

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: WA-502 - Spokane City & County CoC

1A-2. Collaborative Applicant Name: City of Spokane

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: City of Spokane

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

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

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
Other:(limit 50 characters)				
33.	Private Funders	Yes	Yes	Yes
34.	Managed Care Organizations	Yes	Yes	Yes

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

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

(limit 2,000 characters)

The CoC Board is composed of three homeless service providers representing supportive services, permanent housing, and temporary housing, all local government jurisdictions, four sector population representatives with lived experience, justice, behavioral health, public health, workforce development, child welfare, public housing, veteran services, healthcare, business community education, philanthropy, the chair of the homeless coalition, and two at-large positions.

To ensure a balanced and representative board of organizations serving homeless populations in various systems, as well as to be inclusive of persons with lived experience, each year in the fall, the Executive Committee meets to discuss potential new board members. The committee solicits nominations from CoC stakeholders as positions become vacant. Individuals are chosen as representatives from service providers, persons with lived homeless experience, other key stakeholders, and the CoC at-large.

Potential board members are solicited directly from attendees at the biannual

CoC stakeholder meetings with the Spokane Homeless Coalition, comprised of more than 500 service providers from multiple sectors. Stakeholders are also invited to engage with several CoC sub-committees to expand their participation. Board members also actively recruit persons with lived experience who participate in community initiatives, who act as homeless advocates, and from agency recommendations.

The board is aware there is a need for stronger representation from organizations that specifically serve Spokane’s culturally specific communities. Racial disparity and equitable representation on the board is an area of focus for 2022. The Executive Committee includes advocates from the disability and DV communities. It prepares a slate of candidates for approval by vote. The UFA manages communication and ensures information is available online, in print upon request, or verbally.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

The CoC solicits and considers feedback through a variety of methods to ensure comprehensive engagement of the cross-system provider network, homeless advocates, and persons with lived experience. A Disability Community advocate on the CoC Board provides feedback on strategic initiatives and practices from the perspective of the disability community. The CoC Board utilizes the local homeless coalition contact email distribution list of more than 1,000 recipients to share notices about community projects intended to improve the regional homeless response system’s standards, effectiveness and efficiency in serving those at-risk of, or experiencing homelessness.

The board utilizes community partners and its multiple subcommittees composed of front-line staff, program managers, advocates, and persons with lived experience to provide feedback on strategies for reaching established goals for each population. The board holds open public meetings and biannual joint meetings with the homeless coalition where attendees are encouraged to provide feedback on various topics. On a monthly basis, the CoC provides an update at homeless coalition meetings. CoC Board meeting agendas and minutes are posted on the collaborative applicant’s (City of Spokane) website.

As part of the new project proposal review process, new proposals are presented to the associated subcommittees for consideration by the broader stakeholder community. The UFA manages these electronic notifications, solicitations and public postings to the stakeholder community that have interest in preventing and reducing homelessness. Information is available online, in print upon request, or verbally.

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

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

(limit 2,000 characters)

On Sept. 13, 2021, a request for proposals (RFP) for new projects was released by the UFA that was disseminated via email. The email was distributed to a list maintained by the City of Spokane's Community, Housing and Human Services (CHHS) department, which includes individuals, nonprofits, and developers from all business sectors. The distribution list included organizations that no longer receive CoC funding and numerous organizations that haven't been funded under the CoC Program that included affordable housing developers. The CoC Board and service providers include service providers that serve culturally specific communities and service providers that help people fleeing domestic violence. The RFP and all application materials and instructions were also posted to the City of Spokane's website on Sept. 13, 2021. Agencies that have expressed interest in CoC funding to staff and the CoC Board were also included on communications to ensure broad solicitation of potential projects.

New project applications are accepted from anyone who submits the application and required materials, as outlined in the RFP. The CoC Lead staff for the UFA provides technical assistance to anyone who requests it. As part of the review process, new project proposals were presented to the CoC Board population-specific subcommittees and the Homeless Coalition for consideration by the CoC stakeholder community and data about previous performance to the intended population is pulled from HMIS or DV comparable database. The UFA manages electronic notifications, solicitations, and public postings to the stakeholder community that have interest in preventing or ending homelessness. This includes ensuring information is available online (PDFs), in print upon request, or verbally.

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

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

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

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

In the chart below:

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

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

18.		
-----	--	--

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

The City of Spokane is the CoC collaborative applicant and the sole ESG recipient in the CoC's jurisdiction. The CoC Board oversees the strategic planning and allocation of both funding streams as well as other local and state funding for homelessness. In the consolidated planning process, the City provides information on best practices, PIT and HIC data, as well as project and system-level performance data. The second local consolidated plan jurisdiction, Spokane County, has a voting seat on the CoC Board and actively participates in all planning and funding allocation decisions. The CoC also provides PIT and HIC data on regional homelessness to Spokane County to assist with its consolidated planning efforts. The CoC provides detailed information regarding historical trends in chronic homelessness, family homelessness, youth homelessness, sheltered/unsheltered individuals and families to Spokane City and County as well as an annual housing inventory report to the City and County.

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

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

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

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

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

(limit 2,000 characters)

The CoC collaborates with and has formal partnerships with youth education providers through their participation on the board, committees, and attendance at regular CoC meetings. One of the CoC's contracted projects, Crosswalk Teen Shelter, operates a high school completion program as part of the Community Colleges of Spokane's Adult Basic Education program. In addition, McKinney Vento educational liaisons from multiple school districts within CoC's geographic area serve on the CoC Families and Youth Subcommittees. The homeless youth subcommittee works on issues concerning educational rights, rights of foster children, discharge planning from juvenile systems and coordinated housing services.

The CoC's governance charter requires that the Superintendent of the Northeast Washington Educational Service District 101 serves on the CoC Board to provide representation for all school districts within CoC's geographic area. This ensures LEA collaboration and formal partnership, and it is the means through which we collaborate with the SEA.

Further collaboration is possible because McKinney Vento liaisons are active HMIS users. While FERPA prevents them entering personally identify information into the database, they are able to receive referrals from housing providers working with families and unaccompanied homeless students to ensure that students have access to all the educational rights, services, and resources available to them.

CoC partner Catholic Charities of Eastern Washington places community health workers in the elementary schools in the CoC's geographic area with the highest rates of student homelessness to provide families with the CoC's prevention/diversion services and housing resources. Finally, The UFA funds a housing navigator/homeless diversion team, employed by Volunteers of America, to assist youth referred by school staff in districts with the highest rates of unaccompanied student homelessness to assist students in achieving safe and stable housing.

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

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

(limit 2,000 characters)

As part of the CoC's written policies and procedures, providers that serve households with minor children are required to provide information to their clients about their eligibility for education services. Projects are required to designate staff to ensure children are enrolled in school and connected to the appropriate services with the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. As part of monitoring by the UFA over the course of the project's operating term, project policies and procedures are reviewed to ensure they comply with this requirement and client facing forms exist. Client files are reviewed to ensure the implementation of these requirements are being deployed consistently and the educational needs of children when families are placed in emergency shelter are considered to avoid disrupting the children's education.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	Yes
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

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

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

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

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

(limit 2,000 characters)

For Victim’s services, Catholic Charities, the Coordinated Entry (CE) system administrator for coordinated entry for families, collaborates with Lutheran Community Services and Juvenile Court to house CSEC/Youth and attend statewide Center for Children and Youth Justice (CCJY) conference/trainings annually. They also collaborate with Partners with Families & Children to do onsite trainings with staff on child exploitation, child sex trafficking, and child pornography. Annual trainings are also conducted with staff teams on domestic violence and trauma-informed care. Our system offers training for partner agencies on providing services to persons fleeing domestic violence as a part of their ongoing training plans (such as: Safety planning), and our CE assessors now have a presence at the YWCA serve survivors in a place where they feel safe. Thoroughly trained CE staff also maintains a presence at the YWCA building and have a formal partnership with victim service providers in order to better serve DV survivors through expertise consultations and warm hand-offs for survivors.

The YWCA, Lutheran Community Services, and Transitions collaborated on a Department of Justice grant through the Office on Violence against Women. The awarded 3-year grant includes expectations to provide ongoing training on domestic violence and sexual assault, with a focus on best practices, lethality assessments, and services to marginalized survivors (e.g., LGBTQ and veterans). These trainings are open to the entire system of care and are well-attended. The grant also funds this collaborative to attend best practice trainings held by the National Network to End Domestic Violence. Providers attended trainings on services for immigrant survivors and on voluntary services. Learnings are integrated into the annual training program for the CoC.

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

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

(limit 2,000 characters)

Annually, the CoC evaluates de-identified aggregate data compiled in the PIT and HMIS to understand the scope of community members fleeing domestic or dating violence. The CoC also receives guidance on community needs for prioritized populations from direct service providers regarding usage and gaps in services, as well as from our nationally-recognized Community Court. This data is shared with the CoC Planning and Implementation Committee and population-specific subcommittees to help inform programs and ensure they are being responsive to community needs. The APR process is utilized to further inform decisions regarding local needs. If an individual or family is fleeing from domestic violence, dating violence, sexual assault, or stalking, the coordinated entry providers enter clients anonymously and remove any identifying

information to ensure their safety is maintained. All data from these various sources, ultimately, inform our CoC's strategic plans and crisis response system.

The CoC partners with the local YWCA to leverage guidance on community needs and service delivery related to domestic violence, dating violence, sexual assault, and stalking, as well as to access specialized services for clients in need throughout the system. The Coordinated Entry Work Group, which analyzes our Coordinated Entry System, has a direct relationship with the YWCA who assists in evaluation of its effectiveness in using the qualitative and quantitative data, and makes recommendations for improvements. As a result of this connection, our system offers training for partner agencies on providing services to persons fleeing domestic violence as a part of their ongoing training plans (such as: Safety planning), and our CE assessors now have a presence at the YWCA to appeal to where survivors feel safe.

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

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

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

(limit 2,000 characters)

Projects serving survivors weave client choice into service delivery as an integral component for understanding client needs and vulnerabilities, ensuring services aptly meet safety protocols to always prioritize safety. Clients work with housing advocates to develop a safety plan. The advocate serves as a guide through housing searches and assists in evaluating each option to identify the most appropriate choice to meet their needs. During this process, the advocate assists with connection to DV services and employment assistance programs. Services include mental health therapy and family law services (for dissolution of marriage and child custody).

Per the CoC's Emergency Transfer Plan, safety is prioritized and services are provided in a trauma-informed, victim-centered manner. A safe unit is one the survivor believes is safe, as client choice is paramount to inform the transfer plan. An emergency transfer may be internal or external. Tenants may request an internal and external emergency transfer concurrently if a safe unit is not immediately available to ensure greater opportunity to move to a safe unit as soon as possible. A tenant who is a survivor is eligible for an emergency transfer if the tenant requests the transfer and either: reasonably believes that there is a threat of imminent harm of further violence if the tenant remains in the unit; or was a victim of sexual assault that occurred on premises within 90 calendar days of the request.

Confidentiality is followed at each phase of service including CE by entering client anonymously and by providing referrals to all possible interventions the client's SPDAT score which allows the client to choose the type of intervention

and project they are most interested in and best meets their needs including safety.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Spokane Housing Authority	52%	Yes-Both	

You must enter information for at least 1 row in question 1C-7.

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

Describe in the field below:

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

(limit 2,000 characters)

Our CoC has one PHA in our geographic area, Spokane Housing Authority. Their Executive Director is a member of the CoC Board and serves on its Executive Community. She serves as a bridge between the CoC and SHA’s

government board, and advocates for their consideration and adoption of admission preferences that target vulnerable populations to address specific needs. Over the past three years, the SHA has adopted preference policies that target those at-risk of homelessness and those that are chronically homeless. The limited homeless admission preference policy includes preferences for a family that includes at least one household member who is over the age of 18, but not more than 62 years of age, who has a disability, and who is transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless.

The SHA is participating in the Rental Assistance Demonstration (RAD) program and is phasing out its remaining public housing units. As of 1/1/19, the PHA is a Housing Choice Voucher only agency. In addition, we have a local preference for our Referral Voucher Program, which pairs housing with supportive services agencies who serve primarily homeless clients. In addition, in approximately the past five years, SHA has allocated about 750 units of project-based vouchers (PBV) to permanent supportive housing for people experiencing homelessness. All PSH units served by SHA PBV have homeless preferences for admission for 75% of the units. The CoC Board Executive Committee is working with both Boards and stakeholders to phase in additional homeless-related preferences as they are adopted by the SHA Board. The SHA is currently completing a strategic planning process and is considering local preferences for admission as part of this process. Ultimately, the SHA Board will continue to review homeless preference related recommendations and adopt as appropriate.

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

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

	1.	Multifamily assisted housing owners	Yes
	2.	PHA	Yes
	3.	Low Income Tax Credit (LIHTC) developments	Yes
	4.	Local low-income housing programs	Yes
		Other (limit 150 characters)	
	5.		

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

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

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

NOFO Section VII.B.1.g.

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

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

(limit 2,000 characters)

The Spokane Housing Authority is a member of Spokane's CoC, and their Executive Director is a member of the CoC Executive Board. In her leadership at SHA, she has developed a policy requiring all Project-Based Voucher partners to use Coordinated Entry to fill available units.

Spokane Housing Authority and the COC also have an MOU to fill emergency housing vouchers using Coordinated Entry. Spokane Housing Authority's long-range plan is to find a way to use Coordinated Entry to fill all housing vouchers.

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

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

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

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

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

(limit 2,000 characters)

N/A

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No
--	----

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program—List of PHAs with MOUs.	
----------	--	--

Not Scored—For Information Only

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

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

PHA
Spokane Housing A...

