

EMERGENCY SOLUTIONS GRANT



TABLE OF CONTENTS

I.	ESG ELIGIBLE ACTIVITIES (PROGRAM TYPES)	1
	1. Emergency Shelter Description	
	A. Minimum Standards for Emergency Shelter	
	2. Rapid Re-Housing Description	
	3. Homeless Prevention Description	
	4. Street Outreach Description	
II.	DEFINITION OF HOMELESSNESS, (LITERALLY and AT RISK)	7
	1. Homeless category 1 – Core definition	
	2. Homeless category 2 – At Risk	
	3. Homeless category 2 - Persistent Housing Instability	
	4. Homeless category 4 – Fleeing Domestic Violence	
III.	DOCUMENTATION AND RECORD KEEPING REQUIREMENTS	9
	1. Preferred Order of Documentation	
	2. Housing Status Documentation and Certification Requirements	
	A. Homeless category 1	
	B. Homeless category 1 – exiting institution	
	C. Homeless category 2	
	D. Homeless category 4	
	3. At Risk of Homelessness Documentation	
	A. Annual income	
	B. Lacks	
IV.	INTAKE, ELIGIBILITY ASSESSMENT AND RE-CERTIFICATION	11
	1. Intake	
	2. Eligibility Assessment for Emergency Shelter, Street Outreach	
	3. Income Eligibility Criteria for Prevention and Rapid Re-Housing	
	4. Income Calculations and Changes	
V.	CASE MANAGEMENT	15
	1. Mainstream Benefits	
	2. Prevention and Rapid Re-Housing Case Management	
VI.	RENTAL ASSISTANCE REQUIREMENTS	16
	1. Rental Assistance Agreements	
	2. Late Payments	
	3. Leases	
	4. Rent Reasonableness and Fair Market Rent (FMR)	
	A. Rent Reasonableness	
	B. Fair Market Rent (FMR)	
	5. Lead Based Paint	
	A. Use with Other Subsidies	

VII.	Homeless Management Information System (HMIS)	19
	1. MAACLink	
	2. Data Quality and Reporting	
	3. Coordinated Entry	
VIII.	REQUIRED WRITTEN STANDARDS-POLICIES/ PROCEDURES	21
	1. All Programs	
	2. Street Outreach	
	3. Emergency Shelter	
	4. Homeless Prevention and Rapid Re-Housing	
IX.	PERFORMANCE STANDARDS AND MEASURES	22
	1. Objectives for ESG	
	2. Overall Goals	
	3. Performance Measurements	
	A. Emergency Shelter	
	B. Street Outreach	
	C. Homeless Prevention	
	D. Rapid Re-Housing	
X.	TERMINATION	23
	1. Terminating Assistance	
	2. Homeless Prevention and Rapid Re-Housing Terminations	
XI.	GRANT ADMINISTRATION REQUIREMENTS	24
	1. 2 CFR 200 Uniform Administrative Requirements	

ESG FORMS

1. ELIGIBILITY FORMS	25
a. Staff Affidavit	
b. Homeless Certification	
c. Self-Certification	
d. Homeless Prevention Certification	
2. INCOME	31
a. Income Calculation Worksheet	
b. Verification of Income	
c. Verification Tracking of Income	
3. INTAKE / ASSESSMENT	35
a. Self Sufficiency Matrix	
b. Housing Stability Plan	
c. VI-SPDAT (coordinated entry assessment and release)	
4. HOUSING ASSISTANCE	49
a. Rent reasonableness and FMR	
b. Lead Screening Worksheet	
c. Habitability Inspection	
d. Rental Assistance Agreement	
e. Client File Checklist	

GLOSSARY

Annual Homeless Assessment Report (AHAR) – Annual report to Congress on the extent and nature of homelessness

Annual Progress Report (APR) – Report that tracks program progress and accomplishments in HUD's competitive homeless assistance programs. The APR provides the grantee and HUD with information necessary to assess each grantee's performance.

Bed Utilization - An indicator of whether shelter beds are occupied on a particular night or over a period of time.

Consolidated Annual Performance and Evaluation Report (CAPER). In the CAPER, grantees report on accomplishments and progress toward Consolidated Plan goals in the prior year.

Chronic homelessness - An individual or family that is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless and residing in such a place for at least 1 year or on at least four separate occasions in the last 3 years. The statutory definition also requires that the individual or family has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability, posttraumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

Client Intake - The process of collecting client information upon entrance into a program.

Continuum of Care (CoC) – A community with a unified plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. HUD funds many homeless programs and HMIS implementations through Continuums of Care grants.

Community Development Block Grant (CDBG) – A flexible program that provides communities with resources to address a wide range of unique community development needs. Beginning in 1974, the CDBG program is one of the longest continuously run programs at HUD. The CDBG program provides annual grants on a formula basis to 1,180 general units of local and State governments.

Community Services Block Grant (CSBG) - Is a federal, anti-poverty block grant which funds the operations of a state-administered network of local Community Action Agencies. This CSBG network consists of more than 1,100 agencies that create, coordinate and deliver programs and services to low-income Americans in 96 percent of the nation's counties.

CSV - Is a comma separated values file, which allows data to be saved in a table structured format. CSVs look like a garden-variety spreadsheet but with a .csv extension (Traditionally they take the form of a text file containing information separated by commas, hence the name).

Data Quality - The accuracy and completeness of all information collected and reported to the HMIS.

Disabling Condition - A disabling condition in reference to chronic homelessness is defined by HUD as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

Date of Birth (DOB) – The date a person was born.

GLOSSARY

Domestic Violence (DV) - Occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate another. Includes physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, and threats of violence. Violence can be criminal and includes physical assault (hitting, pushing, shoving, etc.), sexual abuse (unwanted or forced sexual activity), and stalking. Although emotional, psychological and financial abuse are not criminal behaviors, they are forms of abuse and can lead to criminal violence. There are a number of dimensions of DV. Including: mode - physical, psychological, sexual and/or social; frequency - on/off, occasional, chronic; and severity – in terms of both psychological or physical harm and the need for treatment, including transitory or permanent injury, mild, moderate, and severe up to homicide.

Electronic grants management system managed by HUD's Office of Special Needs Assistance Programs (SNAPS) - known as e-snaps, it supports the annual CoC Program Application and the APR.

Emergency Shelter (ES) – Any facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless.

The Emergency Solutions Grant (ESG) - provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, and (6) prevent families/individuals from becoming homeless.

Family and Youth Services Bureau (FYSB) – Provides national leadership on youth and family issues. Promotes positive outcomes for children, youth, and families by supporting a wide range of comprehensive services and collaborations at the local, Tribal, State, and national levels.

U.S. Department of Health and Human Services (HHS) – A Cabinet department of the United States government with the goal of protecting the health of all Americans and providing essential human services.

Housing Inventory Chart (HIC) – Consists of three housing inventory charts for: emergency shelter, transitional housing, and permanent supportive housing.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) – U.S. law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers. Developed by the Department of Health and Human Services, these standards provide patients access to their medical records and give them more control over how their personal health information is used and disclosed.

Homeless Management Information System (HMIS) – Computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness.

HMIS Data and Technical Standards Final Notice - Regulations issued by HUD via the Federal Register describing the requirements for implementing HMIS. The HMIS Final Notice contains rules about who needs to participate in HMIS, what data to collect, and how to protect client information.

Housing Opportunities for Persons with AIDS (HOPWA) – Established by HUD to address the specific needs of persons living with HIV/AIDS and their families. HOPWA makes grants to local communities,

GLOSSARY

States, and nonprofit organizations for projects that benefit low-income persons medically diagnosed with HIV/AIDS and their families.

U.S. Department of Housing and Urban Development (HUD) – The Federal agency responsible for national policy and programs that address America's housing needs that improve and develop the Nation's communities, and enforce fair housing laws. HUD's business is helping create a decent home and suitable living environment for all Americans, and it has given America's cities a strong national voice at the Cabinet level.

McKinney-Vento Act - The McKinney-Vento Homeless Assistance Act was signed into law by President Ronald Reagan on July 22, 1987. The McKinney-Vento Act funds numerous programs providing a range of services to homeless people, including the CoC programs: the SHP, the S+C, and the SRO Program, as well as the Emergency Shelter Grant Program.

Notice of Funding Availability (NOFA) – An announcement of funding available for a particular program or activity.

Projects for Assistance in Transition from Homelessness (PATH) - Funds services for people with serious mental illness (SMI) experiencing homelessness.

Performance Measures – A process that systematically evaluates whether your program's efforts are making an impact on the clients you are serving.

Permanent Supportive Housing – Long-term, community-based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables the special needs populations to live independently as possible in a permanent setting. Permanent housing can be provided in one structure or in several structures at one site or in multiple structures at scattered sites.

Point in Time (PIT) – A snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds.

Runaway and Homeless Youth Management Information System (RHYMIS) – An automated information tool designed to capture data on the runaway and homeless youth being served by FYSB's Basic Center Program and Transitional Living Program for Older Homeless Youth (TLP). RHYMIS also captures information on the contacts made by the Street Outreach Program grantees and the brief service contacts made with youth or families calling the FYSB programs.

Shelter Plus Care (McKinney-Vento Program) (S+C) – A program that provides grants for rental assistance for homeless persons with disabilities through four component programs: Tenant, Sponsor, Project, and Single Room Occupancy (SRO) Rental Assistance.

Single Room Occupancy (SRO) – A residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both. It provides rental assistance on behalf of homeless individuals in connection with moderate rehabilitation of SRO dwellings.

Special Needs Assistance Program – SNAP

GLOSSARY

Supplemental Security Income (SSI) – A monthly stipend provided to aged (legally deemed to be 65 or older), blind, or disabled persons based on need, paid by the U.S. Government.

Supportive Housing Program (SHP) – A program that provides housing, including housing units and group quarters that has a supportive environment and includes a planned service component.

Supportive Services - Services that may assist homeless participants in the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing.

Supportive Services Only (SSO) – Projects that address the service needs of homeless persons. Projects are classified as this component only if the project sponsor is not also providing housing to the same persons receiving the services. SSO projects may be in a structure or operated independently of a structure, such as street outreach or mobile vans for health care.

Temporary Assistance for Needy Families (TANF) – Provides cash assistance to indigent American families with dependent children through the United States Department of Health and Human Services.

Transitional Housing (TH) – A project that has its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).

Unaccompanied Youth – Minors not in the physical custody of a parent or guardian, including those living in inadequate housing such as shelters, cars, or on the streets. Also includes those who have been denied housing by their families and school-age unwed mothers who have no housing of their own.

Unduplicated Count – The number of people who are homeless within a specified location and time period. An unduplicated count ensures that individuals are counted only once regardless of the number of times they entered or exited the homeless system or the number of programs in which they participated. Congress directed HUD to develop a strategy for data collection on homelessness so that an unduplicated count of the homeless at the local level could be produced.

Universal Data Element (UDE) – Data required to be collected from all clients serviced by homeless assistance programs using an HMIS. These data elements include date of birth, gender, race, ethnicity, veteran's status, and Social Security Number (SSN). These elements are needed for CoCs to understand the basic dynamics of homelessness in their community and for HUD to meet the Congressional directive to support AHAR.

Violence Against Women Act (VAWA) – Programs range from policies to encourage the prosecution of abusers to victim's services to prevention programs. VAWA helped forge new alliances between police officers, courts, and victim advocates.

Veterans Affairs (VA) – A government-run military veteran benefit system. It is responsible for administering programs of veterans' benefits for veterans, their families, and survivors. The benefits provided include disability compensation, pension, education, home loans, life insurance, vocational rehabilitation, survivors' benefits, medical benefits, and burial benefits.

Written Consent - Written consent embodies the element of informed consent in a written form. A client completes and signs a document consenting to an understanding of the options and risks of participating or sharing data in an HMIS system. The signed document is then kept on file at the agency.

I. ESG ELIGIBLE ACTIVITIES (PROGRAM TYPES)

All recipients of ESG funds are expected to comply with Kansas Balance of State requirements for utilizing the centralized assessment process and procedures of the Continuum of Care (CoC). Sub recipients are required to comply with all ESG requirements as required in – 24 CFR 576, including; the provision of case management, helping program participants increase income, either via employment assistance or through the acquisition of mainstream benefits, and helping program participants move into and stay in permanent housing.

