sign form. Once the form is complete place it back into the file, along with verification documents behind the form per the file checklist.**
- J. VAWA Notification to Clients**
 - 1. Every client must be given the VAWA Notification to Clients at Program Entry, Program Exit, Move-in and the Annual Assessment. Case Managers should explain to client their protections under VAWA and provide the opportunity for clients to read the VAWA Notification to Clients. Each time the client reviews this notice, Case Managers need have the client sign the VAWA Notification Client Signature Document and place in the file. If a client would like to enact their protections under VAWA they need to fill out the HUD Form 5832.**

- K.** VAWA Notification Client Signature Document
- L.** HUD FORM 5832 VAWA
- M.** File Check List
- N.** Monitoring Policy for Subrecipients in the RRH Program
- O.** Rapid Rehousing Monitoring Checklist



Appendix A: Rapid Rehousing Placement Assessment

Date:	
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Case Worker:	
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CLIENT INFORMATION:

Full Name:	DOB:
Current Address:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
City:	Race:
State/Zip:	SSN:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female
Domestic Violence:	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, are you fleeing now <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes
Military Branch:	Discharge Status:
Service Entry Date:	Service Exit Date:
Theatre of Operation: <input type="checkbox"/> WWII <input type="checkbox"/> Vietnam <input type="checkbox"/> Desert Storm <input type="checkbox"/> Afghanistan <input type="checkbox"/> Iraq (operation Freedom)	
<input type="checkbox"/> Iraq (Operation New Dawn) <input type="checkbox"/> Other Peace keeping Operations or Military Interventions <input type="checkbox"/> Korean War	
Homeless individual with a disability: <input type="checkbox"/> No <input type="checkbox"/> Yes If you select yes here a Barrier needs to be checked in the next box	Barriers: <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Developmental <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability If yes - receiving treatment <input type="checkbox"/> Yes <input type="checkbox"/> No condition indefinite <input type="checkbox"/> Yes <input type="checkbox"/> No documentation of the disability and severity on file <input type="checkbox"/> Yes <input type="checkbox"/> No
General Health <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Health <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Mental Health <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

The Way Home

OTHER HOUSEHOLD INFORMATION:

Name:		SSN:	
Relationship:		DOB:	
Homeless individual with a disability: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Developmental <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability		
Name:		SSN:	
Relationship:		DOB:	
Homeless individual with a disability: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Developmental <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability		
Name:		SSN:	
Relationship:		DOB:	
Homeless individual with a disability: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Developmental <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability		

The Way Home

HOUSING STATUS

<input type="checkbox"/> 1 Homeless <input type="checkbox"/> 2 Imminent risk of losing housing <input type="checkbox"/> 3 Homeless only under other federal statutes <input type="checkbox"/> 4 Fleeing domestic violence <input type="checkbox"/> At risk of homeless <input type="checkbox"/> Stably housed <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
Type of Residence?	
Length of stay in prior living situation?	<input type="checkbox"/> one night or less <input type="checkbox"/> 2 – 6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less 90 days <input type="checkbox"/> 90 days or more, but less than a year <input type="checkbox"/> 1 year or longer
Approximate Date homelessness started:	
Total # of times in the street, ES or SH in the past three years (including today) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	
Total number of months homeless on the street, ES or SH in the past 3 years <input type="checkbox"/> 1 <input type="checkbox"/> 2-12 # _____ <input type="checkbox"/> 12+	

EMPLOYMENT:

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If No, why? Looking for work <input type="checkbox"/> Yes <input type="checkbox"/> No In School <input type="checkbox"/> Yes <input type="checkbox"/> No Unable <input type="checkbox"/> Yes <input type="checkbox"/> No Not looking <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of employment?	HOH <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Family Member 1 <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Family Member 2 <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Family Member 3 <input type="checkbox"/> F/T <input type="checkbox"/> P/T
Hours worked last week?	HOH	Family Member 1	Family Member 2	Family Member 3
Employment Tenure	HOH	Family Member 1	Family Member 2	Family Member 3
Highest Grade Completed OR received GED	HOH	Family Member 1	Family Member 2	Family Member 3
Current Enrollment				



CASH INCOME (DOCUMENT NEEDED):

List income received from ALL sources and ALL family members:					Monthly
	HoH	Family Member 1	Family Member 2	Family Member 3	
Work					\$
TANF					\$
SSI					\$
SSDI					\$
Wk. Comp					\$
Child Sup					\$
Unemploy.					\$
Veterans					\$
Other					\$
Household Monthly Income Total:					\$

NON-CASH BENEFITS (VERIFICATION REQUIRED):

List income received from ALL sources and ALL family members:					Monthly
	HoH	Family Member 1	Family Member 2	Family Member 3	
SNAP					\$
TANF Transp.					\$
Veterans					\$
Harris Health Gold Card					\$
Sec 8					\$
Other					\$
Household Monthly Income Total:					\$

The Way Home

INSURANCE:

	HoH	Family Member 1	Family Member 2	Family Member 3	
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chip	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VA Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate other:

The Way Home

HOUSING ASSESSMENT:

Have any household members had any evictions or broken leases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any household members lack rental history?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any household members have unpaid rent or utility bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone in your household been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any household member required to register as a sex offender or arsonist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any household members have unpaid rent or utility bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has substance use resulted in a loss of housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does substance use currently affect housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any household members have unpaid rent or utility bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a mental health condition affected the loss of housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a mental health condition currently affect housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has domestic violence/abuse resulted in housing loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does domestic violence/abuse currently affect housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a restraining order in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently connected with a DV provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a lack of reliable transportation create a job barrier for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a lack of reliable/affordable child care create a job barrier for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In your opinion, do you have limited or no work experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In your opinion, do you have a condition that prevents you from working?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Citizenship Status prevent you from legally working in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received rental assistance in a RRH program in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you successfully complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what was the reason for leaving: <input type="checkbox"/> Moved in with family and friends <input type="checkbox"/> Fleeing domestic violence <input type="checkbox"/> Moved to avoid eviction <input type="checkbox"/> Evicted <input type="checkbox"/> Other: _____	If no, what was the reason for leaving the program: <input type="checkbox"/> Did not feel the program was effective <input type="checkbox"/> Terminated due to non-compliance <input type="checkbox"/> Chose to move in with friends or family



Appendix B: Rapid Rehousing Plan Overview

Program basics:

- Rapid Re-Housing is a short-term rental assistance and employment program
- Clients usually finish the program within 1 year.
- Each Client's case will be reviewed on a month to month basis to stay open
- To stay in the program, Clients need to pay rent, work on monthly goals, and stay in contact with their Case Manager

What do I have to do?

- Find housing in 3 weeks
- Turn in a housing packet in 30 days
- Increase household income
- Meet with the Case Manager at least once a month
- Pay rent

When do I have to start paying rent?

- The Client will begin paying rent the third month of their lease
- Rental payments will start out based on your income and will switch to paying a percentage of the rent
- Payments increase every month
- The Client and Case Manager will review all payments for the full lease term so the Client can plan for the increases

Why am I in this program and not a different one?

- Based on your strengths, we believe that you can increase your income and end your homelessness in a short period of time

Who is going to help me?

- Your Navigator will help you get housed
- Your Case Manager is going to help you stay housed



Agreement to Participate

I have been walked through the Rapid Re-Housing Program and I have decided that I want to participate.

My Navigator and Case Manager will help me find housing but, it is up to me to do my part to stay housed.

I understand that my Case Manager and I will review what size unit I should choose based on what has worked for me in the past.