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

Name of PHA: Spokane Housing Authority

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	18
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	18
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

The collaborative applicant regularly monitors all CoC projects for compliance in all areas of HUD grant and program compliance. We use a monitoring worksheet that is solely concentrated on monitoring the Housing First compliance of a program, looking at access to the program, rejection of

applications, reasonable accommodations, coordinated entry, housing and service goals and plans, participation in services/compliance with service plans, harm reduction, substance use, paying rent, and transfers. We review the Program Policies and Procedures to ensure that all Program Policies and Procedures are Housing First-compliant. In addition, we interview staff beginning with the CEO/executive director and program leadership and frontline staff to determine what the practices of program staff are and if they are following the program policies and procedures. The project monitoring also includes monitoring client files that allow the collaborative applicant access to housing placement documentation, housing and service plans, case notes, and other documentation that reflects whether Housing First standards are being followed, if services are optional, etc. Whenever there are notices from the landlord or potential issues with eviction, we see if the housing provider is advocating for the client and whether everything possible is being done to keep that client housed.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
---	-----

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

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

(limit 2,000 characters)

The UFA funds a street outreach program which is a collaboration between Singles Homeless Coordinated Assessment (SHCA) and Spokane’s major provider of behavioral health services, which is the local PATH recipient. This team’s target population is homeless adults with the longest lengths of homelessness. Daily, the team patrols areas of regular encampment activity in both the urban center of the CoC’s geographic area and the outlying, more rural parts of the community. Local data indicates that individuals occupying encampments are the least likely to request assistance by accessing shelter or coordinated entry. Individuals encountered receive food, water, and a first aid kit; are referred to emergency shelter; and provided with a resource guide and detailed service map. Once a relationship has been developed, households are assessed for permanent housing. This can be done in the field or at a scheduled appointment. A case management relationship is maintained until/unless a warm hand-off can be made to another provider or housing can be secured.

Individuals with the highest levels of acuity are case conferenced bi-weekly at a meeting led by SHCA/street outreach and staffed by partner agencies including emergency shelters, emergency healthcare providers, community court, and other frontline staff from service providers who regularly interact with the chronically homeless.

In order to ensure 100% coverage of the CoC's jurisdiction, the UFA has increased our investment in street outreach and has facilitated increased collaboration between the PATH-, Opioid STR-, SSVF-, and RHY-funded street outreach teams as well as the locally funded workforce connections outreach team and the free clinic's health outreach team. Outreach is conducted on a daily basis and the new funding has allowed the outreach team to expand its evening and weekend hours.

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

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

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	695	614

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

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

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
--	---------------------	-------------------------	--------------------------------------

1. Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2. Private Insurers	Yes	Yes
3. Nonprofit, Philanthropic	Yes	Yes
4. Other (limit 150 characters)		
	Yes	Yes

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

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

(limit 2,000 characters)

The CoC Program is supported with local and State funding that helps provide additional funds to support our CoC projects and their provision of supportive services and case management to connect clients with mainstream resources. Providers are required to facilitate connection to mainstream benefits such as TANF, food stamps, substance use disorder programs, SSI, and other mainstream benefit programs to increase housing stability. Monthly CoC Board meetings are used to provide updates on available mainstream resources. The CoC subpopulation committees and the SOAR workgroup meet every month to enhance coordination and availability of services amongst agencies and other community events such as resource fairs and community court. Ultimately, City of Spokane Homeless Services Program Manager and the local SOAR lead are responsible for overseeing the CoC’s strategy for mainstream benefits.

Agencies also leverage additional federal and private funds to assist in programmatic goals of the CoC. For example, our community has increased partnerships to expand access and sustainability of the SOAR program. Staff has been trained in the SOAR program to decrease the application time and increase successful outcomes for SSI/SSDI applications. The CoC has a leadership role in training for provider staff and local strategic planning for the expansion of this initiative. The CoC and the City of Spokane staff actively work with system leaders and department representatives from Washington State departments to streamline processes to expedite clients’ access to other state benefit programs at the local level.

The CoC Board includes a representative from the region’s largest federally qualified health center to increase collaboration with projects and healthcare organizations, and to assist program participants with health insurance enrollments, including Medicaid. In addition, partners employ staff who support clients with enrollment and navigation of health services.

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

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

(limit 2,000 characters)

To cover 100% of the CoC’s geographic area, the CoC employs two Coordinated Entry (CE) systems to meet the differing needs of households without minor children and families. Homeless Families Coordinated Assessment (HFCA) operates a centralized model at a safe location with flexible hours of operation and a variety of services available for families, including childcare. Singles Homeless Coordinated Assessment (SHCA) operates a hub model with a main office where individuals can be assessed, as well as trained satellite assessors at a variety of locations, such as shelters, day centers, meal sites, workforce programs and the Spokane Resource Center (A HUD EnVision Center) across the CoC’s geographic area. In addition, Spokane County operates 211 services and an online portal to assist in the triage and referral to CE and emergency services.

The CoC employs a street outreach (SO) team as a component of CE to identify individuals and households experiencing unsheltered homelessness who are not currently connected with services. This team has expertise in behavioral health counseling and coordinates its outreach efforts with other outreach teams in the jurisdiction, including PATH, SSVF, STR, and RHY-funded SO projects, as well as locally funded workforce and physical health specialized SO teams.

Both CE portals utilize the SPDAT series of assessments to prioritize households for services and to inform referrals to the appropriate intervention. This ensures people in most need of assistance are prioritized. The CoC has recently adjusted scoring to refine prioritization as described in 1D-8.

All RRH services are collocated at both CE portals to ensure that households assessed for this intervention are immediately connected to a housing specialist. Households that assess for PSH are included in the CoC’s chronically homeless master list, which is case conferenced bi-weekly to expedite move-in.

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

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

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

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

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

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

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

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

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

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

(limit 2,000 characters)

At the September 2019 CoC Board meeting, the board adopted a revised charter that includes a permanent Racial Equity Workgroup with the task to “provide ongoing input and monitoring of racial equity within our homeless crisis response system and design a racial equity strategy that is implemented across the CoC and the broader homeless crisis response system.” COVID-19 shut down much of our ability to make tremendous progress with this workgroup during this past year due to the inability to hold in-person meetings and gather the members. The intent of the group is to take the 2-3 members of the CoC Board who are on the workgroup and invite members of the BIPOC, LGBTQ+, and people with lived experience to fill out this workgroup. Once the workgroup is filled, we want the workgroup to determine the agenda, the workplan, and the timeline for the work. After the last PIT, which was in January 2021 on a limited basis to cover sheltered individuals and families experiencing homelessness only due to COVID, our CMIS team, along with data analysts from Eastern Washington University analyzed our PIT count with the racial data to look at the racial disparities in our system. That data already exists. We anticipate that they will access university research databases, our Community Management Information System (HMIS), and other resources for data. We expect them to examine all aspects of our Homeless Crisis Response System to find where the barriers are that are causing the disparities in our homeless system and preventing our BIPOC and LGBTQ+ citizens from being housed and staying housed. We expect the work of this group to be long and hard and controversial as it discovers where and what the barriers causing racial disparity in our Homeless Crisis Response System are and make recommendations for changes.

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

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

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

5.	Included in the development or revision of your CoC's local competition rating factors.	3	3
----	---	---	---

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

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

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

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

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

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

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

NOFO Section VII.B.1.q.

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

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

(limit 2,000 characters)

The CoC worked closely with the lead public health agency, the Spokane Regional Health District, to address immediate safety needs of our community. Numerous safety protocols were put in place to specific to population needs. For our unsheltered community, the Spokane Regional Health District (SRHD) and local street medicine teams offered COVID-19 screening and testing for community members on the street and in encampments. Establishing referral protocols for additional care or isolation support was prioritized early in the pandemic.

For those accessing congregate emergency shelters, the CoC and SRHD coordinated on behalf of emergency shelter providers, to give guidance on facility protocols on social distancing, contact tracing, mask-use guidance, and outbreak management. Testing protocols were developed and implemented for congregate settings, specifically for surveillance and outbreak response purposes. In addition, protocols were developed for shelter staff to adequately screen for COVID-19 symptoms, refer clients for on-call symptomatic testing, coordinate isolation requests, as well as temporary isolation on-site.

Additionally, infection prevention protocols were shared with transitional housing providers and testing protocols implemented on an as-needed basis.

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

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

(limit 2,000 characters)

The CoC is well positioned to address future public health emergencies. Not only have key partnerships been established and critical safety protocols been put in place because of the Covid-19 pandemic, but also new resources have been permanently allocated from our public health partners.

The Spokane Regional Health District developed a Homeless Outreach Coordinator position dedicated to building partnerships with providers and community organizations which will support future public health responses. New relationships have been established with partners where interactions were very limited in the past. These include county corrections, inpatient rehab facilities and mental health providers. Communication between larger community entities (city, county, and health district) have improved and communication channels have strengthened, resulting in the ability to quickly respond as needed to community crisis. Homeless service providers have developed their public health knowledge and are better adapted to implement infection prevention strategies and manage infectious diseases within the shelter system. Providers now have experience in and comfort with making environmental adjustments that mitigate transmission at facilities and sites. Through the COVID-19 response, identification of gaps within shelter facilities and staffing models that limit shelters' ability to manage infectious disease outbreaks have been identified. This information helps our community to advocate for capital improvements and staffing capacity/training that would allow shelters to be more resilient to future outbreaks.

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

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

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

(limit 2,000 characters)

The CoC and the ESG-CV recipient (the City of Spokane) determined that the best use of ESG-CV funds would be to fund additional low barrier emergency shelter beds as social distancing requirements decreased system bed capacity. The City has led a weekly meeting throughout the pandemic, with the Spokane Regional Health District, to keep ESG-CV sub recipients informed of the latest safety protocols and to identify and address gaps within the system's Covid-19 response efforts. SRHD has provided healthcare and sanitary supplies to ESG-CV sub-recipients, as needed.

1D-4.	CoC Coordination with Mainstream Health.	
-------	--	--

NOFO Section VII.B.1.q.

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

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

(limit 2,000 characters)

The CoC relied heavily on the expertise of its partner SRHD to lead efforts to decrease the spread of COVID-19 in the homeless community. SRHD utilized a four-prong approach: testing, outbreak management, isolation and quarantine, and vaccinations.

1. Spokane Regional Health District's (SRHD) Homeless Outreach Coordinator coordinated with local homeless shelters and homeless service providers to schedule walkthroughs with SRHD Communicable Disease Investigation and Prevention staff who are experts in infection prevention. These meetings reviewed facility layouts, staffing procedures, and provided recommendations on how each organization could effectively implement state and federal COVID-19 requirements. This partnership has been ongoing throughout the pandemic and will continue as long as there is a need.

2. SRHD has provided on-site testing for shelters for symptomatic patrons and staff, for outbreak management, as well as for surveillance purposes. When shelters had active COVID-19 outbreaks, SRHD Communicable Disease Investigation and Prevention staff along with City of Spokane partners had regular meetings with shelter management to provide support and guidance to best respond to their outbreak and work to prevent additional cases.

3. SRHD provided public health expertise in the building and management of county isolation facilities. SRHD also managed all referrals to isolation.

4. In partnership, SRHD and City of Spokane implemented a COVID-19 vaccination tracking report system in CMIS. This report provides shelter providers with vaccination rates and records so that they can get a sense of protection within their site as well as target vaccine communications to clients that are not yet vaccinated.

In order to ensure safety measures were implemented, SRHD provided the applicable safety recommendations with shelter providers and continues to meet regularly with shelter management to ensure that they have the support needed to implement COVID-19 protocols.

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

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

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

(limit 2,000 characters)

The CoC and the City of Spokane facilitate weekly meetings with shelter providers, homeless service providers, Spokane County partners, and the SRHD Homeless Outreach Coordinator and Communicable Disease

Investigation and Prevention staff. These weekly meetings have been a platform to discuss all updates, outbreak information, and vaccine clinic dates. It has also been a space to problem solve and discuss issues our community was facing. Emails continue to be a tool utilized to help with fast communication. SRHD staff conduct regular site visits at all the local shelters to observe practices and provide support in managing safety protocols.

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

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

(limit 2,000 characters)

In accordance with Washington State Department of Health vaccine phase recommendations, SRHD vaccinated community members experiencing homelessness based on their eligibility. SRHD Immunization Program partnered with Medical Reserve Corps volunteers and local universities to offer over 170 vaccination clinics. Homeless shelters and Medical Reserve Corps volunteers worked with SRHD to provide COVID-19 vaccination clinics for community members experiencing homelessness beginning in February 2021. These clinics are ongoing and now include Washington State University School of Nursing nurses.

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

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

(limit 2,000 characters)

The CoC has spent focused time working to develop solutions to address the demonstrated increase in DV calls for assistance in Spokane County during the COVID-19 pandemic. However, due to a lack of available market rate housing and low-income housing, we have not been able to increase access to housing during COVID. We spent a month working on a WA State Dept of Commerce grant to purchase a 153-unit hotel that would have included 25 set-asides for DV victims. The deal fell through in late October 2021. We are actively looking for another hotel to purchase to meet this identified need for services.

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

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

(limit 2,000 characters)

Changes to our local Coordinated Entry system are in progress to account for challenges created by the onset and continuation of the pandemic. Our Coordinated Entry System works in tandem with the local COVID Emergency Response system to adjust to the COVID Pandemic, including shifts in scoring that address HUD’s guidance. The CoC has worked with partners to evaluate policies and procedures affecting access and interventions for different subpopulations based on their vulnerability to public health outbreaks. Evaluation of the CE assessment methodology has shown that PSH referrals have led to a younger population, a disproportionately white population that does not reflect the BIPOC representation in PIT counts, and more dual-diagnosed individuals (substance use disorder and mental health). The PSH providers have collaboratively devised a solution to adjust the SPDAT scoring to address this issue, which responds to COVID vulnerability needs and furthers our CoC’s vision for race equity:

- Add 1 point for ages 50+ to address the lack of diversity in age we are seeing and to address the needs of the aging homeless population.
- Add 1 point for BIPOC status to address the disproportionality in those who are homeless and those who are housed.
- Homelessness 0-12 months is 1 point, 12-36 was 5 points, and 36+ was 10 points.