1. Emergency Shelter

From the ESG regulations, “emergency shelter means any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.” Shelter stays should be avoided, if possible, and when not possible, limited to the shortest time necessary to help participants regain permanent housing. Emergency shelter programs should be closely linked to an array of programs in order to accomplish this goal of stable permanent housing including, but not limited to, rapid re-housing, transitional housing, affordable housing placement, and employment. Linkages should also be made to applicable mainstream programs such as SSI/SSDI Outreach, Access, and Recovery (SOAR), food stamps, Temporary Assistance for Needy Families (TANF), etc.

ESG funds may be used for costs of providing essential services to homeless families and individuals in emergency shelters and operating emergency shelters.

- a. Case management- Using the centralized or coordinated assessment; Conducting the initial evaluation, including verifying and documenting eligibility; Counseling; Developing, securing, and coordinating services and obtaining Federal, State, and local benefits; Monitoring and evaluating program participant progress; Providing information and referrals to other providers; Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and developing an individualized housing and service plan, including planning a path to permanent housing stability.
- b. Child care- The costs of child care for program participants, including providing meals and snacks, and comprehensive and coordinated sets of appropriate developmental activities, are eligible. The children must be under the age of 13, unless they are disabled. Disabled children must be under the age of 18. The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.
- c. Education services- When necessary for the program participant to obtain and maintain housing, the costs of improving knowledge and basic educational skills are eligible. Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED). Component services or activities are screening, assessment and testing, individual or group instruction, tutoring, provision of books, supplies and instructional material; counseling; and referral to community resources.
- d. Employment assistance and job training- The costs of employment assistance and job training programs are eligible, including classroom, online, and/or computer instruction; on-the-job instruction; and services that assist individuals in securing employment,

acquiring learning skills, and/or increasing earning potential. Learning skills include those skills that can be used to secure and retain a job. Services that assist individuals in securing employment consist of employment screening, assessment, or testing; structured job skills and job-seeking skills; special training and tutoring, including literacy training and prevocational training; books and instructional material; counseling or job coaching; and referral to community resources.

- e. Outpatient health services- Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals. Emergency Solutions Grant (ESG) funds may be used only for these services to the extent that other appropriate health services are unavailable within the community. Eligible treatment consists of assessing a program participant's health problems and developing a treatment plan; assisting program participants to understand their health needs; providing directly or assisting program participants to obtain appropriate medical treatment, preventive medical care, and health maintenance services, including emergency medical services; providing medication and follow-up services; and providing preventive and non-cosmetic dental care.
- f. Legal services- Eligible costs are the hourly fees for legal advice and representation by attorneys licensed and in good standing with the bar association of the State in which the services are provided, and by person(s) under the supervision of the licensed attorney, regarding matters that interfere with the program participant's ability to obtain and retain housing. Emergency Solutions Grant (ESG) funds may be used only for these services to the extent that other appropriate legal services are unavailable or inaccessible within the community. Eligible subject matters are child support, guardianship, paternity, emancipation, and legal separation, orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking, and appeal of veterans and public benefit claim denials. Component services or activities may include client intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling. Fees based on the actual service performed (i.e., fee for service) are also eligible, but only if the cost would be less than the cost of hourly fees. Filing fees and other necessary court costs are also eligible. If the Sub Recipient is a legal services provider and performs the services itself, the eligible costs are the Sub Recipients' employees' salaries and other costs necessary to perform the services. Legal services for immigration and citizenship matters and issues relating to mortgages are ineligible costs. Retainer fee arrangements and contingency fee arrangements are ineligible costs.
- g. Life skills training- The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance use, and homelessness are eligible costs. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are budgeting resources, managing money, managing a household, resolving conflict, shopping for food and needed items, improving nutrition, using public transportation, and parenting.
- h. Mental health services- Eligible costs are the direct outpatient treatment by licensed professionals of mental health conditions. ESG funds may only be used for these services to the extent that other appropriate mental health services are unavailable or inaccessible within the community. Mental health services are the application of therapeutic processes to personal, family, situational, or occupational problems in order to bring about positive resolution of the problem or improved individual or family functioning or

circumstances. Problem areas may include family and marital relationships, parent-child problems, or symptom management. Eligible treatment consists of crisis interventions; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

- i. Substance abuse treatment services- Eligible substance abuse treatment services are designed to prevent, reduce, eliminate, or deter relapse of substance abuse or addictive behaviors and are provided by licensed or certified professionals. ESG funds may only be used for these services to the extent that other appropriate substance abuse treatment services are unavailable or inaccessible within the community. Eligible treatment consists of client intake and assessment, and outpatient treatment for up to 30 days. Group and individual counseling and drug testing are eligible costs. Inpatient detoxification and other inpatient drug or alcohol treatment are not eligible costs.
- j. Transportation- Eligible costs consist of the transportation costs of a program participant's travel to and from medical care, employment, child care, or other eligible essential service facilities. These costs include the following: The cost of a program participant's travel on public transportation; If service workers use their own vehicles, mileage allowance for service workers to visit program participants; The cost of purchasing or leasing a vehicle for the recipient or Sub Recipients in which staff transports program participants and/or staff serving program participants, and the cost of gas, insurance, taxes, and maintenance for the vehicle; and the travel costs of recipient or Sub Recipients staff to accompany or assist program participants to use public transportation.
- k. Shelter operations- Eligible costs are the costs of maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies necessary for the operation of the emergency shelter. Where no appropriate emergency shelter is available for a homeless family or individual, eligible costs may also include a hotel or motel voucher for that family or individual.

A. Minimum Standards for Emergency Shelter

Any emergency shelter that receives ESG assistance for shelter operations must meet the following minimum safety, sanitation, and privacy standards. Sub Recipients may also establish standards that exceed or add to these minimum standards.

- a. Structure and materials
The shelter building must be structurally sound to protect residents from the elements and not pose any threat to health and safety of the residents.
- b. Access
The shelter must be accessible in accordance with Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8; the Fair Housing Act (42 U.S.C. 3601 *et seq.*) and implementing regulations at 24 CFR part 100; and Title II of the Americans with Disabilities Act (42 U.S.C. 12131 *et seq.*) and 28 CFR part 35; where applicable.
- c. Space and security
Except where the shelter is intended for day use only, the shelter must provide each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.

d. Interior air quality

Each room or space within the shelter must have a natural or mechanical means of ventilation. The interior air must be free of pollutants at a level that might threaten or harm the health of residents.

e. Water supply

The shelter's water supply must be free of contamination.

f. Sanitary facilities

Each program participant in the shelter must have access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.

g. Thermal environment

The shelter must have any necessary heating/ cooling facilities in proper operating condition.

h. Illumination and electricity

The shelter must have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There must be sufficient electrical sources to permit the safe use of electrical appliances in the shelter.

i. Food preparation

Food preparation areas, if any, must contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.

j. Sanitary conditions

The shelter must be maintained in a sanitary condition.

k. Fire safety

There must be at least one working smoke detector in each occupied unit of the shelter. Where possible, smoke detectors must be located near sleeping areas. The fire alarm system must be designed for hearing-impaired residents. All public areas of the shelter must have at least one working smoke detector. There must also be a second means of exiting the building in the event of fire or other emergency.

2. Rapid Re-Housing

Rapid Re-Housing programs are designed to help those who are homeless transition into permanent housing. The primary goal is to stabilize a program participant in permanent housing as quickly as possible and to provide wrap-around services after the family or individual obtains housing. Enrollment in a rapid re-housing program should rely heavily on a case management plan to ensure long term stability for program participants. Providers are expected to implement a case management plan that will increase household incomes and/or increase access to mainstream benefits for program participants. Linkages should also be made to applicable mainstream programs such as SOAR, food stamps, TANF, etc.

By ESG regulation at 24 CFR 576, ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Rapid re-housing assistance must be provided in accordance with the housing relocation and stabilization services requirements in § 576.105, the short- and medium-term rental assistance requirements in § 576.106, and the written standards and procedures established under § 576.400.

3. Homelessness Prevention

Homeless Prevention is most efficiently implemented when targeted to those at greatest risk of losing housing. Households receiving this funding must have an income level below 30% AMI and must demonstrate that they do not have sufficient resources or support networks to prevent them from moving to an emergency shelter or other place defined under Category 1 of the homeless definition. Enrollment in a prevention program should typically last around 2-6 months, although enrollments can be longer, and rely heavily on a case management plan to ensure long term stability for program participants. Sub Recipients should negotiate with landlords as the first step in resolving eviction crises. Prevention implementations should effectively target households at greatest risk of homelessness and assist participants to increase household incomes during enrollment. Linkages should also be made to applicable mainstream programs such as SOAR, food stamps, TANF, etc.

By regulation, ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the “homeless” definition in § 576.2. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant’s current permanent housing or move into other permanent housing and achieve stability in that housing.

4. Street Outreach

ESG funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. The term “unsheltered homeless people” is defined as –

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; ...

There are 6 eligible activities for Street Outreach, as follows:

- a. Engagement – the location, identification and relationship building with unsheltered homeless people and the engagement of them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs. Eligible activities include assessment of needs and eligibility; providing crisis counseling; addressing urgent physical needs, and actively connecting and providing information and referrals to programs targeted to homeless people and mainstream social services and housing programs. Eligible costs include the cell phone costs of outreach workers during the performance of these activities.
- b. Case management – the assessment of housing and service needs, and implementing individualized services to meet the needs of the program participant. Eligible services and activities are as follows: using the centralized or coordinated assessment system as required under § 576.400(d); conducting the initial evaluation required under §

576.401(a), including verifying and documenting eligibility; counseling; developing, securing and coordinating services; obtaining Federal, State, and local benefits; monitoring and evaluating program participant progress; providing information and referrals to other providers; and developing an individualized housing and service plan, including planning a path to permanent housing stability.

- c. Emergency health services - Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals operating in community-based settings, including streets, parks, and other places where unsheltered homeless people are living. Eligible treatment consists of developing a treatment plan; assisting program participants to understand their health needs; providing directly or obtaining emergency medical treatment; and providing medication and follow-up services.
- d. Emergency mental health services - Eligible costs are the direct outpatient treatment by licensed professionals of mental health conditions operating in community-based settings, including streets, parks, and other places where unsheltered people are living. Eligible treatment consists of crisis interventions, and the prescription and management of psychotropic medications.
- e. Transportation - The transportation costs of travel by outreach workers, social workers, medical professionals, or other service providers are eligible, provided that this travel takes place during the provision of services eligible under this section. The costs of transporting unsheltered people to emergency shelters or other service facilities are also eligible.
- f. Services for special populations - ESG funds may be used to provide services for homeless youth, victim services, and services for people living with HIV/AIDS, so long as the costs of providing these services are eligible.
- g. Implementation of Street Outreach - Street Outreach should be principally focused to one goal: that of supporting homeless households in achieving some form of permanent, sustainable housing. While Street Outreach teams may use incentives to encourage trust and build relationships, or to ensure that homeless households' emergency needs are met, the awards made should not be used to support other programs that seek to alleviate the burden of living on the streets. Outreach teams will have the most comprehensive knowledge of street based individuals/ households within the locality. Outreach teams will be responsible for ensuring that a case plan is established for each household that is client centered, realistic and focused towards a goal of permanent housing. Outreach teams will be expected to establish close working relationships with other service providers, not only Emergency Shelters, but other mainstream and housing focused services, such as Rapid Re-Housing. Not every homeless household is expected to need admittance to an emergency shelter and Street Outreach teams should be prepared to implement a variety of interventions in securing permanent housing. Linkages should also be made to applicable mainstream programs such as SOAR, food stamps, TANF, etc.

II. DEFINITION OF HOMELESSNESS, AT RISK OF HOMELESSNESS

HOMELESSNESS - There are FOUR definitions of homelessness:

1. **Category 1: (Core Definition)** An individual or family who lacks a fixed, regular, and adequate nighttime residence, which includes a primary nighttime residence of:
 - a. Place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport, or camping ground)
 - b. Publicly or privately operated shelter or transitional housing, including a hotel or motel paid for by government or charitable organizations;
 - c. Who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Qualifies for: Emergency Shelter, Rapid Re-Housing, Transitional Housing, Outreach, Supportive Services programs

2. **Category 2: (At Risk or Imminently Losing Primary Nighttime Residence)** Individual or family is being evicted within 14 days from their primary nighttime residence and:
 - a. No subsequent residence has been identified; and
 - b. The household lacks the resources or support networks (i.e. family, friends, faith-based or other social networks) needed to obtain other permanent housing.