I understand that I need to work with my Navigator to find an apartment in 3 weeks and turn in a housing packet within 30 days.

I understand that after I get housed, I need to meet with my Case Manager every month and work on the goals that I have decided on to stay in the program.

I understand that my rental payments will increase every month and that my Case Manager will review with me all of the payments that will need to be made so I can plan for it. If I do not meet with my Case Manager monthly, I will be responsible for 100% of the rent.

If I don't meet with my Case Manager, work on my goals, or stop paying my rent; I will be exited so another Client can have the chance to get into the program.

Mistakes and confusion are a normal part of life. Nobody is perfect. Issues will come up with my Landlord, rent, family, or income. I will be sure to let my Navigator or Case Manager know so that they can advocate for me.

Client Signature

Date



Permission to Contact

I give you permission to contact me in the following ways:

CELL PHONE:		Please circle one: It is okay to leave a voice mail message at this number: YES NO
EMAIL:		If applicable, list special Instructions:
TEXT:		If applicable, list special Instructions:
EMERGENCY CONTACT:		Relationship: _____ Please circle one: It is okay to leave a voice mail message at this number: YES NO
OTHER:		If applicable, Please circle one: It is okay to leave a voice mail message at this number: YES NO

Client Signature: _____ Date: _____

CM Signature: _____ Date: _____



Rapid Rehousing Grievance Policy

POLICY

Clients have the right to make a complaint without fear of retaliation or interference from any staff members. Clients shall be provided the opportunity to express any grievances or request for appeals and receive a timely response.

PROCEDURE

Staff shall give each client a copy of the grievance procedure within 24 hours of admission and explain it in clear, simple terms that the client understands.

If a client would like to make a complaint about a program or staff member, we ask that they follow these procedures:

1. Please notify your case manager. Try and talk with them to sort out an issue you might be having. If you are unsatisfied after speaking with them, you have the right to make a formal complaint.
2. Clients can submit a grievance about any violation of client rights or request an appeal of a discharge. Any complaints must be made in writing. If you have difficulty reading or writing, you may ask for help.
3. A grievance must be submitted to the Program Manager in writing within **seven calendar days** of the alleged incident or discharge.
4. The Program Manager will evaluate the complaint and may ask you for additional information. Program Manager will notify and include the Case Manager Intermediary on any decision. They will also speak to your Case Manager and the Rapid Re-Housing work group team members when appropriate.
5. The Program Manager will resolve any complaints in a fair and prompt manner. A written response will be provided to you within **seven calendar days**. Any complaints will be kept in a central file.

- a. If the client is unhappy with the response, he/she may make a written grievance to the _____. The _____ will follow the same outlined procedure and will provide a written response to the Client within **seven calendar days**.
 - b. If the client is unhappy with the response, he/she may make a written grievance to the _____. The _____ will follow the same outlined procedure and will provide a written response to the Client within **seven calendar days**.
6. After working with the agency, if you are unsatisfied and or uncomfortable with the resolution, you have the right to file a formal complaint with the Case Manager Intermediary (CMI) and Financial Assistance Intermediary (FAI). The client must submit the grievance in writing within **seven calendar days** of the final resolution presented from the agency in question.
7. The CMI and FAI will evaluate the complaint and may ask you for additional information. The CMI and FAI will discuss the grievance with the agency and Rapid Re-Housing team to get a clear understanding of the grievance from all sides.
8. The CMI and FAI will resolve any complaints in a fair and prompt manner. A written response will be provided to you within **seven calendar days**. Any complaints will be kept in a central file.
9. After working with the CMI and FAI, if you are unsatisfied and or uncomfortable with the resolution, you have the right to file a formal complaint with RRH Funders Group. The client must submit the grievance in writing within **seven calendar days** of the final resolution presented from the CMI and FAI.
10. The Funders Group will evaluate the complaint and may ask you for additional information. The Funders Group will discuss the grievance with the agency and CMI/FAI.

11. The Funders Group will resolve any complaints in a fair and prompt manner. A written response will be provided to you within **seven calendar days**. Any complaints will be kept in a central file.

By signing below, you are acknowledging that this procedure has been explained to you and you understand what to do if you would like to make a complaint. You are also acknowledging that you have been provided with a copy of this procedure.

Participant Signature

Date

RRH Staff Signature

Date



Agency Release of Information

Ensure your agency ROI has been signed by client.



The Way Home

Release of Information

I, _____ give permission to The Way Home to discuss my housing search and any referrals for supportive services with the Rapid Re-Housing Collaborative.

This ROI expires 3 months after my exit from the RRH program.

Client Signature

Date

Witness

Date



Authorization to Disclose Client Information

The U.S. Department of Housing and Urban Development (HUD) requires agencies that receive certain types of HUD funding to use a Homeless Management Information System (HMIS). Other funding sources may also require program participation in HMIS. This system is not electronically connected to HUD and is only used by authorized agencies. All persons accessing the HMIS have received confidentiality training and have signed agreements to protect clients' personal information and limit its use appropriately. The HMIS Privacy Policy is available upon request and is posted at the Coalition for the Homeless of Houston/Harris County website (<http://www.homelesshouston.org/hmis>).

Any additional data sharing agreements, providing details on how the member agency handles client information beyond the baseline HMIS Privacy Policy, are available at the agency service sites.

I give permission to the agency listed below to collect and enter information into HMIS about me and my household, which may include demographics, picture, health information, and services that I receive from participating agencies. I understand that the HMIS is shared with and used by authorized agencies in my community for the purposes of:

- Assessing clients' needs in order to provide better assistance and to improve their current or future situations
- Improving the quality of care and service for people in need
- Tracking the effectiveness of community efforts to meet the needs of people who have received assistance
- Reporting data on an aggregate level that does not identify specific people or their personal information

I understand that:

- I have the right to review my HMIS record with an authorized user.
- All agencies that use HMIS will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- Signing this release form does not guarantee that I will receive the requested services.
- I understand that if I do not sign this form, it will not change whether or not I can receive services from the agency listed below and any other participating agencies. However, I would need to contact each such agency directly to apply for assistance and for a determination of eligibility.

The Way Home

- I understand that this authorization shall remain in effect from the date of my signature below.
- I understand that I may revoke this authorization at any time by notifying the agency listed below in writing. I also understand that the written revocation must be signed and dated later than the date on this authorization. The revocations will not affect any actions taken before the receipt of the written revocation.

My signature below authorizes the agency listed below to release my identity, health conditions when necessary, and my need for services and support to necessary individuals or agencies. Further, if I am unable to participate in a determination of those services, which would be of benefit to me, or my permission is needed in the future to authorize additional services for this program, my signature below authorizes the named individual to sign for assistance for me in my absence after receiving my verbal permission. Finally, if I am unable to make decisions, the person listed below is hereby authorized to represent me:

Agency

Print Name of Designated Individual

Relationship

Client Signature

Date

Witness Signature

Date

The Way Home

Housing Questions to Consider

Where and who did you live with before this?

Did someone help you pay for rent?

How did you get money for rent?

What is your max for rent?

Income Plan:

Where does your support system live?

Is there someone you want to bring in the household to increase income?

Have you lived with that person before?

What do you think it will be like living with them while in this program?

The Way Home

Housing Plan

Rent Max: _____ Bedrooms: _____

HoH: _____ Phone: _____ Email: _____

How many people in the household?

Adults	Children
Shared Rooms:	

What parts of town would you like to live in?

- 1.)
- 2.)
- 3.)

Which apartment complexes are you interested in?

Name	Location	Number
1.)		
2.)		
3.)		