With input from the Family and Singles Committees and the Executive Board, this solution was approved by the CoC Board and is being implemented.

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

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

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	07/13/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	07/13/2021

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

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

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

NOFO Section VII.B.2.d.

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

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

(limit 2,000 characters)

When reviewing and scoring CoC projects, the Funding and RFP Committee is provided with project performance, which includes the population served and the average SPDAT score at project entry. The SPDAT measures a client's level of vulnerability and severity of need based on numerous factors. These include mental health and wellness, substance use, experience with abuse and trauma, involvement in high risk and/or exploitative situations, interaction with emergency services, self care, history of homelessness, involvement with child protective services, and the legal system. This information provides context on the project clientele and the level of barriers projects are working to systematically address via case management and connection to services. As part of project scoring, projects receive a greater number of points based on this measure with the caveat that projects receive referrals from our coordinated entry system and have no control over this element. Projects must serve those referred to their project that meet HUD CoC eligibility requirements.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

The CoC's RFP Committee includes people of different races, including those over-represented in the local homelessness population. They were involved in the process of developing and finalizing the Project Review and Ranking Process, and they participated in the process. The CoC's Racial Equity Sub-Committee was also involved.

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

Describe in the field below:

- | | |
|----|---|
| 1. | your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed; |
| 2. | whether your CoC identified any projects through this process during your local competition this year; |

3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

During the local CoC Competition, applicants can request reallocation of all or a portion of an existing CoC project in writing to UFA staff. They are required to outline the reason(s) for requesting reallocation. Renewal project performance is evaluated based on following factors as applicable to the project component type: population served; number of households (HH) served; utilization; percent of HH exiting to a permanent housing (PH) destination; percent of HH who successfully exit from street outreach; average (AVG) SPDAT score; percent of HH that exit to temporary and some institutional destinations; percent of HH exiting with increased income, AVG length of stay in project; percent of HH exiting to or retaining permanent housing; extent to which persons who exit homelessness to PH return to homelessness within 24 months; percent of successful referral outcomes, AVG number of referrals per client during the reporting period; AVG length of time between referral start date and successful outcome; costs per household served, data quality reporting timeliness; percent of budget expended at last completed grant term close out; and percent of budget expended during current grant term to date. In addition to HMIS data performance, project policies and procedures are also evaluated to determine implementation of Housing First (HF) principles through HUD's HF Assessment tool. Scores based off performance and the HF assessment are compiled to determine the overall score, which is utilized to create an initial ranking list. When the Funding and RFP Committee recommends reallocation, committee members and UFA staff meet with program staff to discuss the implications to the overall program and the broader homeless crisis response system. Final adjustments are made, if needed, by the CoC Board to address underlying issues surrounding project compliance and financial management to identify projects that need to be placed on a corrective action plan or reallocated.

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

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

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

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/30/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	11/01/2021
---	------------

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

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/13/2021
--	------------

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
---	------------

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

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

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

(limit 2,000 characters)

The HMIS lead provided TA for our sole DV and housing and service provider to procure and implement a comparable database. It aligns with the data elements required in the HUD-published 2020 HMIS Data Standards.

Our local DV housing service provider is in continual communication with our HMIS lead and submits de-identified aggregated system performance measures data for each project.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	993	53	507	53.94%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	285	0	241	84.56%
4. Rapid Re-Housing (RRH) beds	614	51	563	100.00%
5. Permanent Supportive Housing	937	0	933	99.57%
6. Other Permanent Housing (OPH)	720	0	649	90.14%

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

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

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

(limit 2,000 characters)

The primary factor behind the lower than 84.99% bed coverage rate for Emergency Shelter projects has been continued resistance by the largest faith-based shelter provider in the CoC to participation in the CoC’s HMIS. Extensive outreach has been attempted and the focus has now shifted to developing an integration process, using HUD’s approved CSV/XML standard, to import data from the provider’s internal database. In an effort to expedite progress, and better leverage community resources, assistance from local universities will be provided. This will increase the capacity and capabilities of the HMIS Lead Agency, without increasing administrative costs.

Transitional housing (TH) inventory has continued to decline as part of the overall shift towards more cost effective interventions, with most reductions occurring in CoC funded inventory. A single faith-based provider is unwilling to enter into the HMIS and is sole remaining TH inventory that is non-HMIS participating. Work will continue on developing a CSV/XML process between faith-based providers and the HMIS Lead Agency to centralize community

homeless data, thus increasing the TH HMIS bed coverage rate.

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

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

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

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

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

(limit 2,000 characters)

N/A

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

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

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

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

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

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

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

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

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

2C. System Performance

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

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

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

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

(limit 2,000 characters)

To determine and refine our understanding of which risk factors our CoC uses to identify persons becoming homeless for the first time, the CoC works with mainstream service providers, such as WA State Department of Social and Health Services (DSHS), and institutions/systems that discharge individuals including county jail, child welfare, juvenile justice, hospitals, and behavioral healthcare providers. Vulnerability, as assessed by the SPDAT tool, is the primary tool used to assess households’ likelihood of becoming homeless for the first time. The CoC’s coordinated entry (CE) process is a diversion-first model whereby CE staff explore a household’s strengths and resources and help them better utilize this support network before intake into the homeless system. Diversion services include mediation with landlords, education on tenants’ rights, housing search assistance, connection to mainstream benefits/employment resources, as well as limited financial support.

The UFA has been seeking ways to increase its investment in diversion to expand this highly successful model. Several at-risk household types have been identified locally as being especially vulnerable to experiencing homelessness for the first time without a higher level of intervention, including short-term rental assistance. At-risk veteran households are referred to the prevention component of SSVF, while at-risk individuals deemed disabled by DSHS are referred to the Housing and Essential Needs program. The YWCA also provides services to prevent households fleeing domestic violence from experiencing homelessness for the first time.

Our CoC’s Subcommittee on Homeless Diversion is responsible for the CoC’s strategy to reduce the number of individuals and families experiencing

homelessness for the first time. They meet regularly to assess system need and make targeted recommendations. Co-chairs are Megan Chandler of Volunteers of America, Julius Henrichsen of United Way, and Jasmine Bower of SNAP.

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

Describe in the field below:

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

(limit 2,000 characters)

The CoC has instituted minimum performance expectations for reduction in the length of time households are homeless as a performance outcome for all temporary housing projects. The CoC facilitated greater connection to coordinated entry through collocation of satellite assessors within emergency shelters and greater access permanent housing resources at emergency shelters and TH projects. The CoC has reprioritized its sheltering strategy from large shelters serving multiple populations to a series of targeted-capacity shelters with services tailored to meet the specific needs of the subpopulations they serve in order to rapidly move clients from shelter into permanent housing. In addition, the CoC continues to pursue tailored permanent housing resources for the populations for which transitional housing is considered a best practice, such as youth/young adults and survivors of domestic violence, to better facilitate rapid and stable exits to permanent housing.

The CoC assesses individuals and families with the greatest vulnerabilities and barriers to housing at the coordinated entry point using the SPDAT. Priority is given based on scores, with priority consideration for those with the longest length-of-time homeless. The CoC’s street outreach projects also targets individuals with the longest lengths of homelessness who are living in places not meant for human habitation and connects with services including permanent housing resources.

The CoC Subcommittees on Youth and Young Adults (co-chairs: Cecily Ferguson, United Way; Bridget Cannon, Volunteers of America); Veterans (Braden Fish, Goodwill); Single Adults (David Sackman, Catholic Charities and Eric Robison, Goodwill), and Families (Serena Graves, Family Promise of Spokane and Shannon Boniface, Catholic Charities) are responsible for assessment and strategic planning to reduce the length of time households experience homelessness. These are four separate committees.

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

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

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

(limit 2,000 characters)

COVID and the eviction moratorium exacerbated the CoC's geographic area' recent economic growth. Spokane City/County is experiencing a .5% vacancy rate and a 32% increase in rental costs. Low-income and homeless households face many barriers to housing in a highly competitive rental market. To increase the rate of PH placement from shelter, TH, and RRH, the CoC has increased its investment in landlord incentive strategies, facilitated greater coordination between landlord liaisons (LLs), and supported legislative actions to decrease barriers for homeless households. The UFA reallocated resources to provide rental assistance programs opportunities to incentivize landlords to rent to homeless households and mitigate perceived risk of renting to them. The UFA reallocated resources and the CoC facilitated the acquisition of new resources to create new LL positions with local rental assistance providers, including the PHA, to provide more intentional relationship management with landlords and develop relationships with new landlords. The CoC has a Landlord Liaison Subcommittee, and the president of the Landlord Association is a member and also sits on the CoC Board. These experts are codifying the CoC's strategy around landlord engagement, creating a unified set of standards for the LLs, developing a comprehensive landlord list, and engaging the landlord association more strategically. The UFA passed local legislation to prevent landlords from discriminating against potential tenants for their source of rental income and reinforce similar legislation at the state level to establish a landlord mitigation fund in which all state rental assistance providers have access. The UFA sits on the State Advisory Council on Homelessness, which released a joint recommendation to the governor and state Legislature with the State Re-Entry Council to "ban the box" on rental applications to prevent landlords from discriminating against tenants for some criminal history.

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

Describe in the field below:

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

(limit 2,000 characters)

The CoC publishes quarterly system and project performance dashboards to show changes in key measures, such as returns to homelessness. Projects or system components with high rates of returns to homelessness are assessed and assistance is provided to increase housing stability. Data is shared with CoC subcommittees on population-specific information to inform and improve service delivery and strategic planning. Data has shown that people are becoming homeless for the first time in greater number than in previous years, so having a site dedicated to addressing these needs was critical. In 2019, the Spokane Resource Center (a HUD EnVision Center) opened its doors as a way to try to help with people's housing, cultural, financial, legal, pre-employment,

health resources, as well as basic needs before they become homeless as a form of diversion. At the SRC, over 15 area providers gather together in one centralized location with the intent to provide a wide range of necessary resources to keep those already in housing housed by providing them with desired and needed wrap around services.

The CoC continuously assesses ways to expand aftercare services for individuals and families to have ongoing support for emerging needs and allow for immediate prevention services should they be needed. Increasing PSH stock to ensure housing stability for those who may need a permanent subsidy is also key. The CoC Board is responsible for strategy of the homeless system and is dedicated to adding options that meet client needs, ensure improved services, and reduce the rate of returns to homelessness.

The City of Spokane is the HMIS Lead Agency and is responsible for producing the data to show performance on this measure, assisting the Board and agency partners in analyzing and understanding the data, leading to improved programming.

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

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

(limit 2,000 characters)

The CoC has co-located coordinated entry (CE) services at The Resource Center of Spokane County, a HUD EnVision Center where individuals and households seeking housing assistance can also access pre-employment services, including resume review, verification of work documents, career assessments, job search assistance, and referrals to employment and training programs. The Resource Center of Spokane County shares office space with the regional WIOA One Stop Career Center. The Financial Stability Center is an additional resource at the same location and provides financial literacy education, setting up bank accounts, credit restoration and counseling, preparing taxes, and other services as needed.

The CoC continues to work with local employment service agencies to improve access to their services at coordinated entry to establish dedicated referral pipelines to employment services. Individuals who are able to work but face significant barriers to employment are linked with WIOA-funded supportive employment, job training, and other services funded through the Washington Division of Vocational Rehabilitation. During COVID, most of these resources closed to in-person services which minimized opportunities for individuals and households to access employment resources. Services began to open to in-person services in summer 2021, and resources became available again.

The CoC has minimum project performance expectations for system

performance measures including income growth for all TH, RRH, and PSH projects and facilitates links between housing and employment services through CoC subcommittees. The CoC Board is responsible for system strategy. The CEO of the Spokane Workforce Council is on the CoC Board. Staff from employment service agencies, including WorkSource, are on CoC subcommittees to inform targeted strategies for sub-populations.

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

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

(limit 2,000 characters)

The Spokane Workforce Council (SWC), Spokane's local workforce board, brings together business, community, and local government leaders to promote workforce development and ensure the long-range economic vitality of our region. They operate the local workforce delivery system, which consists of two comprehensive career centers and 19 affiliated sites across Spokane County. WorkSource Spokane serves more than 8,000 unique in-person and 12,000 online customers each year, providing them with career services that connect skill development and job placement to fuel business growth. Additionally, they provide funding and oversight for the only youth career and employment center in the Spokane area, the Next Generation Zone, which serves more than 750 unique young adults each year. They offer exceptional services to area businesses, including talent acquisition, high quality large- and small-scale hiring events, labor market intelligence, layoff response services, and talent pipeline development. They are also a founding partner of the Resource Center of Spokane County, a social services one-stop center and one of the first HUD-recognized EnVision Centers in the country during the previous Administration. Since March 2020, they moved the majority of their campus-wide offerings to remote services but have continued to provide all of their services in a virtual environment, ensuring access through a computer/MiFi checkout system for customers who do not have technology access. They also conduct numerous hiring events and job fairs, both general and sector/employer specific, each year. Last year, during COVID, their Talen Solutions Team hosted more than 20 virtual hiring events for employers and conducted a large job fair in September 2021 with more than 60 employers and 350 job. The CEO of SWC is on the CoC Board.