Qualifies for: Emergency Shelter, Transitional Housing, Homeless Prevention

AT RISK OF HOMELESSNESS: To qualify, the individual or family must meet two threshold criteria:

- a. Income below 30 percent of median incomes for the geographic area; AND
- b. Insufficient resources immediately available to attain housing stability. [e.g., family, friends, faith-based or other social networks immediately available] to prevent them from moving to an emergency shelter or another place described in category 1 of the homeless definition.

And must exhibit one or more of these risk factors:

- a. Has moved frequently because of economic reasons “2 or more times during the 60 days immediately preceding the application for homelessness prevention assistance.”
- b. Is living in the home of another because of economic hardship
- c. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application.
- d. Lives in a hotel or motel; [“and the cost of the hotel or motel is not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations.”]
- e. Lives in severely overcrowded housing; [in a single-room occupancy or efficiency apartment unit in which more than two persons, on average, reside or another type of

housing in which there reside more than 1.5 persons per room, as defined by the U.S. Census Bureau.]

- f. Is exiting a publicly funded institution; or system of care, [such as a health-care facility, mental health facility, foster care or other youth facility, or correction program or institution.]
- g. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness. (Use the characteristics described in your jurisdictions Consolidated Plan).

3. Category 3: (Persistent Housing Instability) Unaccompanied youth (less than 25 years of age) or families with children and youth, who do not otherwise qualify as homeless, but who meet the following (4) criteria:

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

4. Category 4: (Fleeing Domestic Violence) Any individual or family that is homeless due to:

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

Qualifies for: Emergency Shelter, Rapid Re-Housing, Transitional Housing, Homeless Prevention

III. DOCUMENTATION AND RECORD KEEPING REQUIREMENTS

Sub Recipients must keep ESG records for 5 years after the expenditure of all funds from the grant.

ESG recipients must establish and follow written intake procedures to ensure program compliance. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless, at-risk or domestic violence status. Third-party documentation, when available, is the preferable way to document homeless status. Lack of third-party documentation, however, cannot prevent a household from receiving emergency assistance, including shelter and victim services.

1. Preferred Order of Documentation:

The order of priority for evidence establishing and verifying homeless status is:

- a. Third-party documentation – source documents provided by an outside source
- b. Staff/Intake worker observation – documented by ESG staff
- c. Certification from the person seeking assistance – ESG staff must certify efforts made to obtain third party documentation before allowing applicant to self-certify

2. Housing Status Documentation and Record Keeping Requirements:

A. Homeless CATEGORY 1 acceptable evidence includes:

- i. ESG Homeless Certification and ESG Self Certification Forms
- ii. HMIS Verification of Homelessness
- iii. A written observation by an outreach worker of the conditions where the individual or family was living, a written referral by another housing or service provider

B. Homeless CATEGORY 1 and is exiting an institution where he or she resided for 90 days or less, acceptable evidence includes evidence listed above for CATEGORY 1 AND ONE of the following:

- i. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution. All oral statements must be recorded by the intake worker; OR
- ii. Where the evidence listed above in is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in and a certification by the individual seeking assistance that states he or she is exiting or has just exited an institution where he or she resided for 90 days or less. A written observation by an outreach worker of the conditions where the individual or family was living, a written referral by another housing or service provider

C. Homeless CATEGORY 2 evidence includes at least one of the following stating that the household must leave within 21 days:

- i. A court order resulting from an eviction notice or equivalent notice, or a formal eviction notice;
- ii. For applicants whose primary nighttime residence is a hotel or motel room not paid for by charitable organizations or federal, state, or local government programs, Evidence that the individual or family lacks the resources necessary to reside there for more than 21 days after the date of application for homeless assistance OR
- iii. An oral or written statement by the individual or head of household that the owner or renter of the housing in which they currently reside will not allow them to stay for more than 21 days after the date of application for homeless assistance. The intake worker must record the statement and certify that it was found credible.

To be found credible, the oral statement must either:

- a. Be verified by the owner or renter of the housing in which the individual or family resides at the time of application for homeless assistance **AND**
- b. Be documented by a written certification by the owner or renter or by the intake worker's recording of the owner or renter's oral statement.

If the intake worker is unable to contact the owner or renter:

- a. The intake worker must provide written documentation certifying that he/she performed due diligence in attempting to obtain verification and written certification that the applicant's statement was true and complete.
- b. Certification by the individual or head of household that no subsequent residence has been identified; AND
- c. Certification or other written documentation that the individual or family lacks the resources and support networks needed to obtain other permanent housing.

D. Homeless CATEGORY 4: Acceptable evidence includes:

If the individual or family is receiving shelter or services provided by a victim service provider:

- i. ESG Self Certification Form AND
- ii. A certification by the intake worker.

If the individual is seeking services from non- victim service provider:

- i. The ESG Self Certification Form documenting that applicant is fleeing a domestic violence situation, has not identified a subsequent residence, and lacks the resources or support networks, e.g., family, friends, faith-based, or other social networks, needed to obtain housing where his/her safety would not be jeopardized AND
- ii. Written observation by the intake worker, a written referral by a housing or service provider, social worker, legal assistance provider, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for domestic violence.

3. AT RISK OF HOMELESSNESS: Acceptable evidence includes:

- A. Annual Income: When determining the **annual income** of an individual or family, the recipient or Sub Recipients must use the standard for calculating annual income under 24 CFR 5.609. Check guidance for further evidence requirements.
- B. Lacks **Evidence of the second eligibility criterion** (“lacks sufficient resources...”) is:
 - i. Source documents - notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears.
 - ii. To the extent that source documents are unobtainable, a written statement by the relevant third party - (e.g., former employer, public administrator, relative) or written certification by the intake staff of the oral verification by the relevant third party that the applicant meets one or both of the criteria of the definition of “at risk of homelessness” OR
 - iii. If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence.

Evidence for documenting at least one of the 7 risk factors is:

- a. Source documents – (notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears).
- b. To the extent that source documents are unobtainable, a written statement by the relevant third party - (e.g., former employer, public administrator, relative) or written certification by the intake staff of the oral verification by the relevant third party that the applicant meets one or both of the criteria of the definition of “at risk of homelessness” or
- c. If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence. (can include staff visit to applicant home to verify eligibility)

IV. INTAKE, ELIGIBILITY ASSESSMENT AND RE-CERTIFICATION

1. Intake

All ESG applicants must participate in an initial consultation to assess needs and to determine program eligibility. The consultation will include; verification of homelessness status or risk for homelessness, Coordinated Entry Assessment, applicant’s barriers to housing stability (Self-Sufficiency Matrix), collection of HMIS universal data elements, and ESG program enrollments as necessary.

Sub recipients will complete the following procedures:

- a. Check HMIS to determine if the applicant profile is current and if currently receiving assistance from any other federal funding sources. Clients cannot receive funding for duplicate services at the same time. A printed HMIS screen can be used as documentation in the applicant’s file.

- b. Collect the required ESG documentation (evidence to establish and verify the client's housing status; copy of documentation to establish annual income; certification that client has insufficient support networks; etc.) as relevant. Complete the Coordinated Entry assessment if Client is literally homeless.
- c. Case Manager will enter required HMIS data in MAACLink (DV agencies will use comparable database approved for ESG) for all program participants.
- d. If client is not eligible for ESG, ESG sub recipients are required to provide documentation regarding non-eligibility and to identify other appropriate service providers (referrals) within the Continuum that can more effectively meet the applicant's needs.

2. Eligibility Assessment for Emergency Shelter, Street Outreach

Eligibility for these programs requires a verification of homelessness. See previous section on documenting housing status. There are no income eligibility requirements for emergency shelter, or street outreach.

3. Income Eligibility Criteria for Prevention and Rapid Re-Housing

To qualify for ESG Rapid Re-Housing funding the household income must be below 30 percent AMI for the geographic area after 12 months of assistance.

To qualify for ESG Homeless Prevention funding the household income must be below 30 percent AMI for the geographic area.

Area Median Income is defined by HUD and updated annually. The most recent guidelines should be used each year. The following site can be accessed to determine AMI:

<http://www.huduser.org/portal/datasets/il/il13/index.html>

Documentation that applicants meet income eligibility guidelines is required for Prevention and Rapid Re- Housing programs. Worksheets have been created to help Sub Recipients determine and document eligibility for both programs.

4. Income Calculations and Changes

A. Annual income

When determining the annual income of an individual or family, the sub recipient must use the standard for calculating annual income under 24 CFR 5.609.

Annual income means all amounts, monetary or not, which:

- a. Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; or
- b. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
- c. Which are not specifically excluded in paragraph (c) of this section.
- d. Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access.

Annual income includes, but is not limited to:

- a. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- b. The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family;
- c. Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;
- d. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount;
- e. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
- f. Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income only to the extent such payments:
 - i. Qualify as assistance under the TANF program definition at 45 CFR 260.31; and
 - ii. Are not otherwise excluded under paragraph (c) of this section.

B. Income Exclusions

Annual income does not include the following:

- a. Income from employment of children (including foster children) under the age of 18 years;
- b. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
- c. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses;
- d. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- e. Income of a live-in aide, as defined in §5.403;
- f. Subject to paragraph (b)(9) of 24 CFR 5.609, the full amount of student financial assistance paid directly to the student or to the educational institution;
- g. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- h. Amounts received under training programs funded by HUD;

- i. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
- j. Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
- k. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the Public Housing Agencies (PHA) governing board. No resident may receive more than one such stipend during the same period of time;
- l. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program;
- m. Temporary, nonrecurring or sporadic income (including gifts);
- n. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
- o. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
- p. Adoption assistance payments in excess of \$480 per adopted child;
- q. [Reserved]
- r. Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts, or any deferred Department of Veterans Affairs disability benefits that are received in a lump sum amount or in prospective monthly amounts.
- s. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;
- t. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
- u. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the Federal Register and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.

C. Re-Certification

Re-certification determines whether or not an individual or family is still eligible for a program and is required for Prevention and Rapid Re-Housing programs. It occurs:

- a. Every 90 days after program enrollment date AND
- b. Annually for those enrolled in programs 1 year after initial enrollment date.

****NOTE: FOR RAPID RE-HOUSING ANNUAL RE-CERTIFICATIONS, HOUSEHOLDS MUST HAVE AN INCOME BELOW 30% AMI. THIS IS REQUIRED BY FEDERAL LAW.**

90 day re-evaluations for Prevention includes determination that the household:

- a. Is below 30% AMI.
- b. Remains at-risk of homelessness
- c. Lacks the financial resources and support networks needed to remain in their housing

*A fourth month of assistance cannot be issued until re-certification is complete.

V. Case Management

1. Mainstream Benefits

All ESG sub recipient agencies are expected to provide case management to all ESG program participants, including connecting program participants to mainstream and other resources. Sub Recipients should use

<https://kscaportalp.dcf.ks.gov/client> to screen for eligibility and apply for State mainstream benefits on behalf of or with program participants.

Sub Recipients must assist each program participant, as needed, to obtain:

- a. Appropriate supportive services, including assistance in obtaining permanent housing, medical health treatment, mental health treatment, counseling, supervision, and other services essential for achieving independent living; **and**
- b. Other Federal, State, local, and private assistance available to assist the program participant in obtaining housing stability, including:
 - i. Medicaid (42 CFR chapter IV, subchapter C);
 - ii. Supplemental Nutrition Assistance Program (7 CFR parts 271– 283);
 - iii. Women, Infants and Children (WIC) (7 CFR part 246);
 - iv. Federal-State Unemployment Insurance Program (20 CFR parts 601– 603, 606, 609, 614–617, 625, 640, 650);
 - v. Social Security Disability Insurance (SSDI) (20 CFR part 404);
 - vi. Supplemental Security Income (SSI) (20 CFR part 416);
 - vii. Child and Adult Care Food Program (42 U.S.C. 1766(t) (7 CFR part 226));
 - viii. Other assistance available under the programs listed in § 576.400(c).

2. Prevention and Rapid Re-Housing Case Management

Housing stability case management is required of Sub Recipients providing homelessness prevention or rapid re- housing assistance.

Sub Recipients must:

- a. Require the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability; **AND**
- b. Develop 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 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.

