

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: TX-624 - Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties CoC

1A-2. Collaborative Applicant Name: Nortex Regional Planning Commission

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Nortex Regional Planning Commission

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

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

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

By selecting "other" you must identify what "other" is.

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

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

(limit 2,000 characters)

During the prior period, our nation has been gripped with a pandemic limiting in-person gatherings. We have utilized social media, web based meeting programs for meetings and outreach through these medias and also mailed information regarding the CoC and its mission. Persons that are currently in the CoC have been encouraged to invite other organizations with whom they partner to also participate and work with the CoC. the President sends notice of scheduled meetings with dates and times of the meeting, including members and others suggested by members. During the meetings opportunities for outreach are reviewed. Special attention is also geared toward new entities that address homelessness. Outreach for membership is on-going.

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

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

(limit 2,000 characters)

To ensure that the CoC stays abreast of avenues of ending and preventing homelessness, participating agencies provide updates, share agency knowledge, training received through other programs and their overall goals and activities in the involvement in homelessness. The CoC promotes its agenda through the media and works closely with a local university Social Work program regarding new ideas addressing homelessness. This allows each participant to offer specific details based on the specialization in working with the homeless population giving a different insight from each agency/participant. The CoC is able to review methods that are working and should be retained, working but need adjustments, non-productive activities and outdated ideas and processes. Feedback is essential and welcomed from the community that are not apart of the CoC but interested in the ending homelessness.

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

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

(limit 2,000 characters)

Notification was provided through media outlets and on the lead agency web-site. Instructions for completion and submission of the NOFA was provided in writing with detailed instructions provided from HUD. Notice was also posted in areas of public interest that work with homeless populations.

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

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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

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

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

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

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

(limit 2,000 characters)

The CoC applied for and received funding for ESG and ESG CARES. During the administration of these programs, monthly performance reports were completed and submitted to Texas Department Housing and Community Affairs. The Point in Time Count was completed for sheltered population during this period. Results of those numbers were provided to participating entities in order to determine needs and on-going activities for the CoC geographic area.

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

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

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

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

Describe in the field below:

- | | |
|----|--|
| 1. | how your CoC collaborates with youth education providers; |
| 2. | your CoC's formal partnerships with youth education providers; |

3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

Our CoC works with school districts to keep them abreast of housing programs in an effort to avoid homelessness in the population of children under the age of 18. Although there is not a formal partnership, our CoC reaches out to the schools in the geographic area and work with school Social Workers and other staff involved in housing and support services for students.

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

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

(limit 2,000 characters)

We do not have a written policy. The information is provided from the CoC to the applicable school and is customized according to the situation at hand. There is not a blanket policy but one that ensures all persons seeking the service is aware of the availability and what can be done to help their immediate need/situation. The schools work with us and contact the Lead Agency when a need is expressed in these situations.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Some of the programs listed above are not available in our geographic area		

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

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

Our CoC has a Victim Service Provider, as well as contact with other DV providers, who have assisted the CoC in being instrumental in linking victim services. Activities and education is geared to ensure safety and special protocols are in place and available to meet the needs of DV survivors. There is no scheduled training period but is reviewed annually especially during the PIT activities. Coordinating with agencies during this time to review the safety measures is a best practice.

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

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

(limit 2,000 characters)

During this grant cycle, we have not had to address special needs. We feel this has been due to the pandemic. Our geographic area is mostly rural and data was not provided during this time period that required special needs for DV survivors.

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

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

Through education of the participant and the facility providing services if person is no longer living in the home. Safety measures are reviewed after assessing what are past and current dangers. Our victim service providers have always

been a part of the emergency transfer plan and take the initial role in the activity. All information regarding the participant is kept in locked files and maintained by the appropriate agency and assigned case management staff. No information regarding DV survivors is entered into the HMIS.