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

Describe in the field below:	
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and

3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.
----	--

(limit 2,000 characters)

Mainstream benefits navigation assistance is available at the Resource Center of Spokane County, a HUD Envision Center, including emergency or general energy assistance and help applying for Social Security Disability (SSDI) and Supplemental Security Income (SSI) through the local SSI/SSDI Outreach, Access, and Recovery (SOAR) process. Through the local CE process, households also receive help with applying for benefits programs such as Basic Food Employment and Training (BFET) or TANF through strong partnerships with the local Washington State Department of Social and Human Services (DSHS) Community Services offices. Local-trained SOAR specialists meet monthly with the state SOAR office to coordinate efforts and work to increase the efficiency and effectiveness of the SOAR program in Spokane County. We are trying to coordinate with the SAMHSA liaison for Washington to bridge some of the communication gaps and update/restructure the SOAR filing process to improve outcomes. The COVID pandemic has slowed progress. Several of our providers work with the Wear Law Office's disability project that assists those needing assistance with SSI, SSD, or SSA. The Lilac City Law Center also provides intensive supports for the application and appeals process. During COVID, providers helped clients prepare to receive stimulus payments and families receive childcare credits. The CoC Board is responsible for system strategy. Representatives from the DSHS sit on the CoC Board.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
---	-----

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

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

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

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

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	-----

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

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

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

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

Project Name	Project Type	Rank Number	Leverage Type
NEW Catholic Char...	PSH	1	Both

3A-3. List of Projects.

1. What is the name of the new project? NEW Catholic Charities PSH Support Rent FY 2021

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 1

4. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

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

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

(limit 2,000 characters)

4A. DV Bonus Application

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

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

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

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

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

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

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting-Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting-Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/04/2021
1B. Inclusive Structure	11/12/2021
1C. Coordination	11/12/2021
1C. Coordination continued	11/12/2021
1D. Addressing COVID-19	11/12/2021
1E. Project Review/Ranking	11/12/2021
2A. HMIS Implementation	11/12/2021
2B. Point-in-Time (PIT) Count	11/12/2021
2C. System Performance	11/12/2021
3A. Housing/Healthcare Bonus Points	11/12/2021
3B. Rehabilitation/New Construction Costs	11/12/2021

FY2021 CoC Application	Page 54	11/14/2021
------------------------	---------	------------

3C. Serving Homeless Under Other Federal Statutes	11/12/2021
4A. DV Bonus Application	11/12/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

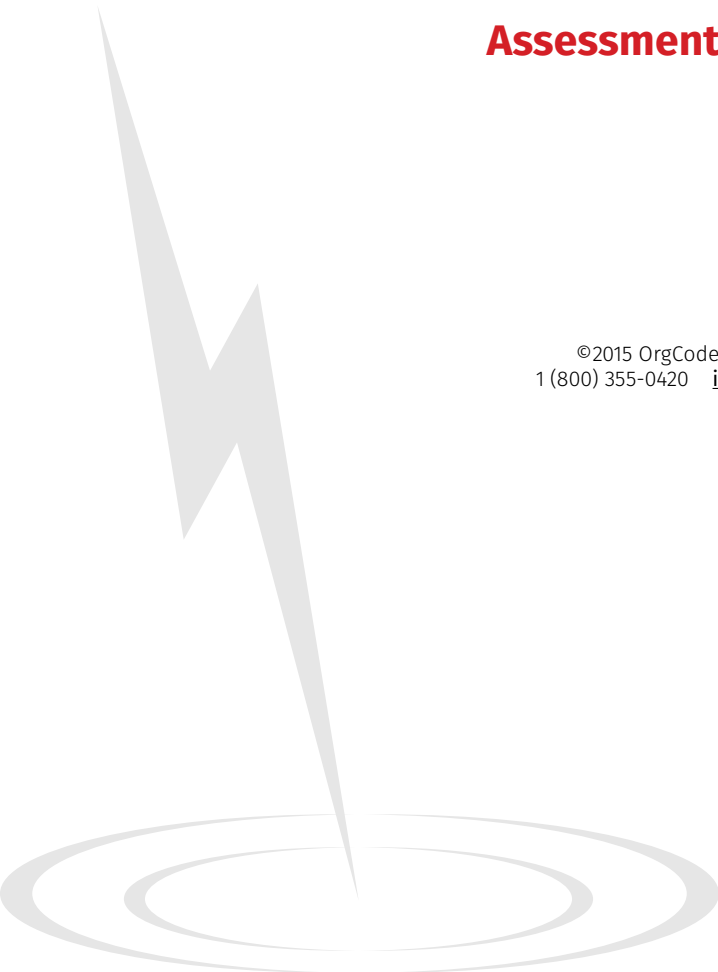
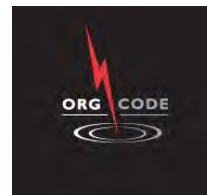
CE Assessment Tool (one for singles, one for families)

Service Prioritization Decision Assistance Tool (SPDAT)

Assessment Tool for Single Adults

VERSION 4.01

©2015 OrgCode Consulting Inc. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or service delivery contexts. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The **Vulnerability Index – Service Prioritization Decision Assistance Tool** (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and may not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The **Service Prioritization Decision Assistance Tool** (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It is an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool (“SPDAT”) and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Have you ever received any help with your mental wellness? • Do you feel you are getting all the help you need for your mental health or stress? • Has a doctor ever prescribed you pills for nerves, anxiety, depression or anything like that? • Have you ever gone to an emergency room or stayed in a hospital because you weren't feeling 100% emotionally? • Do you have trouble learning or paying attention? • Have you ever had testing done to identify learning disabilities? • Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? • Have you ever hurt your brain or head? • Do you have any documents or papers about your mental health or brain functioning? • Are there other professionals we could speak with that have knowledge of your mental health? 	<p style="text-align: center; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) and not in a heightened state of recovery currently <input type="checkbox"/> Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition <input type="checkbox"/> Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	<p>While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning <input type="checkbox"/> No major concerns for the health and safety of others because of mental health or cognitive functioning ability <input type="checkbox"/> No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	<ul style="list-style-type: none"> <input type="checkbox"/> In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, and is engaged with mental health supports as necessary.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No mental health or cognitive functioning issues disclosed, suspected or observed.

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE: <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • How is your health? • Are you getting any help with your health? How often? • Do you feel you are getting all the care you need for your health? • Any illness like diabetes, HIV, Hep C or anything like that going on? • Ever had a doctor tell you that you have problems with blood pressure or heart or lungs or anything like that? • When was the last time you saw a doctor? What was that for? • Do you have a clinic or doctor that you usually go to? • Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life? • Are there other professionals we could speak with that have knowledge of your health? • Do you have any documents or papers about your health or past stays in hospital because of your health? 	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Co-occurring chronic health conditions <input type="checkbox"/> Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health <input type="checkbox"/> Palliative health condition
3	<p>Presence of a health issue with any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not connected with professional resources to assist with a real or perceived serious health issue, by choice <input type="checkbox"/> Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) <input type="checkbox"/> Unable to follow the treatment plan as a direct result of homeless status
2	<ul style="list-style-type: none"> <input type="checkbox"/> Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care <input type="checkbox"/> Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	<p>Single chronic or serious health condition, but all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Able to manage the health issue and live a relatively active and healthy life <input type="checkbox"/> Connected to appropriate health supports <input type="checkbox"/> Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No serious or chronic health condition disclosed, observed, or suspected <input type="checkbox"/> If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Have you recently been prescribed any medications by a health care professional? • Do you take any medications prescribed to you by a doctor? • Have you ever sold some or all of your prescription? • Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take? • Were any of your medications changed in the last month? If yes: How did that make you feel? • Do other people ever steal your medications? • Do you ever share your medications with other people? • How do you store your medications and make sure you take the right medication at the right time each day? • What do you do if you realize you've forgotten to take your medications? • Do you have any papers or documents about the medications you take? 	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps less than is sold or shared <input type="checkbox"/> Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) <input type="checkbox"/> Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is not having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps more than is sold or shared <input type="checkbox"/> Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) <input type="checkbox"/> Medications are stored and distributed by a third-party
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week <input type="checkbox"/> Self-manages medications except for requiring reminders or assistance for refills <input type="checkbox"/> Successfully self-managing medication for fewer than 30 consecutive days
1	<ul style="list-style-type: none"> <input type="checkbox"/> Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No medication prescribed to them <input type="checkbox"/> Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • When was the last time you had a drink or used drugs? • Is there anything we should keep in mind related to drugs or alcohol? • [If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week? • Ever have a doctor tell you that your health may be at risk because you drink or use drugs? • Have you engaged with anyone professionally related to your substance use that we could speak with? • Ever get into fights, fall down and bang your head, or pass out when drinking or using other drugs? • Have you ever used alcohol or other drugs in a way that may be considered less than safe? • Do you ever end up doing things you later regret after you have gotten really hammered? • Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that? 	<p style="text-align: center; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

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

SCORING	
4	<input type="checkbox"/> In a life-threatening health situation as a direct result of substance use, or , In the past 30 days, any of the following are true... <ul style="list-style-type: none"> <input type="checkbox"/> Substance use is almost daily (21+ times) and often to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use 4+ times <input type="checkbox"/> Substance use resulting in passing out 2+ times
3	<input type="checkbox"/> Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, or , In the past 30 days, any of the following are true... <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation 12+ times <input type="checkbox"/> Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
2	In the past 30 days, any of the following are true... <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation fewer than 12 times <input type="checkbox"/> Alcohol use exceeded the consumption thresholds fewer than 5 times
1	<input type="checkbox"/> In the past 365 days, no alcohol use beyond consumption thresholds, or , <input type="checkbox"/> If making claims to sobriety, no substance use in the past 30 days
0	<input type="checkbox"/> In the past 365 days, no substance use

E. Experience of Abuse & Trauma

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<p>*To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.</p> <ul style="list-style-type: none"> • “I don’t need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?” • “Are you currently or have you ever received professional assistance to address that abuse?” • “Does the experience of abuse or trauma impact your day to day living in any way?” • “Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?” • “Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?” • “Have you ever become homeless as a direct result of experiencing abuse or trauma?” 	<p style="text-align: center; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

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

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time? • What was occurring when you had these feelings or took these actions? • Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others? How long ago was that? Does that happen often? • Have you recently left a situation you felt was abusive or unsafe? How long ago was that? • Have you been in any fights recently - whether you started it or someone else did? How long ago was that? How often do you get into fights? 	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, left an abusive situation <input type="checkbox"/> In the past 30 days, attempted, threatened, or actually harmed self or others <input type="checkbox"/> In the past 30 days, involved in a physical altercation (instigator or participant)
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days <input type="checkbox"/> In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days <input type="checkbox"/> 366+ days ago, 4+ involvements in physical alterations
1	<ul style="list-style-type: none"> <input type="checkbox"/> 366+ days ago, 1-3 involvements in physical alterations
0	<ul style="list-style-type: none"> <input type="checkbox"/> Reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>[Observe, don't ask] Any abscesses or track marks from injection substance use?</i> • <i>Does anybody force or trick you to do something that you don't want to do?</i> • <i>Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?</i> • <i>Do you ever find yourself in situations that may be considered at a high risk for violence?</i> • <i>Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?</i> 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px;"></div>

SCORING

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, engaged in 10+ higher risk and/or exploitive events <input type="checkbox"/> In the past 90 days, left an abusive situation
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, engaged in 4-9 higher risk and/or exploitive events <input type="checkbox"/> In the past 180 days, left an abusive situation, but not in the past 90 days
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, engaged in 1-3 higher risk and/or exploitive events <input type="checkbox"/> 181+ days ago, left an abusive situation
1	<ul style="list-style-type: none"> <input type="checkbox"/> Any involvement in higher risk and/or exploitive situations occurred more than 180 days ago but less than 365 days ago
0	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, no involvement in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How often do you go to emergency rooms? • How many times have you had the police speak to you over the past 180 days? • Have you used an ambulance or needed the fire department at any time in the past 180 days? • How many times have you called or visited a crisis team or a crisis counselor in the last 180 days? • How many times have you been admitted to hospital in the last 180 days? How long did you stay? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

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

SCORING	
4	<input type="checkbox"/> In the past 180 days, cumulative total of 10+ interactions with emergency services
3	<input type="checkbox"/> In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	<input type="checkbox"/> In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	<input type="checkbox"/> Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	<input type="checkbox"/> In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Do you have any “legal stuff” going on? • Have you had a lawyer assigned to you by a court? • Do you have any upcoming court dates? Do you think there’s a chance you will do time? • Any involvement with family court or child custody matters? • Any outstanding fines? • Have you paid any fines in the last 12 months for anything? • Have you done any community service in the last 12 months? • Is anybody expecting you to do community service for anything right now? • Did you have any legal stuff in the last year that got dismissed? • Is your housing at risk in any way right now because of legal issues? 	<div style="background-color: #c00000; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #c00000; height: 200px; margin-top: 5px;"></div>

SCORING

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines of \$500+ <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines less than \$500 <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) <input type="checkbox"/> Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	<ul style="list-style-type: none"> <input type="checkbox"/> There are no current legal issues, and any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	<ul style="list-style-type: none"> <input type="checkbox"/> No legal issues within the past 365 days, and currently no conditions of release

J. Managing Tenancy

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Are you currently homeless? • [If the person is housed] Do you have an eviction notice? • [If the person is housed] Do you think that your housing is at risk? • How is your relationship with your neighbors? • How do you normally get along with landlords? • How have you been doing with taking care of your place? 	<div style="background-color: #c00000; color: white; text-align: center; padding: 5px;">NOTES</div> <div style="border: 1px solid #c00000; height: 150px; width: 100%;"></div>