VI. RENTAL ASSISTANCE REQUIREMENTS

KHRC has not established a mandatory share of rent and utility costs that program participants must contribute while in rapid re-housing and prevention programs. Sub recipients must develop and utilize agency policies and procedures for providing rental assistance that meet the standards of 576.400:

- a. Standards for determining what percentage or amount of rent and utilities costs each program participant must pay while receiving homelessness prevention or rapid re-housing assistance;
- b. Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time; and
- c. Standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant, including the limits, if any, on the homelessness prevention or rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant receive assistance; or the maximum number of times the program participant may receive assistance.

1. Rental Assistance Agreements

Short- and medium-term rental assistance programs require that a program participant and a landlord have a written lease for the provision of rental assistance. In addition, the interim rule also requires a rental assistance agreement between the sub recipient agency and the landlord.

The sub recipient agency may make rental assistance payments only to a landlord with whom the Sub Recipients has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided, including the requirements that apply under this section. The rental assistance agreement must provide that, during the term of the agreement, the owner must give the Sub Recipients 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.

The rental assistance agreement must contain the same payment due date, grace period, and late payment penalty requirements as the program participant's lease.

The rental assistance agreement with the owner must terminate and no further rental assistance payments under that agreement may be made if:

- a. The program participant moves out of the housing for which they have a lease;

- b. The lease terminates and is not renewed; or
- c. The program participant becomes ineligible to receive ESG rental assistance.

2. Late Payments

The sub recipient must make timely payments to each owner in accordance with the rental assistance agreement. The sub recipient is solely responsible for paying late payment penalties that it incurs with non-ESG funds.

3. Leases

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

4. Rent Reasonableness and Fair Market Rent (FMR)

Rental assistance cannot be provided for a housing unit unless the total rent for the unit does not exceed the fair market rent established by HUD, as provided under 24 CFR 982.503, **and** complies with HUD's standard of rent reasonableness, as established under 24 CFR 982.507. These rent restrictions are intended to make sure that program participants can remain in their housing after their ESG assistance ends.

Rent reasonableness and FMR requirements **do not apply** when a program participant receives only financial assistance or services under Housing Stabilization and Relocation Services. This includes rental application fees, security deposits, an initial payment of "last month's rent," utility payments/deposits, and/or moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, legal services, and credit repair.

A. Rent Reasonableness

The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

- i. Rent reasonableness can be determined by accessing <http://kshousingsearch.org/>. Other local resources may be used to obtain information, e.g.: Landlord associations, Apartment guides, Craig's list, apartments.com, classified ads
- ii. Supporting documentation includes a copy of the signed and dated Rent Reasonableness chart.
- iii. The proposed unit must be compared to three (3) other units.

B. Fair Market Rent (FMR)

FMRs are gross rent estimates. The U.S. Department of Housing and Urban Development

(HUD) annually estimates FMRs for 530 metropolitan areas and 2,045 nonmetropolitan county FMR areas. HUD sets FMRs to assure that a sufficient supply of rental housing is available to program participants. By law HUD is required to publish new FMRs at the start of the federal fiscal year, on October 1. Fair Market Rents are updated by HUD every year and can be found online at: <http://www.huduser.org/portal/datasets/fmr.html>

When calculating the whether or not the "Contract Rent" (or the amount payable to the landlord) is at or below the FMR, be sure to add the contract rent to the utility allowance provided by the appropriate housing authority. The monthly utility allowance is calculated only for those utilities that the tenant pays for separately from the rent (i.e. if range and refrigerator are included in the rental price, the monthly allowance for those items would not be used in the calculation). The utility allowance does not include telephone, cable or satellite television service, and internet service. If all utilities are included in the rent, there is no utility allowance. To determine whether or not the proposed unit meets the FMR requirements use this formula:

FMR – Utility costs included in rent per PHA schedule = Maximum contract allowed rent

5. Lead Based Paint Disclosure

Childhood lead poisoning is a major environmental health problem in the United States, especially for low-income families in poor living conditions. If not detected early, children with high levels of lead in their bodies can suffer from damage to the brain and nervous system, behavioral and learning problems (such as hyperactivity), slowed growth, hearing problems, and headaches.

Sub recipients that receive funds for Emergency Shelter, Homeless Prevention and Rapid Re-Housing MUST comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821–4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851–4856), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R.

Most emergency shelters are exempt, because they fall under the definition of zero-bedroom dwellings, which are exempt under the Title X statute. If the shelter does not qualify for the zero-bedroom exemption, it is covered by the regulation.

A zero-bedroom dwelling is defined in section 35.110 as "any residential dwelling in which the living areas are not separated from the sleeping area. The term includes efficiencies, studio apartments, dormitory or single room occupancy housing, military barracks, and rentals of individual rooms in residential dwellings." The term "single room occupancy housing" is defined as "housing consisting of zero-bedroom dwelling units that may contain food preparation or sanitary facilities or both." Group homes are exempt if they consist of "rentals of individual rooms in residential dwellings."

For homeless prevention and rapid re-housing the rule is that a lead-based paint visual assessment must be completed for all units that meet the three following conditions:

- a. The household living in the unit is being assisted with ESG financial assistance (rent assistance, utilities assistance, utility/security deposits, or arrears)
- b. The unit was constructed prior to 1978
- c. A child under the age of six, or a woman who could become pregnant is or may be living in the unit

Shelter recipients should refer to 24 CFR Part 35, subpart K of the implementing regulations for guidance on appropriate steps to carry out.

A. Use with Other Subsidies

ESG financial assistance for rents and utilities cannot be provided to a program participant who is receiving the same type of assistance through other public sources or to a program participant who has been provided with replacement housing payments under the URA, during the period of time covered by Uniform Relocation Act (URA) payments.

Except for a one-time payment of rental arrears on the tenant's portion of the rental payment, rental assistance cannot be provided to a program participant who is receiving tenant-based rental assistance, or living in a housing unit receiving project-based rental assistance or operating assistance, through other public sources. Rental assistance may not be provided to a program participant who has been provided with replacement housing payments under the URA during the period of time covered by the URA payments.

VII. HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

Homeless Management Information System (HMIS) means the information system designated by the Continuum of Care to comply with the 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. HMIS participation is a statutory requirement for ESG recipients and sub recipients. Victim service providers cannot, and Legal Services Organizations may choose to not, participate in HMIS. Providers that do not participate in HMIS must use a comparable database that produces unduplicated, aggregate reports instead.

The sub recipient may use ESG funds to pay the costs of contributing data to the HMIS designated by the Continuum of Care for the area, including the costs of:

- a. Purchasing or leasing computer hardware;
- b. Purchasing software or software licenses;
- c. Purchasing or leasing equipment, including telephones, fax machines, and furniture;
- d. Obtaining technical support;
- e. Leasing office space;
- f. Paying charges for electricity, gas, water, phone service, and high-speed data transmission necessary to operate or contribute data to the HMIS;
- g. Paying salaries for operating HMIS, including:
 - i. Completing data entry;
 - ii. Monitoring and reviewing data quality;
 - iii. Completing data analysis;
 - iv. Reporting to the HMIS Lead;
 - v. Training staff on using the HMIS or comparable database; and
 - vi. Implementing and complying with HMIS requirements;

1. MAACLink

The HMIS designated by the Kansas Balance of State Continuum of Care (KS BoS CoC) is MAACLink. MAACLink is hosted by the Mid America Assistance Coalition of Kansas City Mo. www.maaclink.org

2. Data Quality and Reporting

Data Quality

The KS BoS Data Quality Assurance Plan and Agreement (DQAP) provides a list of policies and procedures to ensure the data integrity of the Kansas Balance of State MAACLink Homeless Management Information System. This is how the BoS CoC ensures that the HMIS is administered in compliance with the CoC Program Interim Rule and in conformance with HMIS Data Standards and related HUD notices.

Agencies provide the following levels of data accuracy and timeliness to ensure data integrity in MAACLink:

- a. All household names are accurate,
- b. Blanks, 'Don't Know' or 'Refused' entries in required data fields do not exceed 5% per month,
- c. All services entered are consistent with the corresponding program,
- d. In all reports of shelter or housing provided for a client, the client is eligible to receive such services from the listed provider per program specific eligibility criteria, and data for intakes and exits by an agency are entered as soon as possible, but no later than 72 hours after the service date.

Reporting

Each ESG agency will run and submit monthly APR's which shall be submitted to KHRC by the fourth working business day of the month following the end of the designated monthly reporting period.

Data Quality Compliance for Domestic Violence (DV) Service Providers

ESG sub recipients who are domestic violence service providers and are providing ESG assistance to victims of domestic violence should not use HMIS, but should use a comparable data base to record client data.

DV providers are expected to comply with the same Data Quality standards as agencies who are not serving victims of domestic violence.

3. Coordinated Entry

HUD requires all CoCs to develop and implement a centralized or coordinated assessment process.

A centralized or coordinated entry process covers the geographic area (CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. The assessment system may vary from community to community based on individual communities' needs. HUD requires all ESG funded Sub recipients to participate in the coordinated entry process designated by the CoC it provides services in.

The KS BoS CoC includes 101 counties organized into 8 Regions. These regions have - Regional Coordinated Entry Teams (RCET) that administer the Coordinated Entry process. The assessment tool to be used across the BoS CoC 101 counties is the Vulnerability Index Services Prioritization Decision Assistance Tool (VI-SPADT). The VI-SPADT is available in MAACLink, and is part of the ESG eligibility process.

VIII. REQUIRED WRITTEN STANDARDS-POLICIES AND PROCEDURES

ESG requires that each sub recipient establish and consistently apply policies and procedures for each ESG program administered by the sub recipient.

At a minimum these written standards must include:

1. Required for ALL PROGRAMS:

- a. Standard policies and procedures for evaluating eligibility.
- b. Policies and procedures for 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 (see §576.400(b) and (c) for a list of programs with which ESG-funded activities must be coordinated and integrated to the maximum extent practicable);
- c. Participation in HMIS or comparable database. The Sub Recipients must ensure that data on all persons served and all activities assisted under ESG are entered into the MAACLink HMIS. If the sub recipient is a victim service provider, a comparable database, must be used to collect client- level data over time (i.e., longitudinal data) and generates unduplicated aggregate reports based on the data.

2. Standards for STREET OUTREACH - at a minimum these written standards must include:

- a. Standards for targeting and providing essential services related to street outreach.

3. Standards for EMERGENCY SHELTER - at a minimum these written standards must include:

- a. Policies and procedures for admission, diversion, referral, and discharge by emergency shelters, including standards regarding length of stay, if any, and safeguards to meet the safety and shelter needs of special populations, [e.g., victims of domestic violence, dating violence, sexual assault, and stalking; and individuals and families who have the highest barriers to housing and are likely to be homeless the longest].
- b. Policies and procedures for assessing, prioritizing, and reassessing needs for essential services related to emergency shelter.

4. Standards for PREVENTION and RAPID RE-HOUSING - at a minimum these written standards must include:

- a. Policies and procedures for determining and prioritizing homelessness prevention and rapid re-housing assistance;
- b. Standards for determining what percentage or amount of rent and utilities costs, if any, each program participant must pay while receiving homelessness prevention or rapid re-housing assistance;
- c. Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time,
- d. Standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide, including the limits, if any, on the homelessness prevention or rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance, maximum

number of months in the program; or the maximum number of times the program participant may receive assistance.

IX. PERFORMANCE STANDARDS AND MEASURES

1. Objectives for the ESG program

- a. Engage homeless individuals and families living on the street;
- b. Improve the number and quality of emergency shelters for homeless individuals and families;
- c. Help operate these shelters;
- d. Provide essential services to shelter residents,
- e. Rapidly re-house homeless individuals and families, and
- f. Prevent families and individuals from becoming homeless.

2. Overall Goals

- a. Reduce the number of unsheltered individuals and families
- b. Reduce length of stay for clients in emergency shelters. Length of stay should generally be no longer than 90 days for shelters.
- c. Increase placements into permanent housing for homeless individuals and families from Emergency Shelter.
- d. Prevent individuals and families from becoming homeless – either unsheltered or sheltered
- e. Increase the percentage of individuals and families remaining in permanent housing. Increase income or access to mainstream benefits for program participants while in the ESG program.