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

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	No
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?	No

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Wichita Falls Public Housing	20%	Yes-Public Housing	No
Mineral Well Public Housing	10%	Yes-Both	No

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

Describe in the field below:

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

(limit 2,000 characters)

Our CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

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

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

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

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

Does your CoC include PHA-funded units in the CoC’s coordinated entry process?	No
--	----

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

If you selected yes in question 1C-7c., describe in the field below:

- | | |
|----|---|
| 1. | how your CoC includes the units in its Coordinated Entry process; and |
| 2. | whether your CoC’s practices are formalized in written agreements with the PHA, e.g., MOUs. |

(limit 2,000 characters)

N/A

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
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1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

N/A

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No
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1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	No
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

[PHA starts with 'None']

PHA
This list contains no items

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

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

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

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

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

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

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

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

(limit 2,000 characters)

Goal is to obtain housing for chronic homeless persons. Works with entities to provide housing as quickly as possible. Utilize the thought and enact the belief that goals can be accomplished when the 1st priority, housing is met. Do not delay or deny services for housing waiting on persons to make changes or

adapt to certain participation goals before obtaining housing.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

Describe in the field below:

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

(limit 2,000 characters)

Work with local city, volunteers, shelters and religious organizations to meet the need where they are as a start. Have outreach in camps and other areas that are know as sites for the homeless. Conduct programs which provide some of the basic needs. Have also adopted utilizing familiar faces and not to send a lot of persons at one time. Remember and treat the area as their home; wait for an invitation. Assess their needs as described by them and not what we feel they need. Have found this to be more productive.

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

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

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

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	0	0

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

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

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	No	No
4.	Other (limit 150 characters)		

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

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

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

(limit 2,000 characters)

The CoC has participants that work with groups providing services noted. Information is provided to the homeless through activities held in shelters and outreach. CoC has agencies that work with special populations to complete paperwork for programs to assist in daily living for the homeless population. Our CoC also has persons that can actually set up services and certify participants for the programs. The Lead Agency has the Area Agency on Aging which conducts open enrollment for Medicaid benefits annually. It also houses agencies that work with insurance sign-ups for disabled populations.

1C-14.	Centralized or Coordinated Entry System—Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

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

(limit 2,000 characters)

Our CoC is able to meet this need through outreach working with entities in our locations such as food pantries, health clinics, churches, shelters and other agencies that provide assistance to the homeless population. These services through outreach are in their local areas and they are not having to travel to get the services. They are working with person whom they know in their community and are more open to discuss needs.

1C-15.	Promoting Racial Equity in Homelessness—Assessing Racial Disparities. NOFO Section VII.B.1.o.	
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Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	No
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1C-15a.	Racial Disparities Assessment Results. NOFO Section VII.B.1.o.	
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Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

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

1C-15b.	Strategies to Address Racial Disparities. NOFO Section VII.B.1.o.	
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Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	No
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	No
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	No
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
Other:(limit 500 characters)		
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

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

(limit 2,000 characters)

Meeting with community agencies that representative of persons that experience or have a higher level of disparity when attempting to obtain housing assistance. These conversations are to determine what are the continuing factors that promote disparity and what actions can actually make changes.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	0	0

2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	1	0
3.	Participate on CoC committees, subcommittees, or workgroups.	4	1
4.	Included in the decisionmaking processes related to addressing homelessness.	2	0
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

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

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

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

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

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

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

Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:

1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

Our CoC provided masks and gloves to homeless populations, posted precautions and instructions on safe distance. Also, the shelters decreased numbers in the local shelters using other facilities for safe distancing and same precautions were taken in transitional housing. Special staff was assigned in shelters/housing to assist with COVID protocol.

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

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

(limit 2,000 characters)

Worked with city emergency management departments and local health departments for an action plan for future outbreaks or public health emergencies.

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

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

Addressed emergency needs with applicable persons and agencies providing housing assistance. Was able to receive funding to pay arrears for rent and utilities to avoid loss of housing. Healthcare and sanitary supplies were provided by various non-profits, churches and other entities addressing the needs for persons to avoid potential negative issues during the period.

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

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

Educated the population as needed through the media and outreach what the current geographic area looked like during this period of time, what was needed to reduce contamination and provided safety needs to the homeless.

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

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

Our local health department, emergency management and medical providers were the 1st line of assistance in this task. Information was provided by the media daily which included health bulletins, local government updates and changes in the geographic area. Also daily information was provided on vaccine availability.

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

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

(limit 2,000 characters)

Through posting in places for persons serving the homeless population such as food kitchens, pantries, etc., as well as outdoor billboards, postings in highly viable areas, notice was made to persons of all locations for vaccinations.

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

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

(limit 2,000 characters)

Working with Victim Service Providers, we were made aware of the propensity for increased domestic violence. Reviewed activities to look for, changes in routines, demeanors and other outward expressions when in contact with individuals. Received guidance from these programs.