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

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless <input type="checkbox"/> In the next 30 days, will be re-housed or return to homelessness <input type="checkbox"/> In the past 365 days, was re-housed 6+ times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days <input type="checkbox"/> In the past 365 days, was re-housed 3-5 times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, was re-housed 2 times <input type="checkbox"/> In the past 180 days, was re-housed 1+ times, but not in the past 60 days <input type="checkbox"/> Continuously housed for at least 90 days but not more than 180 days <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, was re-housed 1 time <input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	<ul style="list-style-type: none"> <input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 365 days

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How are you with taking care of money? • How are you with paying bills on time and taking care of other financial stuff? • Do you have any street debts? • Do you have any drug or gambling debts? • Is there anybody that thinks you owe them money? • Do you budget every single month for every single thing you need? Including cigarettes? Booze? Drugs? • Do you try to pay your rent before paying for anything else? • Are you behind in any payments like child support or student loans or anything like that? 	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot create or follow a budget, regardless of supports provided <input type="checkbox"/> Does not comprehend financial obligations <input type="checkbox"/> Does not have an income (including formal and informal sources) <input type="checkbox"/> Not aware of the full amount spent on substances, if they use substances <input type="checkbox"/> Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) <input type="checkbox"/> Only understands their financial obligations with the assistance of a 3rd party <input type="checkbox"/> Not budgeting for substance use, if they are a substance user <input type="checkbox"/> Real or perceived debts of \$999 or less, past due or requiring monthly payments
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, source of income has changed 2+ times <input type="checkbox"/> Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs <input type="checkbox"/> Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) <input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	<ul style="list-style-type: none"> <input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	<ul style="list-style-type: none"> <input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE: <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • Tell me about your friends, family or other people in your life. • How often do you get together or chat? • When you go to doctor's appointments or meet with other professionals like that, what is that like? • Are there any people in your life that you feel are just using you? • Are there any of your closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that? • Have you ever had people crash at your place that you did not want staying there? • Have you ever been threatened with an eviction or lost a place because of something that friends or family did in your apartment? • Have you ever been concerned about not following your lease agreement because of your friends or family? 	NOTES <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Friends, family or other people are placing security of housing at imminent risk, or impacting life, wellness, or safety <input type="checkbox"/> No friends or family and demonstrates no ability to follow social norms <input type="checkbox"/> Currently homeless and would classify most of friends and family as homeless
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90-180 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Friends, family or other people are having some negative consequences on wellness or housing stability <input type="checkbox"/> No friends or family but demonstrating ability to follow social norms <input type="checkbox"/> Meeting new people with an intention of forming friendships <input type="checkbox"/> Reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship <input type="checkbox"/> Currently homeless, and would classify some of friends and family as being housed, while others are homeless
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 180 days ago, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Developing relationships with new people but not yet fully trusting them <input type="checkbox"/> Currently homeless, and would classify friends and family as being housed
1	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for less than 180 days, and is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for at least 180 days, and is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills

PROMPTS	CLIENT SCORE: <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • Do you have any worries about taking care of yourself? • Do you have any concerns about cooking, cleaning, laundry or anything like that? • Do you ever need reminders to do things like shower or clean up? • Describe your last apartment. • Do you know how to shop for nutritious food on a budget? • Do you know how to make low cost meals that can result in leftovers to freeze or save for another day? • Do you tend to keep all of your clothes clean? • Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment? • When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty? 	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No insight into how to care for themselves, their apartment or their surroundings <input type="checkbox"/> Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis <input type="checkbox"/> Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period <input type="checkbox"/> Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, accessed community resources 4 or fewer times, and is fully taking care of all their daily needs
0	<ul style="list-style-type: none"> <input type="checkbox"/> For the past 365+ days, fully taking care of all their daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How do you spend your day? • How do you spend your free time? • Does that make you feel happy/fulfilled? • How many days a week would you say you have things to do that make you feel happy/fulfilled? • How much time in a week would you say you are totally bored? • When you wake up in the morning, do you tend to have an idea of what you plan to do that day? • How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love? • Are there any things that get in the way of you doing the sorts of activities you would like to be doing? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 200px; margin-top: 5px;"></div>

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

O. History of Homelessness & Housing

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How long have you been homeless? • How many times have you been homeless in your life other than this most recent time? • Have you spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your permanent address? • Have you ever spent time sleeping in a car or alleyway or garage or barn or bus shelter or anything like that? • Have you ever spent time sleeping in an abandoned building? • Were you ever in hospital or jail for a period of time when you didn't have a permanent address to go to when you got out? 	<div style="background-color: #c00000; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #c00000; height: 150px; margin-top: 5px;"></div>

SCORING	
4	<input type="checkbox"/> Over the past 10 years, cumulative total of 5+ years of homelessness
3	<input type="checkbox"/> Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness
2	<input type="checkbox"/> Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness
1	<input type="checkbox"/> Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness
0	<input type="checkbox"/> Over the past 4 years, cumulative total of 7 or fewer days of homelessness

SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

VERSION 4.01

Client:	Worker:	Version:	Date:
----------------	----------------	-----------------	--------------

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

SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

VERSION 4.01

Client:	Worker:	Version:	Date:
----------------	----------------	-----------------	--------------

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

Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT). Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VI-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

Version 4

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

Version 4 builds upon the success of Version 3 of the SPDAT with some refinements. Starting in August 2014, a survey was launched of existing SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from Version 3 to Version 4 include:

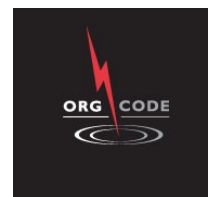
- The structure of the tools is the same: four domains (five for families) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for families.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

Family Service Prioritization Decision Assistance Tool (F-SPDAT)

Assessment Tool for Families

VERSION 2.01

©2015 OrgCode Consulting Inc. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or service delivery contexts. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The **Vulnerability Index – Service Prioritization Decision Assistance Tool** (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and may not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The **Service Prioritization Decision Assistance Tool** (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It is an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool (“SPDAT”) and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Has anyone in your family ever received any help with their mental wellness? • Do you feel that every member in your family is getting all the help they need for their mental health or stress? • Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression or anything like that? • Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally? • Does anyone in your family have trouble learning or paying attention, or been tested for learning disabilities? • Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? What about when you were pregnant? • Has anyone in your family ever hurt their brain or head? • Do you have any documents or papers about your family's mental health or brain functioning? • Are there other professionals we could speak with that have knowledge of your family's mental health? 	NOTES

SCORING	
4	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) and not in a heightened state of recovery currently <input type="checkbox"/> Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition <input type="checkbox"/> Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	<p>While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No major concerns about the family's safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning <input type="checkbox"/> No major concerns for the health and safety of others because of mental health or cognitive functioning ability <input type="checkbox"/> No compelling reason for any member of the family to be screened by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	<ul style="list-style-type: none"> <input type="checkbox"/> All members of the family are in a heightened state of recovery, have a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, and are engaged with mental health supports as necessary.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No mental health or cognitive functioning issues disclosed, suspected or observed.

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How is your family's health? • Are you getting any help with your health? How often? • Do you feel you are getting all the care you need for your family's health? • Any illnesses like diabetes, HIV, Hep C or anything like that going on in any member of your family? • Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that? • When was the last time anyone in your family saw a doctor? What was that for? • Do you have a clinic or doctor that you usually go to? • Anything going on right now with your family's health that you think would prevent them from living a full, healthy, happy life? • Are there other professionals we could speak with that have knowledge of your family's health? • Do you have any documents or papers about your family's health or past stays in hospital because of your health? 	<div style="background-color: #c00000; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #c00000; height: 200px; margin-top: 5px;"></div>

SCORING

4	<p>Any of the following for any member of the family:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Co-occurring chronic health conditions <input type="checkbox"/> Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health <input type="checkbox"/> Palliative health condition
3	<p>Presence of a health issue among any family member with any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not connected with professional resources to assist with a real or perceived serious health issue, by choice <input type="checkbox"/> Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) <input type="checkbox"/> Unable to follow the treatment plan as a direct result of homeless status
2	<ul style="list-style-type: none"> <input type="checkbox"/> Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care <input type="checkbox"/> Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	<p>Single chronic or serious health condition in a family member, but all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Able to manage the health issue and live a relatively active and healthy life <input type="checkbox"/> Connected to appropriate health supports <input type="checkbox"/> Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No serious or chronic health condition <input type="checkbox"/> If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE: <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • Has anyone in your family recently been prescribed any medications by a health care professional? • Does anyone in your family take any medication, prescribed to them by a doctor? • Has anyone in your family ever had a doctor prescribe them a medication that wasn't filled or they didn't take? • Were any of your family's medications changed in the last month? Whose? How did that make them feel? • Do other people ever steal your family's medications? • Does anyone in your family ever sell or share their medications with other people it wasn't prescribed to? • How does your family store their medication and make sure they take the right medication at the right time each day? • What do you do if you realize someone has forgotten to take their medications? • Do you have any papers or documents about the medications your family takes? 	<p style="text-align: center; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

SCORING	
4	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps less than is sold or shared <input type="checkbox"/> Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) <input type="checkbox"/> Has had a medication prescribed in the last 90 days that remains unfilled, for any reason.
3	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is not having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps more than is sold or shared <input type="checkbox"/> Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) <input type="checkbox"/> Medications are stored and distributed by a third-party
2	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week <input type="checkbox"/> Self-manages medications except for requiring reminders or assistance for refills <input type="checkbox"/> Successfully self-managing medication for fewer than 30 consecutive days
1	<ul style="list-style-type: none"> <input type="checkbox"/> Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	<p>Any of the following is true for every family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No medication prescribed to them <input type="checkbox"/> Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>When was the last time you had a drink or used drugs? What about the other members of your family?</i> • <i>Anything we should keep in mind related to drugs/alcohol?</i> • <i>How often would you say you use [substance] in a week?</i> • <i>Ever have a doctor tell you that your health may be at risk because you drink or use drugs?</i> • <i>Have you engaged with anyone professionally related to your substance use that we could speak with?</i> • <i>Ever get into fights, fall down and bang your head, do things you regret later, or pass out when drinking or using other drugs?</i> • <i>Have you ever used alcohol or other drugs in a way that may be considered less than safe?</i> • <i>Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?</i> 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

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

SCORING

4	<input type="checkbox"/> An adult is in a life-threatening health situation as a direct result of substance use, or , <input type="checkbox"/> Any family member is under the legal age but over 15 and would score a 3+, or , <input type="checkbox"/> Any family member is under 15 and would score a 2+, or who first used drugs prior to age 12, or , In the past 30 days, any of the following are true for any adult in the family... <ul style="list-style-type: none"> <input type="checkbox"/> Substance use is almost daily (21+ times) and often to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use 4+ times <input type="checkbox"/> Substance use resulting in passing out 2+ times
3	<input type="checkbox"/> An adult is experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, or , <input type="checkbox"/> Any family member is under the legal age but over 15 and would score a 2, or , <input type="checkbox"/> Any family member is under 15 and would score a 1, or who first used drugs at age 13-15, or , In the past 30 days, any of the following are true for any adult in the family... <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation 12+ times <input type="checkbox"/> Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
2	<input type="checkbox"/> Any family member is under the legal age but over 15 and would otherwise score 1, or , In the past 30 days, any of the following are true for any adult in the family... <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation fewer than 12 times <input type="checkbox"/> Alcohol use exceeded the consumption thresholds fewer than 5 times
1	<input type="checkbox"/> In the past 365 days, no alcohol use beyond consumption thresholds, or , <input type="checkbox"/> If making claims to sobriety, no substance use in the past 30 days
0	<input type="checkbox"/> In the past 365 days, no substance use

E. Experience of Abuse & Trauma of Parents

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
NOTES	
<p>*To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.</p> <p>*Because this section is self-reported, if there are more than one parent present, they should each be asked individually.</p> <ul style="list-style-type: none"> • “I don’t need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?” • “Are you currently or have you ever received professional assistance to address that abuse?” • “Does the experience of abuse or trauma impact your day to day living in any way?” • “Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?” • “Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?” • “Have you ever become homeless as a direct result of experiencing abuse or trauma?” 	