3. Performance Measurements

A. Emergency Shelter

- i. 75% of clients with more than 90 days in shelter exit to permanent destinations
- ii. 75 % of clients with less than 90 days in shelter exit to destinations other than homelessness

B. Street Outreach

- i. 50% of clients will access housing (ES, TH, SH, PH or PSH)
- ii. 75% of clients will access Essential Services

C. Homeless Prevention

- i. 75% of clients will maintain Permanent Housing for six (6) months.
- ii. 75% of clients will access permanent housing

D. Rapid Re-Housing

- i. 75% of clients will maintain Permanent Housing for six (6) months.
- ii. 75% of clients will access permanent housing

X. TERMINATION

As part of each program's policies and procedures, Sub Recipients must develop policies regarding termination of assistance to participants, complaints, appeals, and confidentiality procedures.

1. Terminating Assistance

If a program participant violates program requirements, the Sub Recipient may terminate the assistance in accordance with a formal process established by the Sub Recipient, and approved by the Recipient, that recognizes the rights of individuals affected. The Sub Recipient must exercise judgment and 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.

2. Homeless Prevention and Rapid Re-Housing Terminations

To terminate rental assistance or housing relocation and stabilization services to a program participant, the required formal process, at a minimum, must consist of:

- a. Written notice to the program participant containing a clear statement of the reasons for termination;
- b. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; **AND**
- c. Prompt written notice of the final decision to the program participant.

Ability to Provide Further Assistance

Termination does not bar the Sub Recipient from providing further assistance at a later date to the same family or individual.

XI. GRANT ADMINISTRATION REQUIREMENTS

The sub recipient must have policies and procedures to ensure the requirements 24 CFR 576 are met, including those required by 2 CFR part 200. The policies and procedures must be established in writing and implemented by the sub recipient to ensure that ESG funds are used in accordance with the requirements. In addition, sufficient records must be established and maintained to enable the recipient and HUD to determine whether ESG requirements are being met.

1. 2CFR 200 Subpart D – Post Federal Award Requirements

Financial Management

The financial management system of each sub recipient must provide for the following (see also §§200.333 Retention requirements for records, 200.334 Requests for transfer of records, 200.335 Methods for collection, transmission and storage of information, 200.336 Access to records, and 200.337 Restrictions on public access to records):.

Internal Controls

Sub recipients must establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States or the “Internal Control Integrated Framework”, issued by the Committee of sponsoring Organizations of the Treadway Commission (COSO).

1. ELIGIBILITY FORMS

- a. Staff Affidavit
- b. Homeless Certification
- c. Self-Certification
- d. Homeless Prevention Certification

EMERGENCY SOLUTIONS GRANT

STAFF AFFIDAVIT OF ELIGIBILITY FOR ESG

Purpose: This form serves as documentation that:

1. The program participant(s) named below meets all eligibility criteria for ESG assistance;
2. This eligibility determination is based on true and complete information;
3. Neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties; and
4. This eligibility has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.

Instruction: This form must be completed for each program participant upon the determination of his or eligibility for ESG assistance. This form must be signed and dated by the ESG staff person who makes this determination and that person's supervisor and kept in the program participant's case file. *This form will remain valid, unless a different staff person re-determines the program participant's eligibility, at which time a new affidavit is required.*

Head of Household Name:
**Names of Other Household Members:

*****All members in the household that will benefit from ESG assistance should be listed.***

Required Certifications: Each person signing below certifies to the following:

1. To the best of my knowledge, the program participant named above meets all requirements to receive assistance under the ESG program;
2. To the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete;
3. I am not related to the program participant through family, business or other personal ties;
4. To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination;
5. I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to 18 U.S.C. 1001 and 18 U.S.C. 641;
6. I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

ESG Staff Signature: _____ **Date:** _____

ESG Supervisor Signature: _____ **Date:** _____

**EMERGENCY SOLUTIONS GRANT
HOMELESS CERTIFICATION**

ESG Applicant Name: _____

- ☐ Individual without dependent children (complete one form for each household)
☐ Household with dependent children (complete one form for each adult household member) Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation. Check only ONE BOX and ONLY complete that section.

***IMPORTANT: THIRD PARTY EVIDENCE MUST BE ATTACHED TO THIS FORM IN ORDER TO CERTIFY HOMELESSNESS.**

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

- ☐ The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

Description of current living situation: _____

Homeless Street Outreach Program Name: _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.)

Authorized Referral Agency Representative Signature: _____ Date: _____

Living Situation: Emergency Shelter

☐ DV Shelter? (check if "yes")

- ☐ The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: _____

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Authorized Shelter Agency Representative Signature: _____ Date: _____

**EMERGENCY SOLUTIONS GRANT
SELF CERTIFICATION**

Instructions: This form is to be completed by applicants or program participants when they are unable to provide required verifications or other documents and self-certification is the only way the agency is able to verify information related to the ESG program eligibility.

ESG Applicant Name: _____

- ☐ Household without dependent children (complete one form for each adult in household)
☐ Household with dependent children (complete one form for each adult in household)
Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.

Check only one:

- ☐ I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).
- ☐ I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse, have not identified a subsequent residence, and lack the resources or support networks, e.g., family, friends, faith-based, or other social networks, needed to obtain housing where my/our safety would not be jeopardized.
- ☐ I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next _____ days.

I certify that I have insufficient financial resources and support networks; e.g., family, friends, faith-based or other social networks, immediately available to obtain housing or to attain housing stability without ESG assistance. I certify that the information above and any other information I have provided in applying for ESG assistance is true, accurate and complete.

ESG Applicant Signature: _____ Date: _____

ESG Staff Certification

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempts made for third-party verification:

ESG Staff Signature: _____ Date: _____

**EMERGENCY SOLUTIONS GRANT
HOMELESS PREVENTION CERTIFICATION**

ESG Applicant Name: _____

Address from which Applicant is being evicted: _____

- ☐ Individual without dependent children (complete one form for each adult in the household)
☐ Household with dependent children (complete one form for each adult in the household)
Number of persons in the household: _____

This is to certify that the above named individual or household is currently at risk for homeless based on the information indicated below and signature indicating their current housing status.

***IMPORTANT: THIRD PARTY EVIDENCE, INCLUDING WRITTEN STATEMENTS, [(B) and (C) below], MUST BE ATTACHED TO THIS FORM IN ORDER TO CERTIFY AT-RISK STATUS.**

Living Situation: Facing Eviction

☐ The person/household named above is currently living in rental housing from which he/she/they is/are being evicted. ESG assistance provided will not overlap with other federal funding sources.

The individual or family:

1. Has income below 30 percent of median income for the geographic area (see income documentation form); **AND**
2. Lacks sufficient resources to attain housing stability. *[e.g., family, friends, faith-based or other social networks immediately available]* to prevent them from moving to an emergency shelter or another place described in category 1 of the homeless definition.

Evidence of the second eligibility criterion (#2 above) for this Applicant is:

- ☐ (A) Source documents (*e.g., notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears*).
- ☐ (B) To the extent that source documents are unobtainable, a written statement by the relevant third party (*e.g., former employer, public administrator, relative*) or written certification by the intake staff of the oral verification by the relevant third party that the applicant meets one or both of the criteria of the definition of "at risk of homelessness" or
- ☐ (C) If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence.

The person(s) listed above meet one or more of the following risk factors:

- ☐ (1) Has moved frequently because of economic reasons
- ☐ (2) Is living in the home of another because of economic hardship
- ☐ (3) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application
- ☐ (4) Lives in a hotel or motel; "and the cost of the hotel or motel is not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations"
- ☐ (5) Lives in severely overcrowded housing; (in a single-room occupancy or efficiency apartment unit in which more than two persons, on average, reside or another type of housing in which there reside more than 1.5 persons per room, as defined by the U.S. Census Bureau.)
- ☐ (6) Is exiting a publicly funded institution; or system of care, (such as a health-care facility, mental health facility, foster care or other youth facility, or correction program or institution)
- ☐ (7) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness

**EMERGENCY SOLUTIONS GRANT
HOMELESS PREVENTION CERTIFICATION**

Evidence of risk factors for this Applicant is:

- ☐ A. Source documents, must be attached w/ form (e.g., notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears).
- ☐ B. To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., former employer, public administrator, relative) or written certification by the intake staff of the oral verification by the relevant third party **or**
- ☐ C. If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence.

Third Party Certification

I certify that I have provided verification as indicated above that the ESG Applicant meets eligibility criteria and/or risk factors for being "at-risk" of homelessness.

Relevant Third-Party Representative Signature: _____ Date: _____

ESG Staff Certification [Oral third party verification (B)]

I understand that securing source documents is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance, but cannot obtain source documents.

Below I am providing details of oral third party verification of eligibility or risk factors.

Oral verification by the relevant third party was made on _____ (date) with _____ Relevant Third-Party Representative

ESG Staff Signature: _____ Date: _____

ESG Staff Certification [Intake worker written verification (C)]

I understand that obtaining third party verification of eligibility or risk factors is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance, but cannot meet this standard. I made the following efforts to obtain third party verification:

ESG Staff Signature: _____ Date: _____

2. INCOME

- d. Income Calculation Worksheet
- e. Verification of Income
- f. Verification Tracking of Income

EMERGENCY SOLUTIONS GRANT
INCOME CALCULATION WORKSHEET

*Must be completed for all household members age 18 or older with income.

Head of Household Name	<input type="checkbox"/> Intake/Screening <input type="checkbox"/> 3 Month Recertification				
Annual Income (listed on ESG Screening Intake)*					
Family Member	Wages/ Salaries	Benefits/Pensions	Public Assistance	Other Income	Total
Total Anticipated Income					
TOTAL Gross Annual Income					
% AMI					
Gross Income Must be Below 30% AMI to be Eligible for Prevention:					YES NO
Contract Rent					
	Gas	Electric	Propane	Fuel Oil	Other
Heating					
Cooking					
Hot Water					
Water					
Electricity					
Sewer					
Trash					
Air Conditioning					
Total Utility Allowance					
Gross Rent (Contract Rent + Total Utility Allowance = Gross Rent)					

****Eligibility**

Prevention: Gross Annual Household Income at admission and recertification must be below 30% of the AMI.
 Yes ☐ No ☐

Household income must be verified and documented every 3 months.

Verified By: _____

Date: _____



EMERGENCY SOLUTIONS GRANT

VERIFICATION OF INCOME

ESG Applicant Name: _____

Instructions for Employer/Payment Source Representative: This is to certify the income received by the above named individual for purposes of participating in the ESG program. This information will be used only to determine the eligibility status and level of benefit of the household. **Complete only the selected section below that includes an authorization to release information.**

Please return this form to:

Name & Title: _____
Address: _____
Email: _____

Phone: _____
Fax: _____

☐ Employment Income

ESG Applicant Release: I hereby authorize the release of the following employment information.

ESG Applicant Signature: _____ Date: _____

Employer representative to complete this section:

The person named above is employed by _____ since _____.
He/she is paid \$ _____ on a _____ basis and is currently working an average of _____ hours per _____.

Additional compensation please specify (if any): _____

Probability of continued employment: _____

Authorized Employer Representative

Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____

☐ Payments and/or Benefit Income (complete one form for each distinct source of income for person named above)

CIRCLE ONE: Social Security/SSI Pension /Retirement TANF
Public Assistance Unemployment Compensation Workers Compensation
Alimony Payments Foster Care Payments Child Support Payments
Armed Forces Income
Other (pls. specify): _____

ESG Applicant Release: I hereby authorize the release of the following payment and/or benefit information.

ESG Applicant Signature: _____ Date: _____

Payment source representative to complete this section:

Payments or benefits in the amount of \$ _____ are paid on a _____ basis.
The expected duration of the payments or benefits is _____.

Authorized Payment Source Representative

Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____

EMERGENCY SOLUTIONS GRANT

VERIFICATION TRACKING OF INCOME

****Household members 18 or older with zero income must complete Step 5.**

Each Household member 18 or older: _____ Date _____

☐ Intake/Screening

☐ 3-month Certification

Agencies must record all attempts to obtain required verifications in the order specified:

Step 1. Third Party Source: Were verification documents provided by the client?

☐ Yes – Complete calculation worksheet.

☐ No – Proceed to Third Party Written. (Provide explanation). **Go to Step 2 if income could not be verified in Step 1.** _____

Step 2. Third Party Written: Send ESG Verification of Income, to Income Source(s).

Date Form(s) sent/faxed: _____ (Retain copy of form(s) in client file)

☐ Documents received within 10 business days – Complete calculation worksheet.