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

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

(limit 2,000 characters)

Changes to the coordinated entry system did not change. Changes were made with providers to meet the demand of additional needs.

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

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

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- 24 CFR part 578

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC’s local competition.	09/24/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	10/15/2021

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

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

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

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,000 characters)

Our CoC looks at the severity of the disability, the length of time of homelessness, available assistance from other sources and the current location.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

Working with organizations that serve as providers or agencies for special populations. Reviewing needs expressed, reviewing pitfalls to services, and other activities that bar homelessness services equally.

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

Describe in the field below:

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

(limit 2,000 characters)

N/A

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

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

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

1. Did your CoC reject or reduce any project application(s)?	No
2. If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	11/12/2021
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1E-6. Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/16/2021
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2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

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

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

Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

Annual review conducted for HUD reports have verified that each of the DV shelters/providers has a comparable system and are able to provide the necessary data for reports as required.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	409	74	301	89.85%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	20	0	6	30.00%
4. Rapid Re-Housing (RRH) beds	0	0	0	
5. Permanent Supportive Housing	29	0	29	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

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

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

The project below 84.99 includes a foster care program which does not use the HMIS system. Unable to make changes on this program due to confidentiality program requirements.

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

Enter the percentage of beds covered in comparable databases in your CoC’s geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

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

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

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

(limit 2,000 characters)

Our ESG, PSH, shelters and outreach programs through interviews and conversations are able to ascertain what led to homeless status in most of the persons experiencing homelessness for the first time. Persons who are at risk are immediately referred to programs for assistance to avoid becoming homeless while others are referred to programs to provide assistance to gain housing.

2C-2.	Length of Time Homeless—Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

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

(limit 2,000 characters)

Information gathered through interviews including the reasons for homelessness and assessments of needs. these interviews are conducted in shelters and all housing assistance programs.

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

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1. emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2. permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

By using the Housing First model, persons will be moved in to housing. Case management of different programs will assist with skills needed to maintain housing. Will assist participants with programs that will help in the retention of housing until able to be self-sufficient.

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

Describe in the field below:

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

(limit 2,000 characters)

Assessment through follow-up. The case manager or special assigned persons in the housing programs is usually the first contact that is aware of the loss of housing. Support and knowledge of skills for housing usually help individuals retain their housing including budgeting.

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

Describe in the field below:

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

(limit 2,000 characters)

Through reviewing prior employment, skills, interests and even hobbies, the CoC is able to work with persons seeking employment and determine which avenues to pursue in assisting with gaining employment again. This could include counseling and other measures to help build self-esteem after being homeless. The Workforce Solution is housed with the lead agency and works with training and employment.

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

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

(limit 2,000 characters)

Work with local employers and the Workforce Board to organize and promote job fairs for hard to place employees and gained additional information on programs for learning skills and obtaining income while in training.

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

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

(limit 2,000 characters)

Assist in applying for income which participant could be eligible such as SSI, SSA, Veterans, TANF, etc. Our ESG and PSH programs assist with these enrollments. Our Street Outreach refers persons to shelters for assistance in completion of these applications.

3A. Coordination with Housing and Healthcare Bonus Points

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

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3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

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

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

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

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

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

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

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

- | | |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

(limit 2,000 characters)

N/A

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

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

If you answered yes to question 3C-1, describe in the field below:

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

(limit 2,000 characters)

N/A

4A. DV Bonus Application

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name	
This list contains no items	

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	Coordinated Asses...	11/16/2021
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition	11/16/2021
1E-2. Project Review and Selection Process	Yes	Project Scoring a...	11/16/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Rejected Projects	11/16/2021
1E-5a. Public Posting–Projects Accepted	Yes	Priority Ranking ...	11/16/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: Coordinated Assessment

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition

Attachment Details

Document Description: Project Scoring and Ranking Tool

Attachment Details

Document Description: Rejected Projects

Attachment Details

Document Description: Priority Ranking List

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/16/2021
1B. Inclusive Structure	11/16/2021
1C. Coordination	Please Complete
1C. Coordination continued	11/16/2021
1D. Addressing COVID-19	11/16/2021
1E. Project Review/Ranking	11/16/2021
2A. HMIS Implementation	11/16/2021
2B. Point-in-Time (PIT) Count	11/16/2021
2C. System Performance	11/16/2021
3A. Housing/Healthcare Bonus Points	11/16/2021
3B. Rehabilitation/New Construction Costs	11/16/2021

FY2021 CoC Application	Page 39	11/16/2021
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3C. Serving Homeless Under Other Federal Statutes	11/16/2021
4A. DV Bonus Application	11/16/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

ALLIANCE COORDINATED ASSESSMENT TOOL SET

A trained assessment specialist should ask the questions below. *Instructions for the person administering the tool are in italics.* Decisions will have to be made about the degree to which information on the form should be verified by third parties or other data sources.