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

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Does anyone in your family have thoughts about hurting themselves or anyone else? Have they ever acted on these thoughts? When was the last time? What was occurring when that happened? • Has anyone in your family ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt themselves or others? How long ago was that? Does that happen often? • Has anyone in your family recently left a situation you felt was abusive or unsafe? How long ago was that? • Has anyone in your family been in any fights recently – whether they started it or someone else did? How long ago was that? How often do they get into fights? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px;"></div>

SCORING

4	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, left an abusive situation <input type="checkbox"/> In the past 30 days, attempted, threatened, or actually harmed self or others <input type="checkbox"/> In the past 30 days, involved in a physical altercation (instigator or participant)
3	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days <input type="checkbox"/> In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days <input type="checkbox"/> 366+ days ago, 4+ involvements in physical alterations
1	<ul style="list-style-type: none"> <input type="checkbox"/> 366+ days ago, a family member had 1-3 involvements in physical alterations
0	<ul style="list-style-type: none"> <input type="checkbox"/> Whole family reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>[Observe, don't ask] Any abscesses or track marks from injection substance use?</i> • <i>Does anybody force or trick people in your family to do things that they don't want to do?</i> • <i>Do you or anyone in your family ever do stuff that could be considered dangerous like drinking until they pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?</i> • <i>Does anyone in your family ever find themselves in situations that may be considered at a high risk for violence?</i> • <i>Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?</i> 	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, family engaged in a total of 10+ higher risk and/or exploitive events <input type="checkbox"/> In the past 90 days, any member of the family left an abusive situation
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, family engaged in a total of 4-9 higher risk and/or exploitive events <input type="checkbox"/> In the past 180 days, any member of the family left an abusive situation, but not in the past 90 days
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, family engaged in a total of 1-3 higher risk and/or exploitive events <input type="checkbox"/> 181+ days ago, any member of the family left an abusive situation
1	<ul style="list-style-type: none"> <input type="checkbox"/> Any involvement in higher risk and/or exploitive situations by any member of the family occurred more than 180 days ago but less than 365 days ago
0	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, no involvement by any family member in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How often does your family go to emergency rooms? • How many times have you had the police speak to members of your family over the past 180 days? • Has anyone in your family used an ambulance or needed the fire department at any time in the past 180 days? • How many times have members of your family called or visited a crisis team or a crisis counselor in the last 180 days? • How many times have you or anyone in your family been admitted to hospital in the last 180 days? How long did they stay? 	NOTES

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

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

I. Legal

PROMPTS	CLIENT SCORE: <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • Does your family have any “legal stuff” going on? • Has anyone in your family had a lawyer assigned to them by a court? • Does anyone in your family have any upcoming court dates? Do you think there’s a chance someone in your family will do time? • Any outstanding fines? • Has anyone in your family paid any fines in the last 12 months for anything? • Has anyone in your family done any community service in the last 12 months? • Is anybody expecting someone in your family to do community service for anything right now? • Did your family have any legal stuff in the last year that got dismissed? • Is your family’s housing at risk in any way right now because of legal issues? 	<p>NOTES</p> <div style="border: 1px solid #e91e63; height: 200px; width: 100%;"></div>

SCORING	
4	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines of \$500+ <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines less than \$500 <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) <input type="checkbox"/> Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	<ul style="list-style-type: none"> <input type="checkbox"/> There are no current legal issues among family members, and any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	<ul style="list-style-type: none"> <input type="checkbox"/> No family member has had any legal issues within the past 365 days, and currently no conditions of release

J. Managing Tenancy

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Is your family currently homeless? • [If the family is housed] Does your family have an eviction notice? • [If the family is housed] Do you think that your family's housing is at risk? • How is your family's relationship with your neighbors? • How does your family normally get along with landlords? • How has your family been doing with taking care of your place? 	<p style="text-align: center; margin: 0;">NOTES</p> <div style="border: 1px solid #e91e63; height: 150px; width: 100%;"></div>

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

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless <input type="checkbox"/> In the next 30 days, will be re-housed or return to homelessness <input type="checkbox"/> In the past 365 days, was re-housed 6+ times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days <input type="checkbox"/> In the past 365 days, was re-housed 3-5 times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, was re-housed 2 times <input type="checkbox"/> In the past 180 days, was re-housed 1+ times, but not in the past 60 days <input type="checkbox"/> Continuously housed for at least 90 days but not more than 180 days <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, was re-housed 1 time <input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	<ul style="list-style-type: none"> <input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 365 days

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How are you and your family with taking care of money? • How are you and your family with paying bills on time and taking care of other financial stuff? • Does anyone in your family have any street debts or drug or gambling debts? • Is there anybody that thinks anyone in your family owes them money? • Do you budget every single month for every single thing your family needs? Including cigarettes? Booze? Drugs? • Does your family try to pay your rent before paying for anything else? • Is anyone in your family behind in any payments like child support or student loans or anything like that? 	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No family income (including formal and informal sources) <input type="checkbox"/> Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments <p>Or, for the person who normally handles the household's finances, any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot create or follow a budget, regardless of supports provided <input type="checkbox"/> Does not comprehend financial obligations <input type="checkbox"/> Not aware of the full amount spent on substances, if the household includes a substance user
3	<p><input type="checkbox"/> Real or perceived debts of \$999 or less, past due or requiring monthly payments, or</p> <p>For the person who normally handles the household's finances, any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) <input type="checkbox"/> Only understands their financial obligations with the assistance of a 3rd party <input type="checkbox"/> Not budgeting for substance use, if the household includes a substance user
2	<p><input type="checkbox"/> In the past 365 days, source of family income has changed 2+ times, or</p> <p>For the person who normally handles the household's finances, any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs <input type="checkbox"/> Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) <input type="checkbox"/> Self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	<p><input type="checkbox"/> The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days</p>
0	<p><input type="checkbox"/> The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days</p>

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Tell me about your family’s friends, extended family or other people in your life. • How often do you get together or chat with family friends? • When your family goes to doctor’s appointments or meet with other professionals like that, what is that like? • Are there any people in your life that you feel are just using you, or someone else in your family? • Are there any of your family’s closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that? • Have you ever had people crash at your place that you did not want staying there? • Have you ever been threatened with an eviction or lost a place because of something that friends or extended family did in your apartment? • Have you ever been concerned about not following your lease agreement because of friends or extended family? 	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless and would classify most of friends and family as homeless <input type="checkbox"/> Friends, family or other people are placing security of housing at imminent risk, or impacting life, wellness, or safety <input type="checkbox"/> In the past 90 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> No friends or family and any family member demonstrates an inability to follow social norms
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless, and would classify some of friends as housed, while some are homeless <input type="checkbox"/> In the past 90-180 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Friends, family or other people are having some negative consequences on wellness or housing stability <input type="checkbox"/> No friends or family but all family members demonstrate ability to follow social norms <input type="checkbox"/> Any family member is meeting new people with an intention of forming friendships <input type="checkbox"/> Any family member is reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless, and would classify friends and family as being housed <input type="checkbox"/> More than 180 days ago, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Any family member is developing relationships with new people but not yet fully trusting them
1	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for less than 180 days, and family is engaged with friends or family, who are having no negative consequences on the individual’s housing stability
0	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for at least 180 days, and family is engaged with friends or family, who are having no negative consequences on the individual’s housing stability

M. Self Care & Daily Living Skills of Family Head

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Do you have any worries about taking care of yourself or your family? • Do you have any concerns about cooking, cleaning, laundry or anything like that? • Does anyone in your family ever need reminders to do things like shower or clean up? • Describe your family's last apartment. • Do you know how to shop for nutritious food on a budget? • Do you know how to make low cost meals that can result in leftovers to freeze or save for another day? • Do you tend to keep all of your family's clothes clean? • Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment? • When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty? 	NOTES

SCORING	
4	<p>Any of the following for head(s) of household:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No insight into how to care for themselves, their apartment or their surroundings <input type="checkbox"/> Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis <input type="checkbox"/> Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	<p>Any of the following for head(s) of household:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period <input type="checkbox"/> Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	<p>Any of the following for head(s) of household:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, family accessed community resources 4 or fewer times, and head of household is fully taking care of all the family's daily needs
0	<ul style="list-style-type: none"> <input type="checkbox"/> For the past 365+ days, fully taking care of all the family's daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How does your family spend their days? • How does your family spend their free time? • Do these things make your family feel happy/fulfilled? • How many days a week would you say members of your family have things to do that make them feel happy/fulfilled? • How much time in a week would you or members of your family say they are totally bored? • When people in your family wake up in the morning, do they tend to have an idea of what they plan to do that day? • How much time in a week would you say members of your family spend doing stuff to fill up the time rather than doing things that they love? • Are there any things that get in the way of your family doing the sorts of activities they would like to be doing? 	<div style="background-color: #c00000; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #c00000; height: 200px; margin-top: 5px;"></div>

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

0. History of Homelessness & Housing

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • How long has your family been homeless? • How many times has your family experienced homelessness other than this most recent time? • Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address? • Has your family ever spent time sleeping in a car, alleyway, garage, barn, bus shelter, or anything like that? • Has your family ever spent time sleeping in an abandoned building? • Was anyone in your family ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out? 	<div style="background-color: #c00000; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #c00000; height: 150px; margin-top: 5px;"></div>

SCORING	
4	<input type="checkbox"/> Over the past 10 years, cumulative total of 5+ years of family homelessness
3	<input type="checkbox"/> Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of family homelessness
2	<input type="checkbox"/> Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of family homelessness
1	<input type="checkbox"/> Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of family homelessness
0	<input type="checkbox"/> Over the past 4 years, cumulative total of 7 or fewer days of family homelessness

P. Parental Engagement

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Walk me through a typical evening after school in your family. • Tell me about what role, if any, the older kids have with the younger kids. Do they babysit? Walk them to school? Bathe or put the younger kids to bed? • Does your family have play time together? What kinds of things do you do and how often do you do it? • Let's pick a day like a Saturday...do you know where your kids are the entire day and whom they are out with all day? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center; font-weight: bold;">NOTES</div> <div style="border: 1px solid #e91e63; height: 150px; margin-top: 5px;"></div>

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

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

Q. Stability/Resiliency of the Family Unit

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • <i>Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred?</i> • <i>Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened?</i> 	NOTES

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

R. Needs of Children

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Please tell me about the attendance at school of your school-aged children. • Any health issues with your children? • Any times of separation between your children and parents? • Without going into detail, have any of your children experienced or witnessed emotional, physical, sexual or psychological abuse? • Have your children ever accessed professional assistance to address that abuse? 	<div style="background-color: #c00000; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #c00000; height: 200px; margin-top: 5px;"></div>

SCORING

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 15+ days in any month <input type="checkbox"/> School-aged children are not currently enrolled in school <input type="checkbox"/> Any member of the family, including children, is currently escaping an abusive situation <input type="checkbox"/> The family is homeless
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 7-14 days in any month <input type="checkbox"/> School-aged children typically miss 3+ days of school per week for reasons other than illness <input type="checkbox"/> In the last 180 days, any child(ren) in the family has experienced an abusive situation that has since ended
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 1-6 days in any month <input type="checkbox"/> School-aged children typically miss 2 days of school per week for reasons other than illness <input type="checkbox"/> In the past 365 days, any child(ren) in the family has experienced an abusive situation that has ended more than 180 days ago
1	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the last 365 days, children needed to live with friends or family for 7+ days in any month, but not in the last 90 days <input type="checkbox"/> School-aged children typically miss 1 day of school per week for reasons other than illness
0	<p>All of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month <input type="checkbox"/> School-aged children maintain consistent attendance at school <input type="checkbox"/> There is no evidence of children in the home having experienced or witnessed abuse <input type="checkbox"/> The family is housed

S. Size of Family Unit

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again? • Is anyone in the family currently pregnant? 	NOTES

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

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

PROMPTS	CLIENT SCORE: <input style="width: 100px;" type="text"/>
<ul style="list-style-type: none"> • Any matters being considered by a judge right now as it pertains to any member of your family? • Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back? • Has there ever been an investigation by someone in child welfare into the matters of your family? 	<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">NOTES</div> <div style="border: 1px solid #e91e63; height: 200px;"></div>

SCORING

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, interactions with child protective services have occurred <input type="checkbox"/> In the past 365 days, one or more children have been removed from parent’s custody that have not been reunited with the family at least four days per week <input type="checkbox"/> There are issues still be decided or considered within family court
3	<p>In the past 180 days, any of the following have occurred:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Interactions with child protective services have occurred, but not within the past 90 days <input type="checkbox"/> One or more children have been removed from parent’s custody through child protective services (non-voluntary) and the child(ren) has been reunited with the family four or more days per week; <input type="checkbox"/> Issues have been resolved in family court
2	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, interactions with child protective services have occurred, but not within the past 180 days, and there are no active issues, concerns or investigations
1	<ul style="list-style-type: none"> <input type="checkbox"/> No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.
0	<ul style="list-style-type: none"> <input type="checkbox"/> There have been no serious interactions with child protective services because of parenting concerns

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

FAMILIES

VERSION 2.01

Client:	Worker:	Version:	Date:
----------------	----------------	-----------------	--------------

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

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

FAMILIES

VERSION 2.01

Client:	Worker:	Version:	Date:
----------------	----------------	-----------------	--------------

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

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

FAMILIES

VERSION 2.01

Client:	Worker:	Version:	Date:
----------------	----------------	-----------------	--------------

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

Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT). Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VI-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

Family SPDAT

Upon the release of SPDAT Version 3, a special version was released - the Family SPDAT Version 1. This tool introduced five new components that specifically address the unique challenges to housing stability faced by homeless families. In addition, the tool has a focus on households throughout.