Monthly Income Sources

Source	Amount
Employment/ Cash	
Child Support	
Disability Benefits	

Avg. cost of Utilities

Unit Size	Utilities
0 Bedroom	\$60
1 Bedroom	\$80
2 Bedroom	\$130
3 Bedroom	\$200
4 Bedroom	\$275

Helpful Contact Information

Shelter:

Case Manager:

Phone:

Email:

The Way Home

Housing Options

Apartment Name	Location	Unit Size	Rent

Apartment Name	Pro	Con
Yes _____ No _____		

Apartment Name	Pro	Con
Yes _____ No _____		

Apartment Name	Pro	Con
Yes _____ No _____		



Housing Search Helpful Questions

Based on the rent projections, you will be looking for a _____ bedroom with a rent of \$_____.

Contact properties you are interested in.

1. Do you have any available -1/2/3- bedroom units?
2. How much is the rent for your smallest -1/2/3- bedroom?
3. How much is your application fee?
4. How much is the Admin fee?
5. How much is your security deposit?
6. What is your rental criteria?
7. Do you work with eviction history, that is older than ---- years/months (if applicable)?
8. Have you worked with Houston Housing Authority before?

Housing Search Notes						
Apartment Name & Address	Contact Number	Monthly Rent	Deposit	Application Fee	Admin Fee	All Bills included?
①						
②						
③						

9. When would be a good day and time for me to apply for an apartment?

The Way Home

Next Steps for Housing Stability

I will:

By this day:

Contact my Case Manager:

**The Way Home Rapid Rehousing Business Rules
Appendix C: Rapid Rehousing Budget**

Head of Household

Number of Employable Adults in the Household

1st Month- Zero

Income: Date:

Total monthly income from all adults (refer to Part 6 of Housing Placement Assessment):	
Total food stamp award for household:	
Total Income:	\$0.00

Expenses:

Rent or Mortgage	
Water	
Garbage	
Gas	
Electric	
Sewer	
Renter's Insurance	
Transportation	
Food/Groceries (include use of Food Stamps)	
Clothing	
Telephone	
Cell Phone	
Health Insurance	
Dental Insurance	
Medications	
Life Insurance	
Student Loans	
Legal Fees/Fines/Court Fees	
Liens	
Child Support	
Cleaning Supplies	
Diapers	

**The Way Home Rapid Rehousing Business Rules
Appendix C: Rapid Rehousing Budget**

Dry Cleaning	
Laundry	
Child Care	
Credit Cards	
Auto Loan	
Gas	
Car Insurance	
Cable	
Internet	
Entertainment	
Eating Out	
Pet Expenses/Vet Services	
Gym Membership	
Cigarettes and Tobacco	
Pay Day Loans	
Other	
Other	
Other	
Other	
Other	
Other	
Total Expenses:	\$0.00

Difference:	\$0.00
To be used for:	

SUBSIDY REQUEST

Month/Year	
Client Portion	
Rent Subsidy Request	
Security Deposit Request	

**Head of Household
Signature:**

**Case Manager
Signature:**

Supervisor Signature:

The Way Home

Appendix D: Rapid Rehousing Caseload Size

Programs have different caseload sizes depending on the population it serves. Each agency within the Rapid Re-Housing System should maintain a caseload of at least 80%. If an agency loses a staff member, the agency will have six weeks for the new case manager to reach the 80% of caseload size once hired. As an example, if the required caseload for a program is 25 households, then a case manager caseload should not drop below 20 households. Exceptions may be made by CMI/FAI.

If an agency would like for one case manager to have less, then the mandatory caseload for a program then that caseload must not be less than 60% of the caseload standard. Overall the agency must still serve the standard caseload size between all case managers. For example, in the COC Adult Rapid Re-Housing, where the caseload is 25 households and an agency have one lead case manager and two case managers. The lead case manager may have a caseload of 15 households and each remaining case manager would need to have a caseload of 30 households.

- **COC Adult Rapid Re-Housing:** Each case manager can serve up to 35 households.
- **Youth Rapid Re-Housing:** This program serves youth and youth adults who are 24 and under in age. Each case manager can have a caseload up to 20 households.

Appendix E: Rapid Rehousing Adult Payment Scale

Time in Rapid Re-Housing Program														
Example 1	Zero	Percentage by Income				Percentage by Rent								Graduation
Month	1	2	3	4	5	6	7	8	9	10	11	12	13	
Gross Monthly Income	0%	10%	20%	30%	30%	40%	50%	60%	70%	80%	100%	100%	100%	
Rent Amount	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Does NOT include utilities														

Example 2	Zero	Percentage by Income				Percentage by Rent								Graduation
Month	1	2	3	4	5	6	7	8	9	10	11	12	13	
Gross Monthly Income	0%	10%	20%	30%	30%	40%	50%	60%	70%	80%	100%	100%	100%	
Rent Amount	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Does NOT include utilities														

RRH does NOT pay for utilities

Household Size	Unit Size	Avg. Rent	Avg Utilities	Total
1-2 people	0 Bedroom	\$752	\$60	\$812
1-4 people	1 Bedroom	\$827	\$80	\$907
3-6 people	2 Bedroom	\$974	\$130	\$1,104
6-9 people	3 Bedroom	\$1,309	\$200	\$1,509
9 and above	4 Bedroom	\$1,712	\$275	\$1,987

Appendix F: Non Chronics Payment Scale

Time in Rapid Re-Housing Program												
Example 1	Zero											
Month	1	2	3	4	5	6	7	8	9	10	11	12
Gross Monthly Income	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Rent Amount												
Does NOT include utilities												

RRH does NOT pay for utilities

Household Size	Unit Size	Avg. Rent	Avg Utilities	Total
1-2 people	0 Bedroom	\$752	\$60	\$812
1-4 people	1 Bedroom	\$827	\$80	\$907
3-6 people	2 Bedroom	\$974	\$130	\$1,104
6-9 people	3 Bedroom	\$1,309	\$200	\$1,509
9 and above	4 Bedroom	\$1,712	\$275	\$1,987

Appendix G: Rapid Rehousing Youth Payment Scale

		Time in Rapid Re-Housing Program																		
Example 1		Zero									Percentage by Rent									Graduation
Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	18	17	19
Gross Monthly Income		0%	0%	10%	10%	20%	20%	30%	30%	40%	50%	50%	60%	60%	70%	70%	80%	80%	90%	100%
Rent Amount		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Does NOT include utilities																				

		Zero									Percentage by Rent									Graduation
Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	18	17	13
Gross Monthly Income		0%	0%	10%	10%	20%	20%	30%	30%	40%	50%	50%	60%	60%	70%	70%	80%	80%	90%	100%
Rent Amount		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Does NOT include utilities																				

RRH does NOT pay for utilities

Household Size	Unit Size	Avg. Rent	Avg. Utilities	Total
1-2 people	0 Bedroom	\$752	\$60	\$812
1-4 people	1 Bedroom	\$827	\$80	\$907
3-6 people	2 Bedroom	\$974	\$130	\$1,104
6-9 people	3 Bedroom	\$1,309	\$200	\$1,509
9 and above	4 Bedroom	\$1,712	\$275	\$1,987



Appendix H: Rapid Rehousing Grievance Policy

POLICY

Clients have the right to make a complaint without fear of retaliation or interference from any staff members. Clients shall be provided the opportunity to express any grievances or request for appeals and receive a timely response.

PROCEDURE

Staff shall give each client a copy of the grievance procedure within 24 hours of admission and explain it in clear, simple terms that the client understands.