I. PRE-SCREENING QUESTIONS

1. Are you homeless or do you believe you will become homeless within the next 72 hours? Yes No

Consult HUD definition: People who are living in a place not meant for human habitation, in emergency shelter (including domestic violence shelter), in transitional housing, or are exiting an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution. If no to these questions, ask

Are you currently residing in, or trying to leave, an intimate partner who threatens you or makes you fearful? Yes No

If NO to both questions, refer to other prevention-oriented resources and cease administering assessment. If YES to either question, continue with tool. Explain the assessment process – what types of questions you will ask, how long you expect it will take, what the assessment hopes to accomplish (connecting them with resources to help them with their housing crisis). Explain that the tool also helps determine who is most in need of different services.

2. Do you live in [insert the name of your community] right now?

Yes No

If NO, attempt to refer to 2-1-1 or any known resources in their community before continuing. If YES, continue with assessment.

Zip Code of Last Permanent Address: _____

Should be entered into HMIS.

3. Do you want services that are specifically geared to domestic violence survivors OR do you need a confidential location to stay?

Yes

No

If YES, follow protocols addressed to people seeking domestic violence services throughout this tool. These protocols include questions to help staff members identify individuals who are in danger, but may not immediately self-identify as domestic violence survivors. No information about the consumer should be recorded in HMIS. If NO, do not follow DV-specific guidelines. At this point, introduce data confidentiality forms; explain what the documents say and the utility of having information shared through this system. Let consumer sign – if they do, continue data entry into HMIS if possible; if they do not sign, continue filling out paper form (if this is okay with them).

II. IDENTIFYING QUESTIONS AND HMIS DATA ELEMENTS

Client Identifier (in HMIS):

Date of Birth: __/__/____ Don't Know Refused

Enter in format MM/DD/YYYY.

Social Security Number: ____-__-____ Don't Know Refused

Gender: Female Male Transgendered Male to Female
 Transgendered Female to Male Other Don't Know Refused

Assessment worker should specifically ask person how they would define their gender. If transgendered, keep this in mind for program referrals.

Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Don't Know
- Refused

Ethnicity:

- Non-Hispanic/Non-Latino
- Hispanic/Latino
- Don't Know
- Refused

Housing Status *(May be able to use previous answers to answer this question).*

- Homelessness
- At imminent risk of losing their housing
- Homeless only under other Federal statutes
- Fleeing domestic violence
- At-risk of homelessness – prevention programs only
- Stably housed
- Don't Know
- Refused

Head of Household

Yes No

Were you ever on active duty in the Armed Forces in the United States?

Yes No Don't Know Refused

Do you have military ID?

Military Card ID
 DD-214

If yes:

Year entered military service: __/__/____

Year separated from military service: __/__/____

Served in a theater of operations?: Yes No Don't Know Refused

Name of theater of operations:

- World War II
- Korean War
- Vietnam War
- Persian Gulf War (Operation Desert Storm)
- Afghanistan (Operation Enduring Freedom)
- Iraq (Operation Iraqi Freedom)
- Iraq (Operation New Dawn)
- Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)
- Don't Know
- Refused

Branch of the Military

- Army
- Air Force
- Navy
- Marines
- Coast Guard
- Other
- Don't know
- Refused

Discharge Status

- Honorable

- General under honorable conditions
- Under other than honorable conditions (OTH)
- Bad conduct
- Dishonorable
- Uncharacterized
- Don't know
- Refused

Have you ever received healthcare from a VA Medical Center? If so, where?

Have you applied or have a pending application for VA benefits or compensation?