SPDAT Version 4/Family SPDAT Version 2

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4 and F-SPDAT v2, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

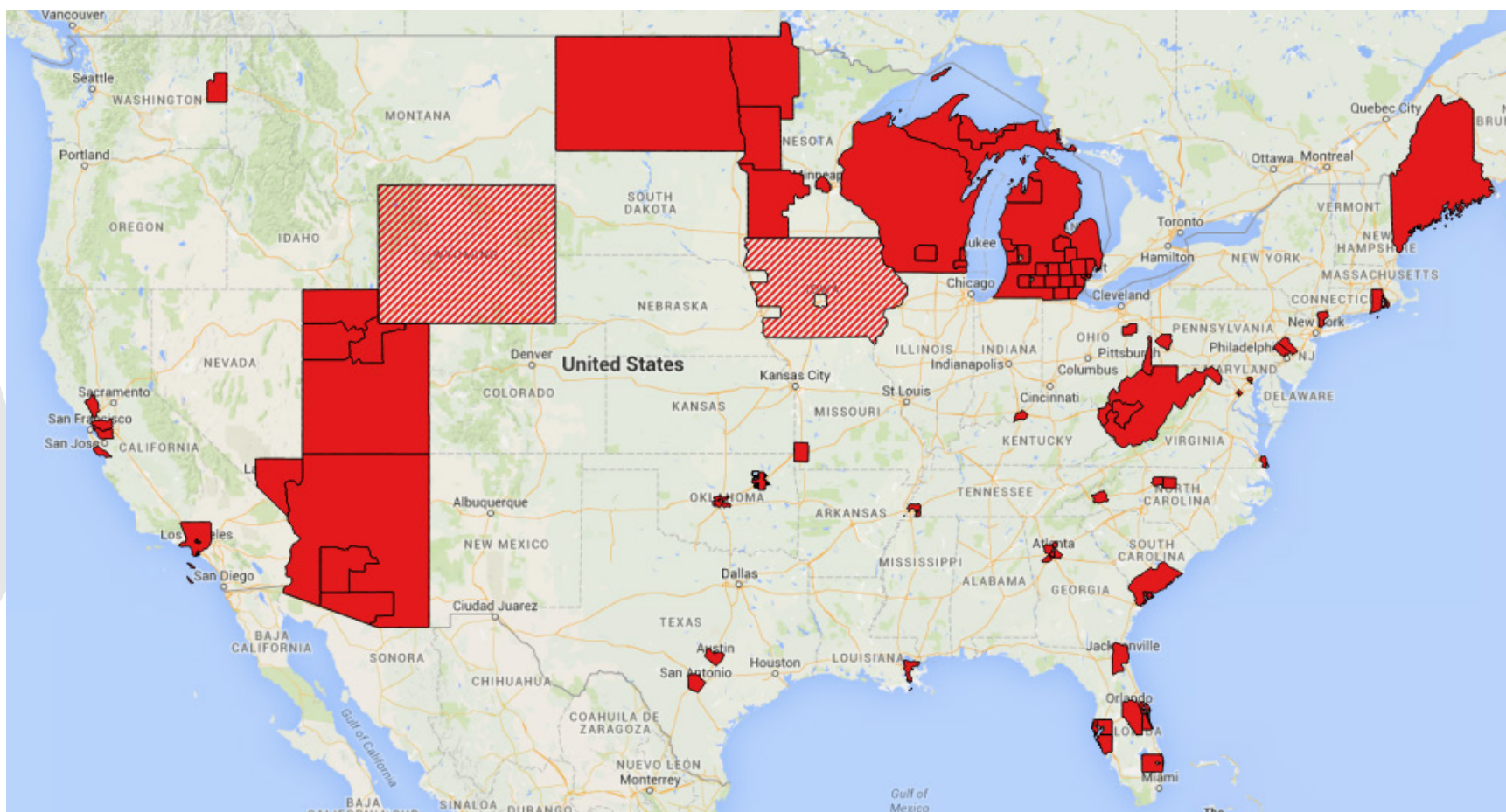
The new versions build upon the success of previous versions of the SPDAT products with some refinements. Starting in August 2014, a survey was launched of existing SPDAT and F-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from F-SPDAT Version 1 to Version 2 include:

- The structure of the tools is the same: four domains (five for families) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for families.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

Appendix B: Where the SPDAT is being used (as of May 2015)

United States of America



Arizona

- Statewide

California

- Oakland/Alameda County CoC
- Richmond/Contra Costa County CoC
- Watsonville/Santa Cruz City & County CoC
- Napa City & County CoC
- Los Angeles City & County CoC
- Pasadena CoC
- Glendale CoC

District of Columbia

- District of Columbia CoC

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties CoC
- Tampa/Hillsborough County CoC
- St. Petersburg/Clearwater/Largo/Pinellas County CoC
- Orlando/Orange, Osceola, Seminole Counties CoC
- Jacksonville-Duval, Clay Counties CoC
- Palm Bay/Melbourne/Brevard County CoC
- West Palm Beach/Palm Beach County CoC

Georgia

- Atlanta County CoC
- Fulton County CoC
- Marietta/Cobb County CoC
- DeKalb County CoC

Iowa

- Parts of Iowa Balance of State CoC

Kentucky

- Louisville/Jefferson County CoC

Louisiana

- New Orleans/Jefferson Parish CoC

Maryland

- Baltimore City CoC

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County CoC
- Northwest Minnesota CoC
- Moorhead/West Central Minnesota CoC
- Southwest Minnesota CoC

Missouri

- Joplin/Jasper, Newton Counties CoC

North Carolina

- Winston Salem/Forsyth County CoC
- Asheville/Buncombe County CoC
- Greensboro/High Point CoC

North Dakota

- Statewide

Nevada

- Las Vegas/Clark County CoC

New York

- Yonkers/Mount Vernon/New Rochelle/Westchester County CoC

Ohio

- Canton/Massillon/Alliance/Stark County CoC
- Toledo/Lucas County CoC

Oklahoma

- Tulsa City & County/Broken Arrow CoC
- Oklahoma City CoC

Pennsylvania

- Lower Marion/Norristown/Abington/Montgomery County CoC

- Bristol/Bensalem/Bucks County CoC
- Pittsburgh/McKeesport/Penn Hills/Allegheny County CoC

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country CoC

Tennessee

- Memphis/Shelby County CoC

Texas

- San Antonio/Bexar County CoC
- Austin/Travis County CoC

Utah

- Salt Lake City & County CoC
- Utah Balance of State CoC
- Provo/Mountainland CoC

Virginia

- Virginia Beach CoC
- Arlington County CoC

Washington

- Spokane City & County CoC

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming is in the process of implementing statewide

Canada

Alberta

- Province-wide

Manitoba

- City of Winnipeg

New Brunswick

- City of Fredericton
- City of Saint John

Newfoundland and Labrador

- Province-wide

Northwest Territories

- City of Yellowknife

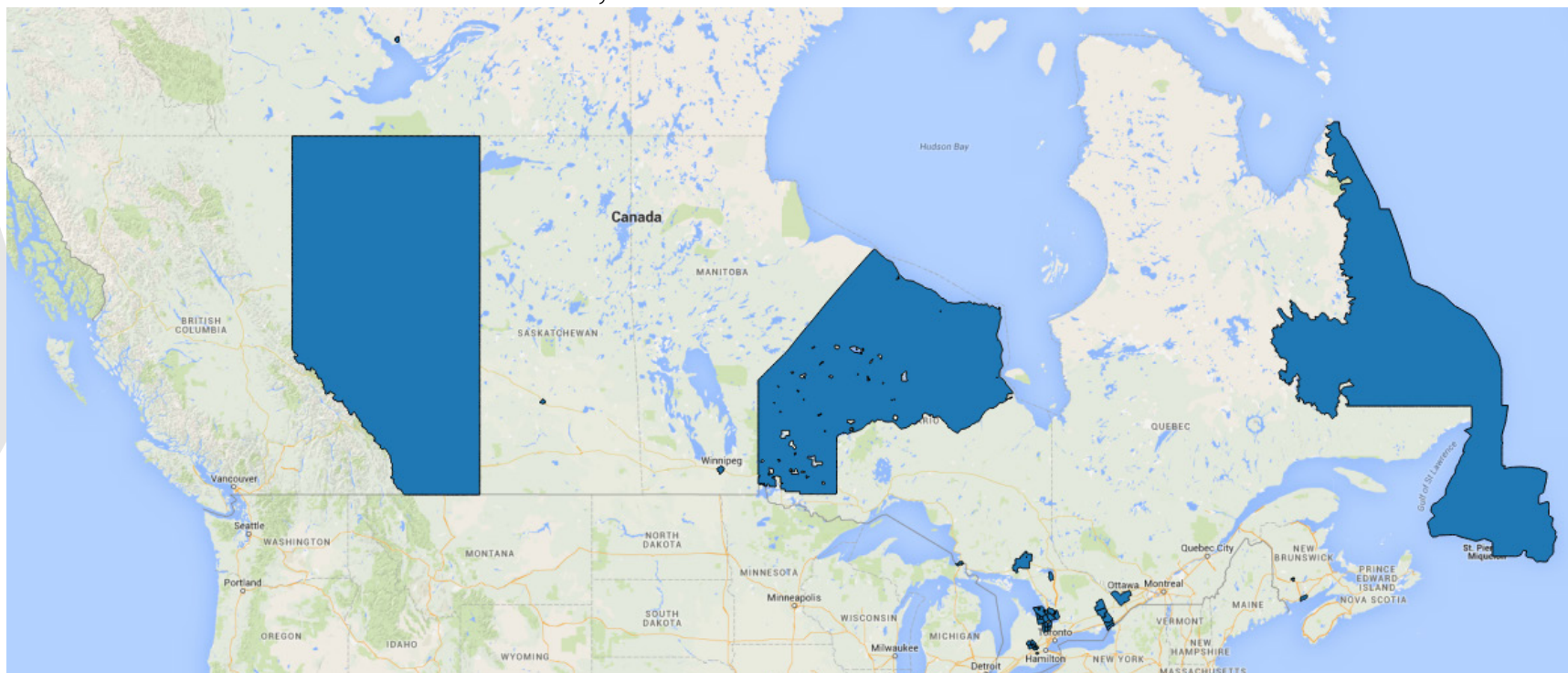
Ontario

- City of Barrie/Simcoe County
- City of Brantford/Brant County
- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor

- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie
- Regional Municipality of Waterloo
- Regional Municipality of York

Saskatchewan

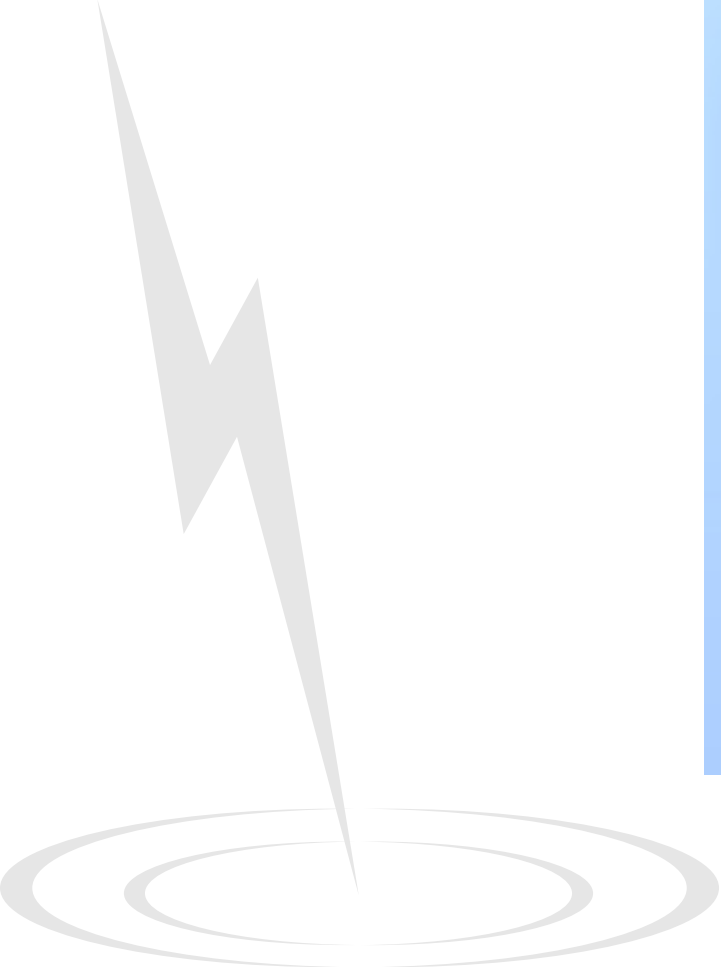
- Saskatoon



Australia

Queensland

- Brisbane



Homeless Preference: See page 4-9.

This policy applies to Public Housing and HCV because SHA uses vouchers for all their housing.

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive assistance under the HCV program, the family must submit an application that provides the SHA with the information needed to determine the family's eligibility. HUD requires the SHA to place all families that apply for assistance on a waiting list. When HCV assistance becomes available, the SHA must select families from the waiting list in accordance with HUD requirements and the SHA policies as stated in the administrative plan and the annual plan.

The SHA is required to adopt clear policies and procedures for accepting applications, placing families on the waiting list and selecting families from the waiting list and must follow these policies and procedures consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the SHA that justify their selection. Examples of this are the selection of families for income targeting and the selection of families that qualify for targeted funding.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance and that the SHA affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that the SHA will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and the SHA policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

Part I: The Application Process. This part provides an overview of the application process and discusses how applicants can obtain and submit applications. It also specifies how the SHA will handle the applications it receives.

Part II: Managing the Waiting List. This part presents the policies that govern how the SHA's waiting list is structured, when it is opened and closed and how the public is notified of the opportunity to apply for assistance. It also discusses the process the SHA will use to keep the waiting list current.

Part III: Selection for HCV Assistance. This part describes the policies that guide the SHA in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that the SHA has the information needed to make a final eligibility determination.

PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the SHA policies for making applications available, accepting applications making preliminary determinations of eligibility and the placement of applicants on the waiting

list. This part also describes the SHA's obligation to ensure the accessibility of the application process to elderly persons, people with disabilities and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16, Notice PIH 2009-36]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits the SHA to determine the format and content of HCV applications, as well how such applications will be made available to interested families and how applications will be accepted by the SHA. The SHA must include Form HUD-92006, Supplement to Application for Federally Assisted Housing, as part of the SHA's application.

SHA Policy

- Depending upon the length of time that applicants may need to wait to receive assistance, the SHA may use a one- or two-step application process.
- A one-step process will be used when it is expected that a family will be selected from the waiting list within 60 days of the date of application. At application, the family must provide all of the information necessary to establish family eligibility and level of assistance.
- A two-step process will be used when it is expected that a family will not be selected from the waiting list for at least 60 days from the date of application. Under the two-step application process, the SHA initially will require families to provide only the information needed to make an initial assessment of the family's eligibility and to determine the family's placement on the waiting list. The family will be required to provide all of the information necessary to establish family eligibility and level of assistance when the family is selected from the waiting list.
- When the waiting list is open for applications, families may submit electronic application forms from the SHA's office during normal business hours or on line utilizing a link located on the SHA's website at spokanehousing.org.
- Applications must be complete in order to be accepted by the SHA for processing. If an application is incomplete, the SHA will notify the family of the additional information required.