If a client would like to make a complaint about a program or staff member, we ask that they follow these procedures:

1. Please notify your case manager. Try and talk with them to sort out an issue you might be having. If you are unsatisfied after speaking with them, you have the right to make a formal complaint.
2. Clients can submit a grievance about any violation of client rights or request an appeal of a discharge. Any complaints must be made in writing. If you have difficulty reading or writing, you may ask for help.
3. A grievance must be submitted to the Program Manager in writing within **seven calendar days** of the alleged incident or discharge.
4. The Program Manager will evaluate the complaint and may ask you for additional information. Program Manager will notify and include the Case Manager Intermediary on any decision. They will also speak to your Case Manager and the Rapid Re-Housing work group team members when appropriate.
5. The Program Manager will resolve any complaints in a fair and prompt manner. A written response will be provided to you within **seven calendar days**. Any complaints will be kept in a central file.

- a. If the client is unhappy with the response, he/she may make a written grievance to the _____. The _____ will follow the same outlined procedure and will provide a written response to the Client within **seven calendar days**.
 - b. If the client is unhappy with the response, he/she may make a written grievance to the _____. The _____ will follow the same outlined procedure and will provide a written response to the Client within **seven calendar days**.
6. After working with the agency, if you are unsatisfied and or uncomfortable with the resolution, you have the right to file a formal complaint with the Case Manager Intermediary (CMI) and Financial Assistance Intermediary (FAI). The client must submit the grievance in writing within **seven calendar days** of the final resolution presented from the agency in question.
7. The CMI and FAI will evaluate the complaint and may ask you for additional information. The CMI and FAI will discuss the grievance with the agency and Rapid Re-Housing team to get a clear understanding of the grievance from all sides.
8. The CMI and FAI will resolve any complaints in a fair and prompt manner. A written response will be provided to you within **seven calendar days**. Any complaints will be kept in a central file.
9. After working with the CMI and FAI, if you are unsatisfied and or uncomfortable with the resolution, you have the right to file a formal complaint with RRH Funders Group. The client must submit the grievance in writing within **seven calendar days** of the final resolution presented from the CMI and FAI.
10. The Funders Group will evaluate the complaint and may ask you for additional information. The Funders Group will discuss the grievance with the agency and CMI/FAI.

11. The Funders Group will resolve any complaints in a fair and prompt manner. A written response will be provided to you within **seven calendar days**. Any complaints will be kept in a central file.

By signing below, you are acknowledging that this procedure has been explained to you and you understand what to do if you would like to make a complaint. You are also acknowledging that you have been provided with a copy of this procedure.

Participant Signature

Date

RRH Staff Signature

Date

**The Way Home Rapid Rehousing Business Rules
Appendix I: Income Verification**

**Client Income Verification
Rapid Re-Housing Programs**

Program Start Date: _____
Agency: _____
Program type: _____

Household Composition				
HH MBR#	Last Name	First Name & Middle Initial	Relation to Head of Household	Last 4 of SS Number
1				
2				
3				
4				
5				
6				
7				

Gross Annual Income				
HH MBR #	(A) Employment or Wages	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
Totals	\$ _____	\$ _____	\$ _____	\$ _____
	Add totals from (A) through (D) Above			TOTAL INCOME (E) \$ _____

Determination of Income Eligibility	
Total Household Income (E): \$ _____	Household Meets Income Restriction: <input type="radio"/> 30% <input type="radio"/> 50% <input type="radio"/> Over Income
Current Income Limit per Family Size: \$ _____	
Household Income at Program Start: \$ _____	Program Discharge Date: _____

Household has sufficient income/resources to sustain housing: _____

Household has support networks necessary to retain housing without assistance: _____

Case Manager: _____ Head of Household: _____

The Way Home Rapid Rehousing Collaboration

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for persons that have been subject to domestic violence, dating violence, sexual assault, or stalking.³ VAWA protections are available equally to all individuals regardless of sex, gender identity, or sexual orientation.⁴

The Way Home Rapid Rehousing Collaboration is overseen by Coalition for the Homeless that oversees **Emergency Solutions Grant and Continuum of Care “covered program”**. This notice explains your rights under VAWA. A U.S. Department of Housing (“HUD”) approved certification form is attached to this notice. You can fill out this form to show that you are or have been subject to domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

¹ The notice uses HP for housing provider but the housing provider should insert its name where HP is used. Program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

³ The VAWA statute uses the term victims to describe those with VAWA protections, but the Department herein refers to this class of persons as subject to protections under VAWA.

⁴ Housing providers in the covered programs cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Protections for Applicants

If you otherwise qualify for assistance under **a covered program listed above**, you cannot be denied admission or denied assistance because you are or have been subject to domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **the covered program**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been subject to domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been subject to of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **the covered program** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

The Housing Provider (“HP”) may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator

was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has VAWA protections and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking (such as HUD's self-certification form 5382).

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you have been subject to domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You have been subject to sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you have been subject to sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and work to ensure the confidentiality of the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

The Way Home Emergency Transfer Plan: Any client who a victim of domestic violence, dating violence, sexual assault or stalking by ask to transfer to another unit of their choice. The new unit must pass program standards in order to continue to receive rental assistance.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been subject to domestic violence, dating violence, sexual assault, or stalking. Such request

from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form (HUD form 5382) given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.

- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been subject to domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been subject to domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for persons subject to domestic violence, dating violence, sexual assault, or stalking. You may be

entitled to additional housing protections for persons subject to domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with the Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with TDHCA at

<https://www.tdhca.state.tx.us/complaint.htm> or 800-525-0657 or 817-978-5600 the HUD Fort Worth regional office, (800) -669-9777, (TTY 817-978-5595).

For Additional Information

You may view a copy of HUD's final VAWA rule at:

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, and/or if you need to move due to domestic violence, dating violence, sexual assault, or stalking please contact the Texas Department of Housing and Community Affairs at 512-475-3800 or 800-475-3800 (Relay Texas 800-735-2989) for assistance in locating other available housing (note, this is not a domestic violence hotline.

Depending on your location, the Department may also have a listing of local service providers and advocates who can help you move to a safe and available unit. For more information regarding housing and other laws that may protect or provide additional options for survivors, call the Texas Council on Family Violence Policy Team at: 1-800-525-1978.

Domestic Violence, Sexual Assault and Stalking Resources

To speak with an advocate and receive confidential support, information and referrals regarding domestic violence 24 hours a day, every day, contact the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also visit the Texas Council on Family Violence website for a listing of local domestic violence services providers: http://tcfv.org/service-directory/?wpbdp_view=all_listings.

For confidential support services and referral to a local sexual assault crisis center 24 hours a day, every day, contact RAINN: Rape, Abuse, & Incest National Network: Hotline: 1-800-656-HOPE. You may also visit the Texas Association Against Sexual Assault to find local crisis centers: <http://taasa.org/crisis-center-locator/>.

For information regarding stalking visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Victims of a variety of crimes may find referrals by contacting the Victim Connect Resource Center, a project of the NCVC, through calling Victim Connect Helpline: 855-4-VICTIM (855-484-2846) or searching for local providers at <http://victimconnect.org/get-help/connect-directory/>.

Legal Resources

TexasLawHelp.org
www.texaslawhelp.org

TexasLawHelp.org is a website that provides free, reliable legal information on a variety of topics such as; family law, consumer protection and debt relief, health and benefits, employment law, housing, wills and life planning, and immigration. The website offers interactive and downloadable legal forms, self-help tools and videos on legal issues, and can assist in locating local free legal services.

Texas Advocacy Project, A VOICE

1.888. 343.4414

Advocates for Victims of Crime (A VOICE), a project of Texas Legal Services Center, provides free direct legal representation and referrals to victims of violent crime, and providing education about crime victim's rights and assistance with Crime Victims Compensation applications. Note: callers will most likely leave a message and their call will be returned by an attorney.