Youth only: Last grade completed

- Less than Grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-12
- GED
- Some college
- Don't know
- Refused

Youth Only: School Status

- Attending school regularly
- Attending school irregularly
- Graduated from high school
- Obtained GED
- Dropped out
- Suspended
- Expelled
- Don't Know
- Refused

Formerly a ward of juvenile justice system?:

- No
- Yes
- Don't know

Refused

If yes:

Number of years

Less than one year

1 to 3 years

3 to 5 years

More than 5 years

(If number of years is Less than one year)

Number of months (a number between 1 and 11) _____

General Health

Excellent

Very good

Good

Fair

Poor

Don't Know

Refused

Are you pregnant?

No

Yes

Don't know

Refused

If yes, due date: __/__/_____

Do you receive any of the following benefits?

Supplemental Nutrition Assistance Program (SNAP)

Special Supplemental Nutrition Program for Women, Infants, and Children

TANF Child Care Services

TANF Transportation Services

Other TANF-funded Services

Section 8, public housing, or other ongoing rental assistance

Other source

Temporary rental assistance

Do you have health insurance?

Yes

No

Don't Know

Refused

If yes, what kind?

- Medicaid
- Medicare
- State Children's Health Insurance Program
- Veterans Administration Medical Services
- Employer Provided Health Insurance
- Health Insurance Through Cobra
- Private Pay Health Insurance
- Ryan White Medical Assistance
- AIDS Drug Assistance Program

Are you employed?

- Yes
- No
- Don't Know
- Refused

If yes, what is your employment status?

- Full-time
- Part-time
- Part-time, looking for full-time
- Seasonal/sporadic (including day labor)
- Not employed, looking for work
- Not employed, in school
- Not employed, unable to work
- Not employed, not looking for work
- Don't know
- Refused

If you have experienced domestic violence, when did the experience occur?

- Within the past three months
- Three to six months ago
- From six to one year ago
- More than a year ago
- Don't know
- Refused

III. PREVENTION/DIVERSION QUESTIONS

This part may be skipped if it has already been established the household is living somewhere unfit for human habitation, on the street, or exiting an institution.

1. **Where did you sleep last night?** *If somewhere they could potentially stay again, diversion eligible.*
2. **(If named a location above) Was it a safe location?** *If YES, diversion eligible. If NO, ask “What made the location unsafe?” “Is there another place you can think of where you feel you’d be safe and could stay for a couple of nights?” If YES, diversion eligible. If unsafe due to domestic violence, refer to nonresidential domestic violence services in addition to diversion resources. If NO, continue with questions, but likely diversion ineligible.*
3. **Why did you have to leave the place you stayed last night? Could you stay tonight at the same location?** *Use information from these questions as well as any other accompanying questions you may need to ask to determine a plan for helping re-house household.*
4. **What would you need to help you stay where you stayed last night again?** *Determine if these resources are accessible to determine if they are diversion eligible.*
5. **Would it help if I contacted the person you stayed with? What is the best way to contact that person?** *Contact person if necessary.*

If diversion eligible, talk through diversion questions further and attempt to divert household. Hand off to shelter case manager or designated diversion staff member if demand for assessments is currently very high. If successfully diverted, the assessment worker should make a note of this in HMIS and end the assessment process. If not diversion eligible, continue with assessment process.

SHELTER REFERRALS:

Using information about the consumer, make referrals according to the following: [Fill in the referral instructions for each population]

Single Adult Men:

Single Women

Families:

People Seeking Domestic Violence Services or in Imminent Danger:

Youth Under the Age of 18:

NOTE SHELTER REFERRAL HERE:

Then continue with Housing Prioritization Tool.

IV. HOUSING PRIORITIZATION TOOL

For each answer, circle the color code or write the number in the score line.