☐ Documents not received within 10 business days – Proceed to Third Party Oral. **Go to Step 3 if income could not be verified in Step 2.**

Step 3. Third Party Oral: Intake staff contacts third-party sources identified by the household.

Record date, source(s) contacted and income information or reason(s) for not obtaining information:

If sufficient income information is provided, complete Calculation Worksheet to determine eligibility; otherwise, **proceed to Step 4, Self-Certification.**

☐ I certify, under penalty of perjury, this information is true and correct to the best of my knowledge.

Intake Staff Signature: _____ **Date:** _____

Step 4. Self-Certification: **ONLY use Step 4 to verify income after attempting and documenting Steps 1, 2 & 3.**

☐ I certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge.

Source: _____	Amt. _____	Frequency: _____
Source: _____	Amt. _____	Frequency: _____
Source: _____	Amt. _____	Frequency: _____

Step 5. Zero Income: (Each household member 18 or older with zero income must sign)

☐ I certify, under penalty of perjury, that I do not have income from any source at this time. This is true and correct to the best of my knowledge.

Client Signature: _____ **Date:** _____

3. INTAKE / ASSESSMENT

- d. Self Sufficiency Matrix
- e. Housing Stability Plan
- f. VI-SPDAT (coordinated entry assessment and release)

Self-Sufficiency Matrix

Participant Name: _____

Assessment Date: _____

Initial ____ Interim ____ Exit ____

Domain	1	2	3	4	5
Housing	Currently homeless, in temporary housing/shelter, or involuntarily doubled up; OR has eviction notice	In substandard housing OR receiving short-term rental assistance OR threatened eviction or foreclosure OR monthly rent is > 41% of monthly income	Living in subsidized or transitional housing OR monthly rent is 36-40% of monthly income	Secure home ownership or renting private housing with limitations of choice due to income, AND/OR rent is 31-35% of monthly income	Home ownership or renting private housing in neighborhood of choice AND/OR rent is 30% or below of monthly income
Food	No food or means to prepare it.	Relies completely on food stamps and/or other sources of free food	Utilizes food stamps and/or food pantries to supplement food budget	Meets basic food needs with occasional assistance	Can meet basic food needs without assistance
Income	No income. Basic needs are not met	Inadequate income for meeting basic needs	Income is adequate for meeting basic needs	Income is sufficient and stable, adequate for paying bills, provides for some saving, ability to purchase occasional non-essential items	Income is sufficient and stable, adequate for paying bills AND provides for savings and ability to purchase non-essential items
Transportation	No access to transportation; may have inoperable car	Rarely has transportation needs met through public transportation, car, or ride	Transportation needs are sometimes met through public transportation, car, or ride	Has transportation needs met most of the time through public transportation, car, or ride	Always has transportation needs met through public transportation, car, or ride
Employment	No job	Temporary, part-time or seasonal; inadequate pay, no benefits	Employed full time; inadequate pay; few or no benefits	Employed full time with adequate pay and benefits	Maintains permanent employment with adequate income and benefits
Health Care	No medical coverage; immediate need	No medical coverage; difficulty accessing care when needed	Some members (e.g. children) have medical coverage	All members can get medical care when needed; may strain budget	All members are covered by affordable, adequate health insurance
Adult Education	No GED or high school diploma and is not enrolled in literacy, high school or GED program	Enrolled in literacy or GED program; has basic reading, writing, and math skills	Has high school diploma/GED and basic use of English and/or is enrolled in ESL program if applicable	Enrolled in post high school vocational education, technical or professional training, or some college credits	Obtained professional certification or training and/or obtained associates, bachelors, masters, or doctorate degree
Child Education	One or more school-aged children not enrolled in school	One or more school-aged children enrolled in school and has truancy or behavioral issues or is not meeting academic expectations	Enrolled in school with one or more children having occasional truancy or behavioral issues; meets academic expectations	Enrolled in school and attending most of the time with no behavioral issues; meets academic expectations	All school-aged children enrolled and attending on a regular basis
Childcare	Needs childcare, but none is available/accessible and/or child is not eligible	Childcare is unreliable or unaffordable	Affordable subsidized childcare is available but limited	Reliable, affordable childcare is available	Can select childcare of choice
Parenting Skills	Safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills exist and can be more fully developed	Parenting skills are adequate	Parenting skills are well developed
Support System	Has no personal support systems and no knowledge of available community supports	Has no personal support systems but knows where to go in the community for help when experiencing a need or crisis	1-3 personal supports and basic community networks are available in times of need	3-5 personal supports available and is connected with at least one community support network (e.g. non-profit, church, etc.)	Has 5 or more personal supports readily available and is able to give support in return; is active and/or knowledgeable about community support networks

Domain	1	2	3	4	5
Relationship Safety	Home or residence is unsafe; immediate level of lethality is high; possible CPS involvement	Safety is threatened	Current level of safety is minimally adequate; ongoing safety planning is essential	Environment is safe with uncertainty regarding future safety; planning is important	Environment appears to be safe and stable
Substance Use	Severe alcohol abuse and/or chemical dependence; institutional living or hospitalization may be necessary. Help not sought	Significant abuse of substances resulting in chronic family/work difficulties	Occasional abuse of substances. Use has a tendency to lead to an abuse pattern and negative consequences. Currently participating in substance abuse services	Occasional use of substances but no evidence of dangerous or continued use	No drug use. May use alcohol minimally and prescription drugs as prescribed
Physical Health	Untreated and chronic medical and life threatening conditions; inconsistent to minimal follow-up care	Chronic medical conditions, potentially life threatening; inconsistent follow-up care	Chronic illness generally well managed; attempts to make and keep regular medical and dental appointments	Stable chronic illness; maintains preventive medical and dental care	No chronic illness; maintains preventive medical and dental care
Mental Health	Experiencing severe difficulty in day to day life due to mental health challenges. Mental health needs not being met. Doesn't know where to get help	Feels that mental health symptoms may get in the way of daily living. Not sure what to do or where to go for help. Could benefit from mental health services.	Identified mental health need and working towards getting them met. Is accessing mental health services.	Mental health needs being managed. Minimal symptoms that are expected responses to life stressors	Feels good about mental health; doesn't need any assistance in this area. Knows where to go for affordable assistance if help is needed
Workplace Skills	Negative or no work history; unable to obtain and retain employment in any field	Limited or inconsistent work history < 1 yr	Established work history of 1-2 years; has some skills that offer potential for obtaining comparable position	Established work history of 2-5 years; has skills that offer potential for obtaining comparable position	Established work history > 5 yrs at a single place of employment or within the same field
Criminal Justice System	Current outstanding warrants or tickets; OR has had felony conviction or arrest in past year	Current charges/trial pending; noncompliance with probation/parole; OR extensive criminal history	Currently on probation/parole and is fully compliant; OR moderate criminal history	Has successfully completed probation/parole within past 12 months with no new charges; OR minor criminal history	No criminal history
Legal (non-criminal)	Has significant legal problems and is not addressing them	Has identified legal problems but is unable to proceed without legal assistance	Has responded to legal issues with appropriate legal assistance	Has legal representation and issues are moving towards resolution	No legal issues or legal issues have been resolved
Money Management	No knowledge or use of money management skills	Knows importance of basic money management; has limited knowledge and use of money management skills	Some knowledge and use of money management skills	Able to save sporadically; knows about and sometimes uses money management skills	Able to save consistently; regularly uses money management skills
Life Skills	Has not learned household management skills and has significant challenges managing household	Has limited skills or capacity to manage household	Has some skills and capacity to manage household	Has solid skills and capacity to manage household	Has comprehensive skills and capacity to manage household

**EMERGENCY SOLUTIONS GRANT
HOUSING STABILITY PLAN**

A stability plan **MUST** be developed with clients after ESG eligibility is determined and before ESG funds are used to assist the client towards the goal of independent living. This stability plan should address any specific issues that have been identified during the intake process and the discussion about available mainstream resources. The plan should include goals, strategies, and steps for achieving each goal, target completion dates, and dates goals are achieved.

Client Name: _____

Date: ____ / ____ / ____)

Case Manager: _____

Frequency of Contact: _____

Domain 1: HOUSING

Goal	Strategies/Steps	Target Date	Dated Achieved	Notes
1.	1.			
	2.			
	3.			
2.	1.			
	2.			
	3.			

Domain 2: _____

Goal	Strategies/Steps	Target Date	Date Achieved	Notes
1.	1.			
	2.			
	3.			
2.	1.			
	2.			
	3.			

Domain 3: _____

Goal	Strategies/Steps	Target Date	Date Achieved	Notes
1.	1.			
	2.			
	3.			
2.	1.			
	2.			
	3.			

Domain 4: _____

Goal	Strategies/Steps	Target Date	Date Achieved	Notes
1.	1.			
	2.			
	3.			
2.	1.			
	2.			
	3.			

Progress Summary: _____

Client Name: _____

Case Manager: _____



(rev. August 5, 2016)

Script: We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you some questions for about 10 minutes. These questions are about your health and housing and we will also ask for your social security number. By participating in the interview you give permission to the agency marked below to provide your information to authorized agencies for the purpose of furthering services and housing in this community. Some of the questions we ask might make you feel uncomfortable or be upsetting. If you feel uncomfortable or upset during the interview, you may ask me to take a break or skip any of the questions. The information that you tell us during the interview will be stored in a secure database and also be shared with outreach workers and case managers who will follow up with you for services. All of your information will be kept secure and individuals who will see it have signed confidentiality waivers and will not share your information. You can skip any questions you do not want to answer or end the interview at any point. At any time you can request that your information be removed from the database. No one will be upset or angry if you decide not to be interviewed today.

Client Consent and Release of Information

MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to (agency): _____
to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other people with special needs in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- All agencies that use MAACLink will treat my information in a professional and confidential manner.
- Signing this release form does not guarantee that I will receive assistance.
- I have the right to a printed copy of my MAACLink file.

Each MAACLink agency will require you to sign this form at least annually. If after you sign this form you decide you no longer would like your information entered into MAACLink, please complete the Client Revocation Form. If you do not revoke this authorization, it will automatically expire on _____ or one year from the date you sign and date this form.

Client profile

Client's first name:	Client's nickname:
Client's last name:	Social security number:
Client has consented to participate: <input type="radio"/> Yes <input type="radio"/> No	Client signature:
How old are you?	What is your date of birth?
In what language do you feel best able to express yourself?	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender Male to Female <input type="radio"/> Transgender Female to Male <input type="radio"/> Other <input type="radio"/> Don't Know <input type="radio"/> Refused

Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino <input type="radio"/> Don't Know <input type="radio"/> Refused	Race (mark all client identifies as): <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian / Pacific Islander <input type="radio"/> Don't Know <input type="radio"/> Refused
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Surveyor's name (please print): <div style="text-align: right;"><input type="radio"/> Staff <input type="radio"/> Volunteer</div>	Surveyor's signature:
Assessment date & time:	

Script: *I am going to ask you some questions about the other members of your household, if there are any. Your "household" means people who stayed with you last night that you consider family members.*

Household member #2 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race (mark one): <input type="radio"/> Multi-racial <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused

Is this person eligible for VA medical services? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Household member #3 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race (mark one): <input type="radio"/> Multi-racial <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused

Is this person eligible for VA medical services? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Household member #4 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race: <input type="radio"/> Multi-racial <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused

Is this person eligible for VA medical services? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Household member #5 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race (mark one): <input type="radio"/> Multi-racial <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused

Is this person eligible for VA medical services? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Household member #6 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race: <input type="radio"/> Multi-racial <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused

Is this person eligible for VA medical services? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Surveyor, complete the following questions about where this survey took place.