Legal Aid for Survivors of Sexual Assault (LASSA)

1-844-303-SAFE (7233)

The LASSA Hotline is answered by attorneys seven days a week. The Hotline attorneys provide sexual assault survivors with legal information and advice about legal issues that may arise following a sexual assault including crime victim's rights, housing, and safety planning.

Family Violence Legal Line

800-374-HOPE

Texas Advocacy Project. Offers the HOPE Line, Monday -Friday 9am-5pm, staffed by attorneys can help you with a variety of legal concerns related to domestic violence, sexual assault, and stalking.

Attachment: Certification form HUD-5382.

RECEIPT OF VIOLENCE AGAINST WOMEN ACT "VAWA" PROTECTIONS AND RIGHTS

Emergency Solutions Grants ("ESG") Subrecipient: The Way Home Rapid Rehousing Collaboration

Applicant/Program Participant Name:

VAWA was reauthorized in 2013, and provides basic protections and rights for applicants and residents receiving rental assistance. The "Notice of Occupancy Rights under the Violence Against Women Act" based on HUD form 5380, and the "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking," HUD form 5382, must be provided to applicants of and Program Participants in the ESG Program.

Initial Receipt of "Notice of Occupancy Rights under the Violence Against Women Act" and "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking" at submission of Application for rental assistance

I have received, read, and understand the "Notice of Occupancy Rights under the Violence Against Women Act" and "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking" (HUD Form 5382).

Applicant Signature

Date of Application

Receipt of "Notice of Occupancy Rights under the Violence Against Women Act" and "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking" Prior to Execution of a Rental Assistance Agreement with ESG Subrecipient

I have been approved to receive ESG rental assistance and I have received, read, and understand the "Notice of Occupancy Rights under the Violence Against Women Act" and "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking" (HUD Form 5382).

Participant Signature

Date of Rental Assistance Agreement

Receipt of "Notice of Occupancy Rights under the Violence Against Women Act" and "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking" at notification of Eviction or Termination of Assistance

I am being evicted or my ESG rental assistance is terminating and I have received, read, and understand the "Notice of Occupancy Rights under the Violence Against Women Act" and "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking" (HUD Form 5382).

Participant Signature

Date of Eviction/Non Renewal of Lease

Receipt of "Notice of Occupancy Rights under the Violence Against Women Act" and "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking" at Annual Recertification of ESG certification or upon lease renewal

I am renewing my ESG rental assistance, or my lease is being renewed, and I have received, read, and understand the "Notice of Occupancy Rights under the Violence Against Women Act" and "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking" (HUD Form 5382).

Participant Signature

Date of Lease Renewal

Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711
Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

The Way Home

Changing the Path for Houston's Homeless

Rapid Re-Housing

File Checklist

1) Eligibility

- Referral Email from CA (File)
- Homeless Letter (File and HMIS)
- Copy of HMIS Dashboard (File)
- VAWA Forms (File)

2) Enrollment

- All Household Member Identifications (File and HMIS)
 - (IDs and SS Cards)
- Enrollment Forms (File and HMIS)
- Projection Tool (File)
- Consent Forms (File)

3) Housing

- Housing options form (File and HMIS)
- Housing Packet (File and HMIS)
- Final Lease (File and HMIS)
- Lead based paint form (File and HMIS)

4) Budgets

- Monthly Budgets (File and HMIS)

5) Assessments/ Individualized Service Plan

- Goals and Goal Progression (HMIS)
- Annual HUD Financial Assessment (HMIS)
 - i. Income Verification (File)
 - ii. Math for Income Verification (File)
 - iii. Proof of income (check stubs, TANF, etc.) (File)
 - iv. Self-Declaration of income form (File)
 - v. Non-cash award letters (File)

6) Notes

- Exit Form (HMIS and File)
- Case Notes (HMIS) and Supporting Documents (File)

Name _____

HMIS# _____

Dates: Enrollment _____

Housed _____

Exit _____

Eligibility

Referral Email from CA

Homeless Letter/ Self Certification

Copy of HMIS Dashboard

Enrollment

Household Identification

Enrollment Forms

Projection Tool

Consent Forms

Housing

Housing Options Form

Housing Packet

Final Lease

Lead based paint form

Budgets

Monthly Budgets

Assessments

Completed assessments in HMIS

Goal progression

Annual Assessment in HMIS

Income Verification

Self-Declaration of Income

Notes

Exit Form

Case Notes and Supporting Documents



SUBRECIPIENT MONITORING POLICY AND PROCEDURE

PURPOSE:

To ensure that subawardee(s) comply with all regulations governing administrative, financial, and programmatic operations; and to ensure that subawardee(s) achieve performance objectives on schedule and within budget.

POLICY:

The Coalition for the Homeless and/or its assigns, will review the performance of each recipient in carrying out its responsibilities whenever determined necessary, but at least annually. In conducting performance reviews, the Coalition will obtain the records and reports from the recipient and, when appropriate, its subawardee(s), as well as information from onsite monitoring, audit reports, and information from electronic data sources. All subawardee(s) will be monitored as scheduled and determined by risk assessments and length of time since previous monitoring visit.

Monitoring for any subawardee will be completed at least annually, or as needed due to, but not limited to, the following reasons:

- Subawardee(s) that have experienced turnover in key staff positions or a change in goals or direction;
- Subawardee(s) with previous compliance or performance problems including failure to meet schedules, submit timely reports or clear monitoring or audit findings.

THE MONITORING PROCESS:

There are five basic steps to the monitoring process:

- Notification Letter
- Entrance Conference
- Documentation, Data Acquisition and Analysis
- Exit Conference
- Follow-up Monitoring Letter

1. **The Notification Letter:** On-site monitoring process will begin with an email to explain the purpose of the monitoring and to arrange mutually convenient dates for the visits. A formal notification letter will be sent at least two weeks before the scheduled visit to:
 - a. Confirm the dates and the scope of the monitoring; provide a description of the information needed review during the visit; and
 - i. Specify the expected duration of the monitoring, which staff will be involved, what office space is required, and what members of the subawardee(s)'s staff need to be available to talk with.



- b. 48 hours before the monitoring visit, a list of client name's will be given to the subawardee, along with a list of policy information that will be required for the monitoring event.
2. **The Entrance Conference:** An entrance conference will be conducted on-site with the subawardee(s)'s director and appropriate financial and program staff immediately before monitoring. Entrance conference will make sure that all subawardee(s) staff has a clear understanding of the purpose, scope and schedule of the monitoring from the very beginning.
3. **Documentation and Data Acquisition:** A clear written record of the steps followed, and the information reviewed during the visit will be kept. Conversations with subawardee(s) staff will be documented.
 - a. During the monitoring visit, Compliance Manager will review client files for documentation according to Grant Requirements.
 - b. Policy information will be reviewed after the monitoring visit, back at the CFTH office.
4. **Exit Conference:** At the end of your visit, the Compliance Manager will meet with key representatives of the subawardee(s) organization to present the tentative conclusions from monitoring. This exit conference has four objectives:
 - a. To present preliminary results of the monitoring visit;
 - b. To provide an opportunity for the subawardee(s) to correct any misconceptions or misunderstandings;
 - c. To secure additional information from the subawardee(s) staff to clarify or support their position, and;
 - d. For any deficiency that the subawardee(s) agrees with, to provide an opportunity for subawardee(s) staff to report on steps they are already taking to correct the matter.
 - I. After the Exit Conference, the preliminary results of client files will be emailed to the sub awardee. The sub awardee will then have 10 days to respond to any deficiencies in the file.
 - II. After that date, revisions to the file will not be accepted and the Compliance Manager will begin the process of writing the monitoring package.
5. **Follow-up Monitoring Letter:** A monitoring letter will be sent to the subawardee(s) and maintained in the monitoring file to provide a permanent written record of what was found during the monitoring review. The monitoring letter will identify fully every finding and concern. In general, if the recipient fails to demonstrate to The Coalition's satisfaction that the activities were carried out to the program requirements that could result in a finding and/or a concern. Monitoring letter will be emailed to the sub awardee(s) within sixty days after the exit conference.
 - a. For each finding, specific corrective actions the subawardee(s) must take will be outlined. A finding will be issued for non-compliance with the rules and regulations of the program and/or funding source. For each finding, specific corrective actions the subawardee(s) must take will be outlined.
 - b. Concerns will be stated in the monitoring letter instances where the deficiency is not a finding, or where non-compliance may occur in the future because of weaknesses in the subawardee(s)'s operations. For each concern, specific recommendations for improvement will be outlined. For each concern, specific recommendations for improvement will be outlined.