Question(s)	Color Code	Numerical Score
<p>1. Is this the first time you've been homeless in the past five years?</p> <p><input type="checkbox"/> Yes - Go to question 2 <input type="checkbox"/> No - Go to question 3</p> <p><i>Explain definition of homelessness again – use definition from Part I, Question 1.</i></p>		
<p>2. Have you been homeless for more than 90 days?</p> <p><input type="checkbox"/> Yes - Go to question 3 <input type="checkbox"/> No – Circle “Green” & skip to question 4</p>	GREEN	
<p>3. When you were homeless before, did you ever receive temporary assistance to help you move back into housing such as temporary rental assistance, deposits, help with moving costs, etc.?</p> <p><i>This question is intended to identify if the individual or family has received rapid re-housing assistance in the past. This question may also be asked by asking if the person has been served by a rapid re-housing program and then naming the rapid re-housing programs in the county. If YES, ask if they received that kind of assistance once, or if it happened more than once. Check HMIS for a record of the person also and ask “Is it okay if I check our system to see if you’ve been served before?”</i></p> <p><input type="checkbox"/> Yes, more than once – Circle color code “Red”& skip to question 13. <input type="checkbox"/> Yes, once – Circle color code “Orange” and go to question 4. <input type="checkbox"/> No – Circle color code “Yellow” and go to question 4.</p>	YELLOW ORANGE RED	
<p>4. How many dependents do you have with you in your care?</p> <p><i>If you already know the answer, don't ask again.</i></p> <p><input type="checkbox"/> 0-3 – Go to question 5. <input type="checkbox"/> 4 or more – Assign a numerical score of “1” and go to question 5.</p>		
<p>5. Are you under 25 years of age with at least one child under the age of 5?</p> <p><i>If you already know the answer, don't ask again.</i></p> <p><input type="checkbox"/> Yes – Assign a numerical score of “1” and go to question 6. <input type="checkbox"/> No – Go to question 6.</p>		

Question(s)	Color Code	Numerical Score
<p>6. Have you ever been in jail, arrested, or accused of a crime or criminal activity (even if it wasn't true)? <i>If necessary, explain that the presence of a criminal history will not reduce the person's likelihood of receiving assistance.</i> <input type="checkbox"/> Yes - Go to question 7. <input type="checkbox"/> No - Go to question 8.</p>		
<p>7. Does your criminal history include:</p> <p><input type="checkbox"/> Offenses that make it exceedingly difficult to find housing: Arson, Placement on Sex Offender Registry, Production of Crystal Meth - Assign a numerical score of "3" and go to question 8. <input type="checkbox"/> Drug offenses or crimes against persons or property? - Assign a numerical score of "2" and go to question 8. <input type="checkbox"/> Just a few minor offenses such as moving violations, a DUI, or a misdemeanor? - Assign a numerical score of "1" and go to question 8.</p>		
<p>8. Do you have any evictions? Have you been asked to leave your rental apartment or did the landlord use legal papers to ask you to leave? <i>Explain that the presence of eviction(s) will not reduce the person's likelihood of receiving assistance.</i> <input type="checkbox"/> Yes - Go to question 9. <input type="checkbox"/> No - Skip to question 10.</p>		
<p>9. How many evictions do you have?</p> <p><input type="checkbox"/> One or two? - Assign a numerical score of "1" and go to question 10. <input type="checkbox"/> Three or more? - Assign a numerical score of "2" and go to question 10.</p>		
<p>10. Do you have friends or family members who you can stay with for a short period of time, or who can lend you money?</p> <p><input type="checkbox"/> Yes – Assign a numerical score of "-1" and go to question 11. <input type="checkbox"/> No – Go to question 11.</p>		
<p>11. Do you have any income from any source right now? Ask targeted questions – refer to earlier answers during Part II well.</p> <p><input type="checkbox"/> Earned income <input type="checkbox"/> Unemployment insurance <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Disability Income (SSDI) <input type="checkbox"/> VA-Service Connected Disability Compensation <input type="checkbox"/> VA non-service-connected disability pension <input type="checkbox"/> Private disability insurance</p>		

Question(s)	Color Code	Numerical Score
<input type="checkbox"/> Worker's compensation <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> General Assistance (GA) <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> Veteran's pension <input type="checkbox"/> Pension from a former job <input type="checkbox"/> Child support <input type="checkbox"/> Alimony or other spousal support <input type="checkbox"/> Other source <input type="checkbox"/> Yes – Go to question 12. <input type="checkbox"/> No – Assign a numerical score of "2" and skip to question 13 <input type="checkbox"/> Don't know or refused Skip to question 13.		
<p>12. What is your monthly income right now? <i>Do not ask out loud - refer to matrix of local area median income (AMI) thresholds.</i></p> <input type="checkbox"/> Above 30% AMI – Go to question 13. <input type="checkbox"/> Between 16% and 30% AMI – Assign a numerical score of "1" and go to question 13. <input type="checkbox"/> Less than 15% AMI – Assign a numerical score of "2" and go to question 13.		
<p>13. Does your credit history include a judgment for debt to a landlord?</p> <input type="checkbox"/> Yes – Assign a numerical score of "1" and go to question 14. <input type="checkbox"/> No – Go to question 14.		
<p>14. TOTAL – Enter Circled Color Code (from Questions 2-3) and total ALL numerical scores (from Questions 3-13) and go to Part V.</p>		