Location: <input type="radio"/> Un-sheltered <input type="radio"/> Sheltered (Emergency Shelter) <input type="radio"/> Sheltered (Transitional Housing) <input type="radio"/> Sheltered (Safe Haven)	County:
Survey site (agency, street intersection, landmark, etc.):	

Have you ever served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Are you eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure <input type="radio"/> Refused
What are/were your approximate dates of US military service? Beginning month: Year: Ending month: Year:	What was the character of your discharge? <input type="radio"/> Honorable <input type="radio"/> Other than honorable <input type="radio"/> Bad conduct <input type="radio"/> Dishonorable <input type="radio"/> Refused

Script: I am going to ask you some questions about all the times you have had interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

1. What is the total length of time you have lived on the streets or in shelters? Years: _____ Months: _____ <input type="radio"/> Refused	2. In the past three years, how many times have you been housed and then homeless again? <input type="radio"/> Refused
3. In the past six months, how many times have you been to the emergency department/room? <input type="radio"/> Refused	4. In the past six months, how many times have you had an interaction with the police? <input type="radio"/> Refused
5. In the past six months, how many times have you been taken to the hospital in an ambulance? <input type="radio"/> Refused	6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines? <input type="radio"/> Refused
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital? <input type="radio"/> Refused	8. Have you been attacked or beaten up since becoming homeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
9. Have you threatened to or tried to harm yourself in the last year? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	10. Do you have any legal stuff going on right now that may result in being locked up or having to pay fines? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
11. Does anybody force or trick you to do things that you do not want to do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	12. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.) <input type="radio"/> Shelter <input type="radio"/> Street, sidewalk, or doorway <input type="radio"/> Car, van, or RV <input type="radio"/> Bus <input type="radio"/> Riverbed or park <input type="radio"/> Other (specify): _____	
14. Is there anybody that thinks you owe them money? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
16. Do you have enough money to meet all of your expenses on a monthly basis? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
18. Do you have any friends, family, or other people in your life out of convenience or necessity, but you do not like their company? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	19. Do any friends, family, or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
20. (Observe only, do not ask!) Surveyor, do you detect signs of poor hygiene or daily living skills? <input type="radio"/> Yes <input type="radio"/> No	
21. Where do you usually go for healthcare or when you're not feeling well? <input type="radio"/> Hospital <input type="radio"/> Clinic <input type="radio"/> VA <input type="radio"/> Other (specify): _____ <input type="radio"/> Does not go for care	
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:	
22. Kidney disease, end stage renal disease, or dialysis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
23. History of frostbite, hypothermia, or immersion foot	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
24. Liver disease, cirrhosis, or end-stage liver disease	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
25. HIV+/AIDS	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
26. History of heat stroke or heat exhaustion	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
27. Heart disease, arrhythmia, or irregular heartbeat	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
28. Emphysema	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
29. Diabetes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
30. Asthma	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
31. Cancer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
32. Hepatitis C	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
33. Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
34. (Observe only, do not ask!) Surveyor, do you observe signs or symptoms of a serious health condition? <input type="radio"/> Yes <input type="radio"/> No	35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	37. Have you ever used injection drugs or shots in the last six months? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
40. Have you blacked out because of your alcohol or drug use in the past month? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	41. (Observe only, do not ask!) Surveyor, do you observe signs or symptoms of problematic alcohol or drug abuse? <input type="radio"/> Yes <input type="radio"/> No
42. Have you ever been taken to a hospital against your will for a mental health reason? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	43. Have you ever gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
44. Have you ever spoken with a psychiatrist, psychologist, or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	45. Have you ever had a serious brain injury or head trauma? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
46. Have you ever been told you have a learning disability or developmental disability? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	47. Have you ever have any problems concentrating and/or remembering things? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
48. (Observe only, do not ask!) Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning? <input type="radio"/> Yes <input type="radio"/> No	49. Have you had any medicines prescribed by a doctor that were not taken or that were sold, stolen, misplaced, or where the prescriptions were never filled? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
50. Yes or No – Have you experienced any emotional, physical, psychological, sexual, or other type of abuse or trauma in your life which help was not sought for, and/or which has caused your homelessness? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Have you ever been in foster care? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Have you ever been in jail? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Have you ever been in prison? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Do you have a permanent physical disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	What kind of health insurance do you have, if any? (Check all that apply) <input type="radio"/> Medicaid <input type="radio"/> Medicare <input type="radio"/> VA <input type="radio"/> Private insurance <input type="radio"/> None <input type="radio"/> Other (specify): _____
Do you receive SSI or SSDI? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
Have you ever been told you have a substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, serious brain injury, chronic physical illness, or physical disability? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
Is this the first time you have been homeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	How long have you been homeless this time? Only include time spent staying in shelters and/or on the streets. Years: _____ Months: _____ Weeks: _____ Days: _____ <input type="radio"/> Don't Know <input type="radio"/> Refused
Including this time, how many separate times have you stayed in shelters or on the streets in the past 3 years (i.e. since January 2013)? "Separate times" means you stayed somewhere other than in shelters or on the streets for 7 or more consecutive nights. <input type="radio"/> 4 or more times <input type="radio"/> Less than 4 times <input type="radio"/> Don't Know <input type="radio"/> Refused	In total, how long did you stay in shelters or on the streets for those times? Years: _____ Months: _____ Weeks: _____ Days: _____ <input type="radio"/> Don't Know <input type="radio"/> Refused
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	Is there a phone number and/or email where someone can get in touch with you or leave you a message? If yes, what is it?
Date entered in MAACLink:	Entered by:
<input type="radio"/> Self-reported HUD chronic homelessness (1. Client receives SSI/SSDI or has a disabling condition AND 2. either 12+ months homeless this time OR 4+ times in past three years adding up to 12+ months homeless)	
Single youth-only questions (ages 24 and under)	
Did you ever become homeless because you ran away from your family home? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Did you ever become homeless because you ran away from your group home or foster home? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

<p>Did you ever become homeless because there was violence at home between family members?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused</p>	<p>Did you ever become homeless because you had differences in religious or moral beliefs with parents/guardians/caregivers?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused</p>
<p>Are you currently in foster care or custody of the state?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused</p>	<p>How old were you when you tried marijuana for the first time?</p> <p><input type="radio"/> Under 13 <input type="radio"/> 13-19 <input type="radio"/> 20+ <input type="radio"/> Have not tried it <input type="radio"/> Refused</p>
<p>Before your 19th birthday, did you spend any time in jail or detention? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused</p>	<p>Have you ever been pregnant or got someone else pregnant?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused</p>

(rev. August 5, 2016)

Script: We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you some questions for about 10 minutes. These questions are about your health and housing. By participating in the interview you give permission to the agency marked below to provide your information to authorized agencies for the purpose of furthering services and housing in this community. We will not provide identifying information to others outside of this agency and your file will be given non-identifying unique identifiers. Some of the questions we ask might make you feel uncomfortable or be upsetting. If you feel uncomfortable or upset during the interview, you may ask me to take a break or skip any of the questions. The information that you tell us during the interview will be stored in a secure database and also be shared with outreach workers and case managers who will follow up with you for services. All of your information will be kept secure and individuals who will see it have signed confidentiality waivers and will not share your information. You can skip any questions you do not want to answer or end the interview at any point. At any time you can request that your information be removed from the database. No one will be upset or angry if you decide not to be interviewed today.

Client Consent and Release of Information

I give permission to the: _____
to collect my personal and household information.

I understand that:

- All agencies will treat my information in a professional and confidential manner.
- Signing this release form does not guarantee that I will receive assistance.

If you do not revoke this authorization, it will automatically expire on _____ or one year from the date you sign and date this form.

Client profile	
Client's first name:	Client's nickname:
Client's last name:	
Client has consented to participate: <input type="radio"/> Yes <input type="radio"/> No	Client signature:
How old are you?	
In what language do you feel best able to express yourself?	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender Male to Female <input type="radio"/> Transgender Female to Male <input type="radio"/> Other <input type="radio"/> Don't Know <input type="radio"/> Refused
Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino <input type="radio"/> Don't Know <input type="radio"/> Refused	Race (mark all client identifies as): <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian / Pacific Islander <input type="radio"/> Don't Know <input type="radio"/> Refused

Surveyor's name (please print): <input type="radio"/> Staff <input type="radio"/> Volunteer	Surveyor's signature:
Assessment date & time:	

Script: I am going to ask you some questions about the other members of your household, if there are any. Your "household" means people who stayed with you last night that you consider family members.

Household member #2 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino

Race (mark one): <input type="radio"/> Multi-racial <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
Is this person eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
Household member #3 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race (mark one): <input type="radio"/> Multi-racial <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
Is this person eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
Household member #4 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race: <input type="radio"/> Multi-racial <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
Is this person eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
Household member #5 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race (mark one): <input type="radio"/> Multi-racial <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
Is this person eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
Household member #6 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race: <input type="radio"/> Multi-racial <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
Is this person eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	

Surveyor, complete the following questions about where this survey took place.

Location: <input type="radio"/> Un-sheltered <input type="radio"/> Sheltered (Emergency Shelter) <input type="radio"/> Sheltered (Transitional Housing) <input type="radio"/> Sheltered (Safe Haven)	County:
Survey site (agency, street intersection, landmark, etc.):	
Have you ever served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Are you eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure <input type="radio"/> Refused
What are/were your approximate dates of US military service? Beginning month: Year: Ending month: Year:	What was the character of your discharge? <input type="radio"/> Honorable <input type="radio"/> Other than honorable <input type="radio"/> Bad conduct <input type="radio"/> Dishonorable <input type="radio"/> Refused

Script: I am going to ask you some questions about all the times you have had interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

1. What is the total length of time you have lived on the streets or in shelters? Years: Months: <input type="radio"/> Refused	2. In the past three years, how many times have you been housed and then homeless again? <input type="radio"/> Refused
3. In the past six months, how many times have you been to the emergency department/room? <input type="radio"/> Refused	4. In the past six months, how many times have you had an interaction with the police? <input type="radio"/> Refused
5. In the past six months, how many times have you been taken to the hospital in an ambulance? <input type="radio"/> Refused	6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines? <input type="radio"/> Refused
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital? <input type="radio"/> Refused	8. Have you been attacked or beaten up since becoming homeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

9. Have you threatened to or tried to harm yourself in the last year? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	10. Do you have any legal stuff going on right now that may result in being locked up or having to pay fines? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
11. Does anybody force or trick you to do things that you do not want to do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	12. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.) <input type="radio"/> Shelter <input type="radio"/> Street, sidewalk, or doorway <input type="radio"/> Car, van, or RV <input type="radio"/> Bus <input type="radio"/> Riverbed or park <input type="radio"/> Other (specify): _____	
14. Is there anybody that thinks you owe them money? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
16. Do you have enough money to meet all of your expenses on a monthly basis? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
18. Do you have any friends, family, or other people in your life out of convenience or necessity, but you do not like their company? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	19. Do any friends, family, or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
20. (Observe only, do not ask!) Surveyor, do you detect signs of poor hygiene or daily living skills? <input type="radio"/> Yes <input type="radio"/> No	
21. Where do you usually go for healthcare or when you're not feeling well? <input type="radio"/> Hospital <input type="radio"/> Clinic <input type="radio"/> VA <input type="radio"/> Other (specify): _____ <input type="radio"/> Does not go for care	
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:	
22. Kidney disease, end stage renal disease, or dialysis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
23. History of frostbite, hypothermia, or immersion foot	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
24. Liver disease, cirrhosis, or end-stage liver disease	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
25. HIV+/AIDS	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
26. History of heat stroke or heat exhaustion	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
27. Heart disease, arrhythmia, or irregular heartbeat	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
28. Emphysema	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
29. Diabetes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
30. Asthma	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
31. Cancer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
32. Hepatitis C	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
33. Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
34. (Observe only, do not ask!) Surveyor, do you observe signs or symptoms of a serious health condition? <input type="radio"/> Yes <input type="radio"/> No	35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	37. Have you ever used injection drugs or shots in the last six months? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
40. Have you blacked out because of your alcohol or drug use in the past month? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	41. (Observe only, do not ask!) Surveyor, do you observe signs or symptoms of problematic alcohol or drug abuse? <input type="radio"/> Yes <input type="radio"/> No
42. Have you ever been taken to a hospital against your will for a mental health reason? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	43. Have you ever gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
44. Have you ever spoken with a psychiatrist, psychologist, or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	45. Have you ever had a serious brain injury or head trauma? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