- c. Deadlines will be included on the monitoring letter for:
 - i. Providing a written response to the monitoring letter that describes how the subawardee(s) will resolve any finding(s); and
 - ii. Correcting each deficiency identified in the letter.

MONITORING FOLLOW-UP:

Evidence of any resolution of any findings shall be submitted to monitoring entity to conclude the monitoring process. Documentation will be kept at the Coalition and readily available for any funding entity.

- a. Sub awardee will have 30 days from the date on the monitoring letter to provide a formal response to monitoring outcomes.
- b. After response is received the CFTH will respond with a final closing letter if all findings/concerns are resolved.



Guide for Review of Emergency Solutions Grant for Rapid Rehousing Subrecipient		
Name of Recipient:		
Name of Subrecipient(s):		
Grant Number:		
Project Name:		
Staff Consulted:		
Name(s) of Reviewer(s)		Date

Questions:

1.

<p><u>Eligible Subrecipients:</u></p> <p>a. If the organization is a subrecipient of a state, is it a unit of general purpose local government (which can include a metropolitan city or urban county that receives ESG funds directly from HUD, or a combination of general purpose local governments recognized by HUD), or a private nonprofit organization within the state; or</p> <p>b. If the organization is a subrecipient of a metropolitan city, urban county, or territory, is it a private nonprofit organization?</p> <p>NOTE: A private nonprofit organization does not include a governmental organization, such as a public housing agency or housing finance agency.</p> <p>[24 CFR 576.2; 24 CFR 576.202]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p>
<p>Describe Basis for Conclusion:</p>	

2.

<p><u>Obligation Requirements (State subrecipients that are units of general purpose local government):</u> Within 120 days after the date the state obligated its funds to a unit of general purpose local government, did the subrecipient obligate all of those funds by: a subgrant agreement with, or a</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p>
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<p>letter of award requiring payment to, a private nonprofit organization; a procurement contract; and/or the written designation of a department within the government of the subrecipient to directly carry out an eligible activity?</p> <p>[24 CFR 576.203(a)(1)(ii)]</p>	
<p>Describe Basis for Conclusion:</p>	

3.

<p><u>Coordination with Other Targeted Homeless Services:</u> Does each subrecipient’s records reflect that it coordinated and integrated, to the maximum extent practicable, ESG-funded activities with the programs, including those listed under 24 CFR 576.400(b), that are targeted to homeless people in the area covered by the Continuum of Care (CoC) or area over which the services are coordinated to provide a strategic, community-wide system to prevent and end homelessness for that area?</p> <p>[24 CFR 576.400(b); 24 CFR 576.500(m)]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p>
<p>Describe Basis for Conclusion:</p>	

4.

<p><u>System and Program Coordination with Mainstream Resources:</u> Does each subrecipient’s records reflect that it coordinated and integrated, to the maximum extent practicable, ESG-funded activities with mainstream housing, health, social services, employment, education, and youth programs for which homeless and at-risk persons might be eligible?</p> <p>[24 CFR 576.400(c); 24 CFR 576.500(m)]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p>
<p>Describe Basis for Conclusion:</p>	

5.

<p><u>Use of the Coordinated Assessment System:</u> If the CoC for the area in which the program or project is located has established a coordinated assessment system that meets HUD’s requirements, do the records show:</p> <p>a. that the subrecipient (unless it is a victim service provider) uses that</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p>
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<p>assessment system; and</p> <p>b. all initial evaluations were conducted in accordance with the coordinated assessment system requirements?</p> <p>NOTE: ESG-funded victim service providers may choose not to use the CoC's coordinated assessment system.</p> <p>[24 CFR 576.400(d); 24 CFR 576.401(a); 24 CFR 576.500(g)]</p>	
Describe Basis for Conclusion:	

6.

<p><u>Coordinated Assessment (Consistency with Written Standards):</u> Did each subrecipient work with the CoC to ensure that the screening, assessment, and referral of program participants are consistent with the ESG written standards required under 24 CFR 576.400(e)?</p> <p>[24 CFR 576.400(d)]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

7.

<p><u>Establishing Written Standards (State Subrecipients):</u> If a subrecipient of a state is required to establish its own written standards, did the subrecipient follow the state recipient's requirements for the establishment and implementation of these standards?</p> <p>[24 CFR 576.400(e)]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

8.

<p><u>Written Standards (Content):</u> If a subrecipient of a state is required to establish its own written standards, did the written standards include the minimum required elements described in 24 CFR 576.400(e)(3)?</p> <p>[24 CFR 576.400(e)(3)]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

9.



<p>Confidentiality: Did each subrecipient have written procedures to ensure confidentiality, including:</p> <ul style="list-style-type: none"> a. all records containing personally identifying information of any individual or family who applies for and/or receives ESG assistance are kept secure and confidential; b. the address or location of any domestic violence, dating violence, sexual assault, or stalking shelter project assisted under ESG; and c. the address or location of any program participant housing? <p>[24 CFR 576.500(x)]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

10.

<p>Recordkeeping (Record Retention): Did the recipient or its subrecipients retain copies of the required records for the greater of 5 years or the applicable time period below:</p> <ul style="list-style-type: none"> a. for emergency shelters subject to a 10-year minimum period of use: at least 10 years from the date that ESG funds were first obligated for the major rehabilitation or conversion of the building; or b. for program participant files: at least 5 years after the expenditure of all funds from the grant under which the program participant was served? <p>[24 CFR 576.500(y)]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

11.

<p>Data Collection and Recordkeeping: Do records reflect that each subrecipient entered data on all persons it served under ESG and on all of its ESG activities into the applicable community-wide HMIS or, for victim services providers (and legal services providers that opt out), into a comparable database, in accordance with HUD’s HMIS data standards?</p> <p>NOTE: Each subrecipient must be able to provide documentation, such as HMIS reports, that shows subrecipient client-level and activity-level data are being entered into the applicable CoC’s HMIS (or a comparable database).</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					



[24 CFR 576.400(f); 24 CFR 576.500(n); 2014 HMIS Data Standards]	
--	--

Describe Basis for Conclusion:

12.