FY 2014 HUD Income Limits Summary
 [Insert your community's income limits]

Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% AMI								
15% AMI								

V. HOUSING PRIORITIZATION TOOL SCORING

Using the numerical scores and color designation tabulated in question 14 above and find the priority level for each intervention with the charts below. If the box says "None" there is no priority level for this intervention.

Rapid Re-Housing Priority Level			
Color Code	Numerical Score		
	2 or less	3 – 4	5 or more
Green	G	F	D
Yellow	E	C	B
Orange	A	A	A
Red	None	None	None

Rapid Re-Housing Priority Level:

Transitional Housing Priority Level			
Color Code	Numerical Score		
	2 or less	3 – 4	5 or more
Green	H	G	E
Yellow	F	D	C
Orange	B	B	B
Red	A	A	A

Transitional Housing Priority Level:

Permanent Supportive Housing Priority Level			
Color Code	Numerical Score		
	2 or less	3 – 4	5 or more
Green	None	None	None
Yellow	None	None	A
Orange	None	None	A
Red	A	A	A

Note: When an individual's score results in a Permanent Supportive Housing Priority Level recommendation, a person's disability status will be determined and a vulnerability assessment will be completed.

Permanent Supportive Housing Priority Level:

VI. POPULATION SPECIFIC QUESTIONS

[These questions and instructions will likely have to be tailored to reflect the available services in your community]

1. Are you interested in a program that provides substance abuse services or addiction treatment services? Yes No

If YES: Are you looking for a group setting where others around you will be sober and the program encourages complete sobriety? Yes No

If YES, consumer is automatic priority for transitional housing – substance abuse. Discuss this option and what it offers versus any other consumer might be prioritized for according to the tool.

2. Are you seeking services related to HIV/AIDS?

Yes No

Take note in order to make appropriate referral.

3. Are you seeking programs that are targeted specifically to people under the age of 24?

Yes No

Take note in order to make appropriate referral.

VII. CHOOSING A REFERRAL

*Check daily priority list posting to see if consumer's score prioritizes them for any intervention. **If they are eligible to be on a list for an intervention, then read the following script:***

"We have a few different housing options available. According to what we've talked about today, it seems like you are a high priority client for (name interventions). The waiting time for this/these intervention(s) is _____. (Describe interventions in a little more detail, including general services offered, length of program, goal of program). You will get picked on the list on a first-come, first-serve basis, unless you are waiting for certain substance abuse services or permanent supportive housing, in which case the most vulnerable clients will be chosen first." (If eligible for more than one intervention: "You can be on the list for only one intervention at a time. I believe this intervention would be best for you based on the results of the assessment, but you have a choice. Which intervention would you like to be on the priority list for?")

Add consumer to end of priority list for their intervention of choice (except for substance abuse TH and PSH, when you should prioritize them according to score). If they answered yes to any questions in Part VI, check these against eligibility requirements in different interventions. If no availability in their intervention of choice currently, refer to shelter noted in Part III. Refer to policies and procedures manual for further referral instructions.

If consumer is not eligible to be prioritized for anything, then read the following script:
"We will refer you to _____ (emergency shelter). From there, the case managers will work with you to help you find the best way to get you out of homelessness." Refer consumer to shelter noted in Part III.

VIII. VULNERABILITY INDEX

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

OK, first I'm going to ask you a few questions about your housing history...

2. What is the total length of time you have lived on the streets or shelters?

of years:

of months:

3. In the past three years, how many times have you been homeless and then housed again?

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

Shelters Streets Car/Van Subway/Bus Beach Other (specify)

OK, now I'd like to ask you a few questions about your health...

5. Where do you usually go for healthcare or when you're not feeling well?

(FILL IN LOCAL OPTIONS) Other Does not go for care

6. How many times have you been to the emergency room in the past three months? _____

7. How many times have you been hospitalized as an inpatient in the past year? _____

8. Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?