46. Have you ever been told you have a learning disability or developmental disability? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	47. Have you ever have any problems concentrating and/or remembering things? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
48. (Observe only, do not ask!) Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning? <input type="radio"/> Yes <input type="radio"/> No	49. Have you had any medicines prescribed by a doctor that were not taken or that were sold, stolen, misplaced, or where the prescriptions were never filled? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
50. Yes or No – Have you experienced any emotional, physical, psychological, sexual, or other type of abuse or trauma in your life which help was not sought for, and/or which has caused your homelessness? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Have you ever been in foster care? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Have you ever been in jail? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Have you ever been in prison? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Do you have a permanent physical disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	What kind of health insurance do you have, if any? (Check all that apply) <input type="radio"/> Medicaid <input type="radio"/> Medicare <input type="radio"/> VA <input type="radio"/> Private insurance <input type="radio"/> None <input type="radio"/> Other (specify): _____
Do you receive SSI or SSDI? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
Have you ever been told you have a substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, serious brain injury, chronic physical illness, or physical disability? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
Is this the first time you have been homeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	How long have you been homeless this time? Only include time spent staying in shelters and/or on the streets. Years: _____ Months: _____ Weeks: _____ Days: _____ <input type="radio"/> Don't Know <input type="radio"/> Refused
Including this time, how many separate times have you stayed in shelters or on the streets in the past 3 years (i.e. since January 2013)? "Separate times" means you stayed somewhere other than in shelters or on the streets for 7 or more consecutive nights. <input type="radio"/> 4 or more times <input type="radio"/> Less than 4 times <input type="radio"/> Don't Know <input type="radio"/> Refused	In total, how long did you stay in shelters or on the streets for those times? Years: _____ Months: _____ Weeks: _____ Days: _____ <input type="radio"/> Don't Know <input type="radio"/> Refused
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	Is there a phone number and/or email where someone can get in touch with you or leave you a message? If yes, what is it?
Date entered in MAACLink:	Entered by:
<input type="radio"/> Self-reported HUD chronic homelessness (1. Client receives SSI/SSDI or has a disabling condition AND 2. either 12+ months homeless this time OR 4+ times in past three years adding up to 12+ months homeless)	
Single youth-only questions (ages 24 and under)	
Did you ever become homeless because you ran away from your family home? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Did you ever become homeless because you ran away from your group home or foster home? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Did you ever become homeless because there was violence at home between family members? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Did you ever become homeless because you had differences in religious or moral beliefs with parents/guardians/caregivers? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Are you currently in foster care or custody of the state? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	How old were you when you tried marijuana for the first time? <input type="radio"/> Under 13 <input type="radio"/> 13-19 <input type="radio"/> 20+ <input type="radio"/> Have not tried it <input type="radio"/> Refused
Before your 19 th birthday, did you spend any time in jail or detention? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Have you ever been pregnant or got someone else pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

4. **HOUSING ASSISTANCE**

- f. Rent reasonableness and FMR
- g. Lead Screening Worksheet
- h. Habitability Inspection
- i. Rental Assistance Agreement
- j. Client File Checklist

EMERGENCY SOLUTIONS GRANT

RENT REASONABLENESS CHECKLIST AND CERTIFICATION

To verify that the rent for the unit you have selected is reasonable, find the address of another unit in the neighborhood that is similar to the unit you have chosen. It must be the same type of unit and have the same number of bedrooms. The rent must be the same or more than the rent for the unit you have selected. Some ideas for places to look for comparable units include the local paper, the owner, your friends, local real estate agents,

Completed form must be in the client file to document rent reasonableness.

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address				
Number of Bedrooms				
Square Feet				
Type of Unit/Construction				
Housing Condition				
Location/Accessibility				
Amenities				
Unit:				
Site:				
Neighborhood:				
Age in Years				
Utilities (type)				
Unit Rent				
Utility Allowance				
Gross Rent				
Handicap Accessible?				

CERTIFICATION:

A. Compliance with Payment Standard

Proposed Contract Rent _____ + Utility Allowance _____ = Proposed Gross Rent _____

Approved rent does not exceed applicable Payment Standard of \$ _____. (Area FMR rate)

B. Rent Reasonableness

Based upon a comparison with rents for comparable units and FMR standards, I have determined that the proposed rent for the unit ☐ is ☐ is not reasonable.

Name:	Signature:	Date:
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EMERGENCY SOLUTIONS GRANT

LEAD SCREENING WORKSHEET

About this Tool

The *ESG Lead Screening Worksheet* is intended to guide sub recipients providing HP and RR activities financial assistance through the lead-based paint inspection process to ensure compliance with the rule. ESG staff can use this worksheet to document any exemptions that may apply, whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the completed worksheet along with any additional documentation should be kept in each program participant's case file.

INSTRUCTIONS

To prevent lead-poisoning in young children, ESG grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed. A copy of the completed worksheet along with any related documentation should be kept in each program participant's file.

Note: ALL pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

BASIC INFORMATION

Name of Participant _____
Address _____ Unit Number _____
City _____ State _____ Zip _____
ESG Program Staff _____ Title _____

PART 1: DETERMINE WHETHER THE UNIT IS SUBJECT TO A VISUAL ASSESSMENT

If the answer to one or both of the following questions is 'no,' a visual assessment is not triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant's file.

If the answer to both of these questions is 'yes,' then a visual assessment is triggered for this unit and program staff should continue to Part 2.

1. Was the leased property constructed before 1978?
☐ Yes
☐ No
2. Will a child under the age of six be living in the unit occupied by the household receiving ESG assistance?
☐ Yes
☐ No

PART 2: DOCUMENT ADDITIONAL EXEMPTIONS

If the answer to any of the following questions is 'yes,' the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and supporting documentation for each exemption in the program participant's file. If the answer to all of these questions is 'no,' then continue to Part 3 to determine whether deteriorated paint is present.

1. Is it a zero-bedroom or SRO-sized unit?
☐ Yes
☐ No
2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?
☐ Yes
☐ No
3. Has this property had all lead-based paint identified and removed in accordance with HUD regulations?
☐ Yes
☐ No
4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher and is receiving ESG assistance for a security deposit or arrears)?
☐ Yes (Obtain documentation for the case file.)
☐ No
5. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a).
☐ Yes
☐ No

Please describe the exemption and provide appropriate documentation of the exemption.

PART 3: DETERMINE THE PRESENCE OF DETERIORATED PAINT

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing ESG financial assistance to the unit as outlined in the following training on HUD's website at: <http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.

If no problems with paint surfaces are identified during the visual assessment, then no further action is required at this time. Place this screening sheet and certification form (Attachment A) in the program participant's file.

If any problems with paint surfaces are identified during the visual assessment, then continue to Part 4 to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?
☐ Yes

☐ No

2. Were any problems with paint surfaces identified in the unit during the visual assessment?

☐ Yes

☐ No (Complete Attachment A – Lead-Based Paint Visual Assessment Certification Form)

PART 4: DOCUMENT THE LEVEL OF IDENTIFIED PROBLEMS

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimus levels (defined below), the use of lead safe work practices and clearance is required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?

- 20 square feet on exterior surfaces ☐ Yes ☐ No
- 2 square feet in any one interior room or space ☐ Yes ☐ No
- 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim ☐ Yes ☐ No

If *any* of the above are 'yes,' then safe work practices and clearance are required prior to clearing the unit for assistance.

PART 5: CONFIRM ALL IDENTIFIED DETERIORATED PAINT HAS BEEN STABILIZED

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the ESG program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted?

☐ Yes

☐ No

2. Have all identified problems with the paint surfaces been repaired?

☐ Yes

☐ No

3. Were all identified problems with paint surfaces repaired using safe work practices?

☐ Yes

☐ No

☐ Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

4. Was a clearance exam conducted by an independent, certified lead professional?
- ☐ Yes
- ☐ No
- ☐ Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
5. Did the unit pass the clearance exam?
- ☐ Yes
- ☐ No
- ☐ Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Note: A copy of the clearance report should be placed in the program participant's file.

ATTACHMENT: LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION TEMPLATE

I, _____, certify the following:

- I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment at (address)_____ on
(Date)_____.
- No problems with paint surfaces were identified in the unit or in the building's common areas.

(Signature)

(Date)

Client Name: _____

Case Number: _____

EMERGENCY SOLUTIONS GRANT

Housing Habitability Standards Inspection Checklist

Instructions: Agency conducting inspection-Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved	Deficient	Standard (24 CFR part 576.403(c))
		1. <i>Structure and materials:</i> The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.
		2. <i>Space and security:</i> Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.
		3. <i>Interior air quality:</i> Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
		4. <i>Water Supply:</i> The water supply is free from contamination.
		5. <i>Sanitary Facilities:</i> Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
		6. <i>Thermal environment:</i> The housing has any necessary heating/cooling facilities in proper operating condition.
		7. <i>Illumination and electricity:</i> The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.
		8. <i>Food preparation:</i> All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
		9. <i>Sanitary condition:</i> The housing is maintained in sanitary condition.
		10. <i>Fire safety:</i> <ul style="list-style-type: none"> a. There is a second means of exiting the building in the event of fire or other emergency. b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom. c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. d. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.
		11. Meets additional recipient/subrecipient standards (if any).
		12. <u>Lead-based paint:</u> If the structure was built prior to 1978, and a child under the age of six or a pregnant woman will reside in the property, and the property has a defective paint surface inside or outside the structure, the property cannot be approved until the defective surface is repaired by at least scraping and painting the surface with two coats of non-lead based paint. Defective paint surface means: applicable surface on which paint is cracking, scaling, chipping, peeling or loose. If a child under age six residing in the property has an Elevated Blood Level, paint surfaces must be tested for lead-based paint.

CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

- ☐ Property meets all of the above standards.
- ☐ Property does not meet all of the above standards.

COMMENTS:

ESG Recipient Name: _____

ESG Subrecipient Name: _____

Program Participant Name: _____

Street Address: _____

Apartment: _____

City: _____ State: _____ Zip: _____

Evaluator Signature: _____ Date of review: _____

Evaluator Name: _____

Approving Official Signature (if applicable): _____ Date: _____

Approving Official Name (if applicable): _____

EMERGENCY SOLUTIONS GRANT

RENTAL ASSISTANCE AGREEMENT

Instructions: This Agreement covers ESG “Tenant-Based” Rental Assistance and must be completed by the Agency and Landlord when providing rental assistance under both the homelessness prevention and rapid re-housing components of the ESG Program. **When paying rental arrears only a Rental Assistance Agreement is required as arrears are considered rental assistance. The Rental Assistance Agreement does not take the place of the lease between the program participant and landlord.**

Agency: _____

Program Participant: _____

Address of Unit being rented: _____

Name of Apartment Complex if applicable: _____

Landlord Name: _____

Landlord Address: _____ Phone: _____

When providing tenant-based rental assistance, the Rental Assistance Agreement with the Landlord must terminate and no further rental assistance payments be made if:

- The program participant moves out of the housing unit;
- The lease terminates and is not renewed;
- The program participant becomes ineligible to receive ESG rental assistance.

During the term of the Rental Assistance Agreement, the Landlord must provide the Agency a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant.

Terms of Agreement: (term of the rental assistance agreement should be for the length of time the Agency anticipates providing assistance). All payments must be made directly to the Landlord.

- The term of this Rental Assistance Agreement begins on _____
- The term of this Rental Assistance Agreement ends on _____

Security Deposit:

- Agency will pay a Security Deposit to Landlord in the amount of \$ _____

Rental Arrears:

- Agency will pay Rental Arrears to Landlord in the amount of \$ _____
- Number of months of arrears paid: _____

Monthly Rent:

- The monthly rent payable to the Landlord is: \$ _____
- Of the monthly rent amount the Agency portion is: \$ _____
- **Of the monthly rent amount the program participant portion is \$ _____

** (If the program participant is required to pay a portion of the monthly rental amount, the Agency must have written policies and procedures for determining the program participant's portion).

Payment Due Date: (payment due date, grace period, and late payment penalty requirements must be the same as indicated in program participant's lease).

- The payment due date is: _____
- The grace period for payment is: _____
- Late penalty requirements are: _____

(Agency cannot use ESG Program funds to pay late payment penalty costs).

Signature of Landlord

Date: _____

Signature of Agency Authorized Representative

Date: _____

Emergency Solutions Grant

Program Participant Client File Checklist

		ESG Activity			
		Street Outreach	Shelter	Homeless Prevention	Rapid Re Housing
Eligibility Certification					
	Staff Affidavit				
Homeless Status					
	Homeless Certification				
	Homeless Self-Certification				
	At Risk Certification				
Income					
	Income Calculation Worksheet				
	Verification of Income				
	Verification Tracking of Income				
Intake Assessment					
	Self Sufficiency Matrix				
	Housing Stability Plan				
	Case Notes				
	Coordinated Entry				
Housing Assistance					
	Rent Reasonableness & FMR				
	Lead Screening				
	Habitability Inspection				
	Rental Assistance Agreement				
	Lease Agreement				