<p>Conflicts of Interest (Organizational): Did a representative sample of the subrecipients' records reveal zero instances where:</p> <ul style="list-style-type: none"> a. any type or amount of ESG assistance was conditioned on acceptance of shelter or housing owned by the recipient, subrecipient, contractor, or any parent or subsidiary of the subrecipient or contractor; or b. a subrecipient or contractor carried out the initial evaluation for a program participant while the individual or family was occupying housing owned by the subrecipient or contractor, or any parent or subsidiary of the subrecipient or contractor; or c. a subrecipient or contractor administered any homelessness prevention assistance to an individual or family occupying housing owned by the subrecipient or contractor, or any parent or subsidiary of the subrecipient or contractor? <p>[24 CFR 576.404(a); regarding contractors, 24 CFR 576.404(c); 24 CFR 576.500(p)]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
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Describe Basis for Conclusion:

13.

<p>Conflicts of Interest (Individual): Does each subrecipient's records:</p> <ul style="list-style-type: none"> a. contain personal conflicts of interest policy or codes of conduct developed and implemented to comply with requirements; b. demonstrate that the officers and staff of the subrecipient and any contractors complied with the individual conflict of interest requirements at 24 CFR 576.404(b); or c. contain documentation supporting any exceptions to the personal conflicts of interest prohibition? <p>[24 CFR 576.404(b); 24 CFR 576.500(p)]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
--	---

Describe Basis for Conclusion:

14.



<p>Homeless Participation: Did each subrecipient involve homeless individuals and families, to the maximum extent practicable, in constructing, renovating, maintaining, and operating facilities assisted under ESG, in providing services assisted under ESG, and in providing services for occupants of facilities assisted under ESG (could include employment or volunteer services)?</p> <p>[24 CFR 576.405(c)]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

15.

<p>Faith-Based Activities: Did each subrecipient ensure that it did not engage in inherently religious activities as part of the programs or services funded under ESG? If the subrecipient conducted these activities, were they offered separately, in time or location, from the programs or services funded under ESG, and was participation voluntary for all program participants?</p> <p>[24 CFR 576.406(b); 24 CFR 576.500(r)]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

16.

<p>Faith-Based Activities: Did each subrecipient ensure that it did not discriminate against a program participant or prospective program participant on the basis of religion or religious belief?</p> <p>[24 CFR 576.406(d); 24 CFR 576.500(r)]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

17.

<p>Faith-Based Activities (Rehabilitation): Did each subrecipient ensure that ESG funds were not used for the rehabilitation of sanctuaries, chapels, or other rooms that an ESG-funded religious congregation uses as its principal place of worship?</p> <p>[24 CFR 576.406(e); 24 CFR 576.500(r)]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							



18.

<p>Faith-Based Activities (Rehabilitation): If a structure is used for both eligible and inherently religious activities, did the subrecipient ensure that the amount of ESG funds used was limited to the costs of those portions of the rehabilitation that are attributable to eligible activities in accordance with the cost accounting requirements applicable to ESG funds?</p> <p>[24 CFR 576.406(e); 24 CFR 576.500(r)]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p>Describe Basis for Conclusion:</p>	

19.

<p>Drug-Free Workplace: Did each subrecipient have a drug-free workplace statement per the requirements of 2 CFR part 2429?</p> <p>[24 CFR 5.105(d) and 24 CFR 576.407(a)]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p>Describe Basis for Conclusion:</p>	

20.

<p>Non-Discrimination, Section 504 of the Rehabilitation Act of 1973, and Other Equal Opportunity Requirements: Did records demonstrate that each subrecipient is in compliance with the applicable requirements in 24 CFR part 5, Subpart A, including the nondiscrimination and equal opportunity requirements at 24 CFR part 5.105(a)? (Use pertinent Exhibits in Chapter 22, as necessary.)</p> <p>[24 CFR part 5, Subpart A; 24 CFR 576.407(a); 24 CFR 576.500(s)(1)]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p>Describe Basis for Conclusion:</p>	

21.

<p>Affirmative Outreach: Do the records indicate that the recipient and its subrecipients:</p> <ul style="list-style-type: none"> a. make known that the use of the facilities, assistance, and services are available to all on a nondiscriminatory basis, and establish additional procedures, as required under 24 CFR 576.407(b), to ensure that the “target population” who may qualify are made aware of the availability of these facilities, assistance, or services; and b. take appropriate steps to ensure effective communication with persons with disabilities; and 	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
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<p>c. take reasonable steps to ensure meaningful access to programs and activities for persons with limited English proficiency (LEP)? (Use pertinent Exhibits in Chapter 22 as necessary.) [24 CFR part 5, Subpart A; 24 CFR 576.407(b); 24 CFR 576.500(s)(1)]</p>	
Describe Basis for Conclusion:	

22.

<p><u>Audits:</u> If this area was reviewed, was each subrecipient in compliance with the Single Audit Act of 1984, as amended, and implementing regulations? NOTE: To answer this question with respect to 2 CFR 200.501, the HUD reviewer MUST complete Exhibit 34-1, section K (“Audit Requirements”). [24 CFR 84.26; 24 CFR 85.26; 24 CFR 576.407(c); 2 CFR 200.501]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

23.

<p><u>Initial Evaluation:</u> Did the recipient or its subrecipient conduct an initial evaluation to determine each individual’s or family’s eligibility for rapid re-housing or homelessness prevention assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing? [24 CFR 576.401(a)]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

24.

<p><u>Eligibility Criteria (Rapid Re-housing):</u> Did the recipient or its subrecipient document that all program participants who received rapid re-housing assistance met the eligibility criteria: a. under category (1) of the homeless definition, <u>or</u> b. under category (4) <u>and</u> live in an emergency shelter or place described in category (1) of the homeless definition? [24 CFR 576.104; 24 CFR 576.500(b); 24 CFR 576.500(f)]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

25.

<p><u>Re-evaluations (Rapid Re-housing/Homelessness Prevention):</u> Do program participant records document that the recipient or its subrecipient re-evaluated program participants’ eligibility and the types and amounts of</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
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<p>assistance the program participant needs not less than once every 3 months for program participants receiving homelessness prevention assistance and not less than once annually for program participants receiving rapid re-housing assistance? [24 CFR 576.401(b)(1); 24 CFR 576.500(f)]</p>	
<p>Describe Basis for Conclusion:</p>	

26.

<p><u>Written Standards:</u></p> <p>a. Did the recipient and/or its subrecipients adopt written standards for the provision of homelessness prevention and rapid re-housing assistance, as required by 24 CFR 576.400(e)(1) and 24 CFR 576.400(e)(2)?</p> <p>b. Did these written standards cover the following topics (listed in 24 CFR 576.400(e)(3)):</p> <ol style="list-style-type: none"> 1. evaluating individuals' and families' eligibility for assistance under ESG; 2. coordination among emergency shelter providers, essential services providers, homelessness prevention and rapid re-housing assistance providers, other homeless assistance providers, and mainstream service and housing providers; 3. determining and prioritizing which eligible families and individuals would receive homelessness prevention assistance and which eligible families and individuals would receive rapid re-housing assistance; 4. determining what percentage or amount of rent and utilities costs each program participant must pay while receiving homelessness prevention or rapid re-housing assistance; 5. determining how long the program participant will be provided with rental assistance and whether and how the amount of that assistance would be adjusted over time; 6. determining the type, amount, and duration of housing stabilization and/or relocation services to provide to the program participant? <p>c. Do the program participant records show that homelessness prevention and rapid re-housing assistance were provided in accordance with the applicable written standards? [24 CFR 576.400(e)(1); 24 CFR 576.400(e)(2); 24 CFR 576.400(e)(3)(i); 24</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p>
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CFR 576.400(e)(3)(v); 24 CFR 576.400(e)(3)(vi); 24 CFR 576.400(e)(3)(vii); 24 CFR 576.400(e)(3)(viii); 24 CFR 576.400(e)(3)(ix); 24 CFR 576.500(f)]	
Describe Basis for Conclusion:	

27.