- a. Kidney disease/ End Stage Renal Disease or Dialysis..... Yes No Refused
- b. History of frostbite, Hypothermia, or Immersion Foot..... Yes No Refused
- c. History of Heat Stroke/Heat Exhaustion..... Yes No Refused
- d. Liver disease, Cirrhosis, or End-Stage Liver Disease..... Yes No Refused
- e. Heart disease, Arrhythmia, or Irregular Heartbeat..... Yes No Refused
- f. HIV+/AIDS..... Yes No Refused
- g. Emphysema..... Yes No Refused
- h. Diabetes..... Yes No Refused
- i. Asthma..... Yes No Refused
- j. Cancer..... Yes No Refused
- k. Hepatitis C..... Yes No Refused
- l. Tuberculosis..... Yes No Refused
- m. DO NOT ASK: Surveyor, do you observe signs or symptoms of serious physical health conditions?..... Yes No

n. Have you ever abused drug/alcohol, or been told you do?..... Yes No Refused

o. Have you consumed alcohol everyday for the past month?.... Yes No Refused

p. Have you ever used injection drugs or shots?..... Yes No Refused

q. Have you ever been treated for drug or alcohol abuse?..... Yes No Refused

r. DO NOT ASK: Surveyor, do you observe signs of symptoms of alcohol or drug abuse?..... Yes No

s. Are you currently or have you ever received treatment for mental health issues? Yes No Refused

t. Have you ever been taken to the hospital against your will for mental health reasons?
..... Yes No Refused

u. DO NOT ASK: Surveyor, do you detect signs or symptoms of severe, persistent mental illness?..... Yes No

v. Have you been the victim of a violent attack since you've become homeless? Yes No Refused

w. Do you have a physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?
..... Yes No Refused

x. Have you had a serious brain injury or trauma that required hospitalization or surgery?
..... Yes No Refused

Alright, now I've just got a few more questions...

9. If you served in the military, was your discharge honorable? Yes
 No Refused

10. Have you ever been in jail? Yes No Refused

11. Have you ever been in prison? Yes No Refused

12. Have you ever been in foster care? Yes No Refused

13. How do you make money? (choose as many as apply)

<input type="checkbox"/> Work, on-the-books	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> None of the Above
<input type="checkbox"/> Work, off-the-books	<input type="checkbox"/> Sex Trade	
<input type="checkbox"/> SSI	<input type="checkbox"/> Drug Trade	
<input type="checkbox"/> SSDI/SSA	<input type="checkbox"/> Recycling	
<input type="checkbox"/> VA	<input type="checkbox"/> Panhandling	
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> No Income	

14. What is your citizenship status? Citizen Legal Resident Undocumented

OK, now I'm going to ask you some questions about your community

15. Is there a person/outreach worker that you trust more than others? Yes No Refused

16. If yes, do you know what agency they work for?

OK, now I'd like to take your picture. May I do so? Take picture with webcam.

IX. VULNERABILITY INDEX SCORING

If answer to question 6 was 3 or more, add one point... _____

If answer to question 7 was 3 or more, add one point... _____

If answer was "yes" to 8a, add one point... _____

If answer was "yes" to 8b, add one point... _____

If answer was "yes" to 8d, add one point... _____

If answer yes "yes" to 8f, add one point... _____

If over age 60, add one point... _____

If answer was yes to any question from 8a-m or 8w or 8x, AND yes to any question 8n-r, AND yes to any question 8s-u, add one point... _____

TOTAL NUMBER OF POINTS: _____

Place client on permanent supportive housing priority list based on number of points received. Those with 8 should be at the top, those with 7 next, etc.



**Nortex
Regional
Planning
Commission**

P.O. Box 5144
Wichita Falls, Texas 76307
Area 940-322-5281
Fax 940-322-6743

November 12, 2021

CoC Name: Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties

CoC Number: TX-624

The following grant applications were submitted to HUD with the noted ranking for Priority Listing for FY21 NOFA CoC Program Competition.

Description	My Walls PSH	CoC Planning Grant
Status	Renewal	New
Grant Term	1 year	1 year
Applicant Name	Nortex Regional Planning Commission	Homeward Bound Homeless Coalition
Budget Amount	\$304,769.00	\$37,276.00
Rank	1	N/A
Housing Program	PSH	N/A
Comp Type	PH	Planning Grant