<u>Re-evaluations (Rapid Re-housing/Homelessness Prevention):</u> Do program participant records document that each re-evaluation of eligibility established that the program participant: <ul style="list-style-type: none"> a. did not have an annual income that exceeds 30% AMI as established by HUD; and b. lacked sufficient resources and support networks necessary to retain housing without ESG assistance? [24 CFR 576.401(b)(1)(i)-(ii); 24 CFR 576.500(e); 24 CFR 576.500(f)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

28.

<u>Recordkeeping (Ineligibility):</u> For each individual and family determined ineligible to receive ESG assistance, did the recipient or its subrecipient document the reason for that determination? [24 CFR 576.500(d)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

29.

<u>Housing Stability Case Management:</u> While providing rapid re-housing or homelessness prevention assistance to a program participant, does the program participant file document that the program participant met with a case manager at least once per month to assist the participant in ensuring long-term housing stability? [24 CFR 576.401(e)(1); 24 CFR 576.500(f)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

30.

<u>Housing Stability Case Management:</u> While providing rapid re-housing or homelessness prevention assistance to a program participant, did the recipient or its subrecipient document in the program participant's file that it developed a plan to assist the program participant to retain permanent housing after the ESG assistance ends, taking into account all relevant considerations, such as the program participant's current or expected	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
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<p>income and expenses, other public or private assistance for which the program participant will be eligible and likely to receive; and the relative affordability of available housing in the area? [24 CFR 576.401(e)(2); 24 CFR 576.500(f)]</p>	
<p>Describe Basis for Conclusion:</p>	

31.

<p><u>Connections to Mainstream and Other Resources:</u> While providing rapid re-housing or homelessness prevention assistance to program participants, did the recipient or its subrecipients assist each program participant to obtain mainstream and other resources as needed? [24 CFR 576.401(d)(1); 24 CFR 576.401(d)(2); 24 CFR 576.500(f)]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p>Describe Basis for Conclusion:</p>	

32.

<p><u>Recordkeeping (Program Participant Records):</u> Did each program participant record document:</p> <p>a. the services and assistance provided to that program participant, including, as applicable, security deposit, rental assistance, and utility payments made on behalf of the program participant; and</p> <p>b. compliance with all applicable requirements for providing services and assistance to that program participant? [24 CFR 576.500(f)]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p>Describe Basis for Conclusion:</p>	

33.



<p>Terminating Assistance:</p> <p>a. If the recipient or any of its subrecipients terminated any participants from the program, did they do so in accordance with a formal process established by the recipient or its subrecipient(s) that recognizes the rights of individuals affected, that met the following requirements:</p> <ul style="list-style-type: none"> (1) written notice to the program participant containing a clear statement of the reasons for termination, (2) 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) who made or approved the termination decision, and (3) prompt written notice of the final decision to the program participant? <p>b. Did the recipient and/or its subrecipient examine all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases?</p> <p>[24 CFR 576.402(a); 24 CFR 576.402(b)]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

34.

<p>Lead-Based Paint: Where ESG funds were used for rental assistance (TBRA or PBRA) or supportive services, do records reflect that the recipient and subrecipient complied with all lead-based paint requirements?</p> <p>NOTE: Exhibit 24-2 (Supportive Services), Exhibit 24-3 (TBRA), or Exhibit 24-4 (PBRA), as applicable, MUST be completed to answer this question. See Chapter 24, <i>Lead-Based Paint Compliance</i>, in this Handbook.</p> <p>[24 CFR 35.700-730 (PBRA); 24 CFR 35.1000-1020 (Supportive Services); 24 CFR 35.1200-1225 (TBRA); 24 CFR 576.403(a)]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

35.

<p>Minimum Habitability Standards: Did the recipient and its subrecipients ensure that all housing units met the minimum habitability standards before incurring any costs to help program participants remain in or move into those housing units?</p> <p>[24 CFR 576.403(c); 24 CFR 576.500(j)]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					



Describe Basis for Conclusion:

36.

<p>Conflicts of Interest (Organizational): Did the recipient and its subrecipients ensure that:</p> <p>a. no type or amount of ESG assistance was conditioned on an individual or family’s acceptance of housing owned by the recipient, subrecipient, contractor, parent, or subsidiary of the subrecipient; and</p> <p>b. no subrecipient (nor any of its parent or subsidiary organizations) that owns housing, carried out the initial evaluation under 24 CFR 576.401, or administered homelessness prevention assistance for occupants of that subrecipient’s housing?</p> <p>[24 CFR 576.404(a)]</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

37.

<p>Services Costs (Housing Search and Placement): Were housing search and placement costs paid for with ESG funds:</p> <p>a. necessary to assist program participants in locating, obtaining, and retaining suitable permanent housing; and</p> <p>b. one of those listed in 24 CFR 576.105(b)(1)(i)-(viii)?</p> <p>[24 CFR 576.105(b)(1)]</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

38.

<p>Services Costs (Housing Stability Case Management): Were the activities paid for with ESG funds:</p> <p>a. one of those listed in 24 CFR 576.105(b)(2)(A)-(H), and</p> <p>b. for the purposes of assessing, arranging, coordinating, or monitoring the delivery of individualized services to:</p> <p>(1) facilitate housing stability for a program participant who resides in permanent housing; or</p> <p>(2) to assist a program participant in overcoming immediate barriers to obtaining housing?</p> <p>[24 CFR 576.105(b)(2)(A)-(H)]</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							



39.

<p>Services Costs (Housing Stability Case Management): Were the housing stability case management costs paid for with ESG funds:</p> <p>a. under the Rapid Re-housing component, limited to:</p> <p>(1) 30 days during the period the program participant is seeking permanent housing; and</p> <p>(2) 24 months during the period the program participant is living in permanent housing; and</p> <p>b. under the Homelessness Prevention component, limited to 24 months? [24 CFR 576.105(b)(2)]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p>
<p>Describe Basis for Conclusion:</p>	

40.

<p>Rental Assistance (Rental Assistance Agreement): Did each rental assistance agreement:</p> <p>a. set forth the terms under which rental assistance will be provided, including the requirements that apply under 24 CFR 576.106;</p> <p>b. provide that, during the term of the agreement, the owner must give the recipient or its subrecipient a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant; and</p> <p>c. contain the same payment due date, grace period, and late payment penalty requirements as the program participant's lease? [24 CFR 576.106(e); 24 CFR 576.106(f)]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p>
<p>Describe Basis for Conclusion:</p>	

41.

<p>Rental Assistance (Leases):</p> <p>a. Does each program participant receiving rental assistance have a file that contains a legally binding, written lease between the program participant and the owner of the property or his/her agent for the rental unit; OR</p> <p>b. If the assistance was solely for rental arrears for a program participant who had an oral lease agreement in place:</p> <p>(1) does each agreement give the program participant an enforceable leasehold interest under state law; and</p> <p>(2) are the agreement and rent owed sufficiently documented by the</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes No N/A</p>
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owner's financial records, rent ledgers, or canceled checks? [24 CFR 576.106(g); 24 CFR 576.500(h)]	
Describe Basis for Conclusion:	

42.

<u>HMIS:</u> Did the agency provide a monthly Clients in Program report to the HMIS department by the 7 th of each month to the HMIS Department at CFTH?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

44.

<u>HMIS:</u> Did the agency resolve all errors on the Data Quality Reports each month as provided by the HMIS Department at CFTH?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

45.

<u>HMIS:</u> Did the agency enter move-in dates for all program participants that have a signed lease?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	