4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]

The SHA must take steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard SHA application process. This could include people with disabilities, certain elderly individuals, as well as persons with limited English proficiency (LEP). The SHA must provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible or the SHA must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of the SHA's policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

The SHA is required to take reasonable steps to ensure equal access to its programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full

discussion on the SHA's policies related to ensuring access to people with limited English proficiency (LEP).

4-I.D. PLACEMENT ON THE WAITING LIST

The SHA must review each complete application received and make a preliminary assessment of the family's eligibility. The SHA must accept applications from families for whom the list is open unless there is good cause for not accepting the application (such as denial of assistance) for the grounds stated in the regulations [24 CFR 982.206(b)(2)]. Where the family is determined to be ineligible, the SHA must notify the family in writing [24 CFR 982.201(f)]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list or to any particular position on the waiting list [24 CFR 982.202(c)].

Ineligible for Placement on the Waiting List

SHA Policy

If the SHA can determine from the information provided that a family is ineligible, the family will not be placed on the waiting list. Where a family is determined to be ineligible, the SHA will send written notification of the ineligibility determination within 10 business days of receiving a complete application. The notice will specify the reasons for ineligibility and will inform the family of its right to request an informal review and explain the process for doing so (see Chapter 16).

Eligible for Placement on the Waiting List

SHA Policy

- The SHA will send written notification of the preliminary eligibility determination within 10 business days of receiving a complete application.
- Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list.
- Applicants with a targeted or local preference will be placed on the waiting list according to any preference(s) for which they qualify and the date and time their complete application is received by the SHA.

PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

The SHA must have policies regarding various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for assistance, as well as conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how the SHA may structure its waiting list and how families must be treated if they apply for assistance from a PHA that administers more than one assisted housing program.

4-II.B. ORGANIZATION OF THE WAITING LIST [24 CFR 982.204 and 205]

The SHA's HCV waiting list must be organized in such a manner to allow the SHA to accurately identify and select families for assistance in the proper order, according to the admissions policies described in this plan.

The waiting list must contain the following information for each applicant listed:

- Applicant name;
- Family unit size;
- Date and time of application;
- Qualification for any targeted or local preference; and
- Racial or ethnic designation of the head of household.

HUD requires the SHA to maintain a single waiting list for the HCV program unless it serves more than one county or municipality. SHA is permitted, but not required, to maintain a separate waiting list for each county or municipality served.

SHA Policy

The SHA will maintain separate waiting lists for each PBV project and each HCV jurisdiction:

1. Spokane/Lincoln
2. Pend Oreille/Stevens
3. Ferry
4. Whitman

And for the following special funding categories:

1. Family Unification Program (FUP)
2. Veterans Affairs Supportive Housing (VASH)
3. Mainstream Voucher Program

HUD directs that a family that applies for assistance from the HCV program must be offered the opportunity to be placed on the waiting list for any public housing, project-based voucher or moderate rehabilitation program the SHA operates if 1) the other programs' waiting lists are open, and 2) the family is qualified for the other programs.

A family's decision to apply for, receive or refuse other housing assistance must not affect the family's placement on the HCV waiting list or any preferences for which the family may qualify.

SHA Policy

The SHA will not merge the HCV waiting list with the waiting list for any other program the SHA operates.

4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

The SHA will close tenant-based waiting lists when the estimated waiting period for housing assistance for applicants on the list reaches 12 months for the most current applicants.

The tenant-based waiting list is always open to an otherwise eligible applicant that:

1. Is a Project-Based Voucher household living in a project-based voucher contract unit approved by the SHA (who has reached the end of their first year of participation and who has requested a tenant-based voucher);
2. Is eligible as set forth by a HUD award of funding to the SHA for one of the following Targeted categories of HCV eligible families (see Section 4-III.B Targeted Funding):
 - a. Family Unification Program (FUP) Vouchers
 - b. Veterans Affairs Supported Housing (VASH)
 - c. Mainstream Voucher Program
3. Is eligible as set forth by the SHA's Local Preferences, Categories 1-6 ONLY (see Section 4-III.C Local Preferences).

The project-based voucher site-based waiting lists are always open.

Reopening the Waiting List

If the waiting list has been closed, it cannot be reopened until the SHA publishes a notice in local newspaper(s) of general circulation, minority media and other suitable media outlets. The notice must comply with HUD fair housing requirements and must specify who may apply and where and when applications will be received.

SHA Policy

- The SHA will announce the reopening of the waiting list at least 10 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice.
- The SHA will give public notice by publishing in the local paper, through minority media and other suitable means, including the SHA website and notification to community partners.

4-II.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

The SHA must conduct outreach as necessary to ensure that the SHA has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires the SHA to admit a specified percentage of extremely-low income families to the program (see Chapter 4, Part III), the SHA may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21].

SHA outreach efforts must comply with fair housing requirements. This includes:

- Analyzing the housing market area and the populations currently being served to identify underserved populations;
- Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program; and
- Avoiding outreach efforts that prefer or exclude people who are members of a protected class.

SHA outreach efforts must be designed to inform qualified families about the availability of assistance under the program. These efforts may include, as needed, any of the following activities:

- Submitting press releases to local newspapers, including minority newspapers;
- Developing informational materials and flyers to distribute to other agencies;
- Providing application access to other public and private agencies that serve the low income population; or
- Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities.

SHA Policy

The SHA will monitor the characteristics of the population being served and the characteristics of the population as a whole in the SHA's jurisdiction. Targeted outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

SHA Policy

While the family is on the waiting list, the family must immediately inform the SHA of changes in contact information, including current residence, mailing address, and phone number. The changes must be submitted in writing unless a reasonable accommodation has been granted to accommodate a disability.

4-II.F. UPDATING THE WAITING LIST [24 CFR 982.204]

HUD requires the SHA to establish policies to use when removing applicant names from the waiting list.

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to a SHA request for information or updates and the SHA determines that the family did not respond because of the family member's disability, the SHA must reinstate the applicant family to their former position on the waiting list [24 CFR 982.204(c)(2)].

SHA Policy

- The waiting list will be updated regularly to ensure that all applicants and applicant information is current and timely.
- To update the waiting list, the SHA will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in and to qualify for, the program. This update request will be sent to the last address that the SHA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

- The family's response must be in writing and may be delivered in person, by mail or by fax. Responses should be postmarked or received by the SHA not later than 10 business days from the date of the SHA letter.
- If the family fails to respond within 10 business days, the family will be removed from the waiting list without further notice.
- If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.
- If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 10 business days to respond from the date the letter was re-sent.
- If a family is removed from the waiting list for failure to respond, the SHA may reinstate the family if it is determined that the lack of response was due to SHA error or to circumstances beyond the family's control or as a reasonable accommodation.

Removal from the Waiting List

SHA Policy

- If at any time an applicant family is on the waiting list and the SHA determines that the family is not eligible for assistance (see Chapter 3), the family will be removed from the waiting list.
- If a family is removed from the waiting list because the SHA has determined the family is not eligible for assistance, a notice will be sent to the family's address of record as well as to any alternate address provided on the initial application. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding the SHA's decision (see Chapter 16) [24 CFR 982.201(f)].

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by the SHA and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The SHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the SHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the SHA may admit such families whether or not they are on the waiting list and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The SHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award SHA funding for a specified category of families on the waiting list. The SHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the SHA may skip families on the waiting list that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

SHA Policy

The SHA administers the following types of targeted funding:

Non-Elderly Disabled (NED) Vouchers – Vouchers available for families whose head or co-head is disabled but not elderly, at the time they reach the top of the waiting list.

Family Unification Program (FUP) Vouchers – Vouchers are available for two different populations:

1. Families for whom the lack of adequate housing is a primary factor in:
 - a. The imminent placement of the family's child or children in out-of-home care, or
 - b. The delay in the discharge of the child or children to the family from out-of-home care
2. Youth 18-24 years of age, who have left foster care at age 16 or older, or will leave foster care within 90 days, and is homeless or is at risk of becoming homeless.

There is no time limit on Family Unification vouchers for families, however, FUP vouchers for youth have a time limitation of 36 months.

Eligible households for the Family Unification Program must be referred by the Department of Social and Health Services', Department of Children and Family Services.

Veterans' Affairs Supported Housing (VASH) Vouchers – Vouchers available for homeless veterans referred by the Department of Veterans' Affairs (VA).

Section 811 Vouchers (Mainstream Voucher Program)—Vouchers available for households with one or more non-elderly persons with disabilities. This program is operated by SHA in multiple jurisdictions through Interlocal Agreements with 19 other public housing authorities in the state of Washington. The participant selection method for this targeted funding is outlined in 4-III.C.

In accordance with the NOFA requirements, Mainstream Targeted Vouchers will adhere to the following preferences for admission:

1. Individuals being released from institutional or other segregated settings. These include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy; policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.
2. Individuals at serious risk of institutionalization: This includes an individual with a disability who as a result of a public entity's failure to provide community services or its cut to such services will likely cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution. This includes individuals experiencing lack of access to supportive services for independent living, long waiting lists for or lack of access to housing combined with community based services, individuals currently living under poor housing conditions or homeless with barriers to geographic mobility, and/or currently living alone but requiring supportive services for independent living. A person cannot be considered at serious risk of institutionalization unless that person has a disability. An individual may be designated as at serious risk of institutionalization either by a health and human services agency, by a community-based organization, or by self-identification.
3. An individual that is homeless: Homeless means:
 - a) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state or local government programs for low income individuals); or
 - (iii) An individual who 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.
 - b) An individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - (ii) No subsequent residence has been identified; and
 - (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
- c) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition but who:
- (i) Are defined as homeless under 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. 1785(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - (ii) 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;
 - (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of application for homeless assistance; and
 - (iv) 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 addition; 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 Diploma (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- d) Any individual or family who:
- i) Is 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 residence;

- ii) Has no other residence; and
 - i) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

4. Any individual or family at risk of becoming homeless, which means:

- a) Does not have sufficient resources or support networks, 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 paragraph a) of the "Homeless: definition in this section; and
- b) Meets one of the following conditions:
 - (i) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homeless prevention assistance;
 - (ii) Is living in the home of another because of economic hardship;
 - (iii) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
 - (iv) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, state, or local government programs for low-income individuals;
 - (v) Lives in a Single Room Occupancy (SRO) or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
 - (vi) Is exiting a publicly funded institution, or system of care (such as a healthcare facility, a mental health facility, foster care or other youth facility, or correction program or institution; or
 - (vii) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

The SHA must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the SHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

The SHA is permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the SHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the SHA plan and the consolidated plan and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

SHA Policy

The SHA will use the following local preferences:

1. Any family that has been terminated from its HCV or other tenant-based rental assistance program due to insufficient program funding.
2. Applicants who are currently residing in good standing in a SHA owned housing unit who are required to move and cannot be placed in another unit.
3. Any family residing in SHA Public Housing who are affected by a RAD conversion and who meet the eligibility requirements of the HCV program.
4. Applicants who have resided in SHA Public Housing for at least one year, who are in good standing and who qualify for the Section 8 Homeownership Program.
5. Applicants who are currently in a Project-Based Voucher household living in a project-based voucher contract unit approved by the SHA (who has reached the end of their first year of participation and who have requested a tenant-based voucher). Some families may qualify for an exception which allows for an earlier conversion to a tenant based voucher; for information on this exception, please refer to the section of SHA's Administrative Plan within Chapter 18-VI.E Moves, entitled, "*Exception" located under the heading "Choice Mobility".
6. Any participant family that has successfully completed a short term housing assistance program administered by SHA in partnership with another local agency.
7. Family Unification Program (FUP) participants who have: 1) successfully participated in the FUP for at least one year; and 2) had their Department of Social and Health Services (DSHS), Children's Administration, dependency case closed for at least one year. Once a FUP household has been identified as having met these criteria, the SHA reserves the right to transfer up to five households per month to a regular voucher (not special program) in order to free up the FUP voucher for a new FUP referral from DSHS. The order of transfer will start with FUP households that have had their dependency cases closed for the longest period.
8. Referral Voucher Program (RVP), the SHA will issue up to 50 vouchers per month (turnover and/or newly awarded vouchers) through SHA's RVP. RVP vouchers are awarded through a Request for Proposal (RFP) process to non-profit and government led supportive service agencies. Partners are required to enter into a Memorandum of Agreement (MOA) that defines the target population and the services required to be offered to the participant by the partner agency. Participants will not be required to participate in the services; however, the partner agency must offer the services outlined on the MOA.

9. A family whose head, cohead, spouse, or sole member is a person with disabilities; two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.
10. A family whose head, cohead, spouse, or sole member is a person who is at least 62 years of age; two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides.
11. A family that includes at least one household member who is over the age of 18, but not more than 62 years of age, who has a disability, and who is transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless.

Applicants who are admitted with Local Preferences are identified by codes in the automated system and are not maintained on separate lists. All applicants with a Local Preference will be placed on the waiting list with the highest priority. Those in category 1 –6 will be given 100 points (first priority) and those in category 7-8 will be given 90 points (second priority). Those in category 9-12 will receive 80 points (third priority).

Applicant families without dependent children and other singles that are not elderly or disabled will be given no preference and will not receive housing assistance unless all other family types have been assisted, regardless of date and time of application.

Project Based Vouchers:

Project Based Vouchers site-based waiting lists are always open and each project adopts its own specific preferences. These preferences are outlined in the project’s management plan.

Mainstream Program Vouchers

SHA’s Mainstream Program is an award of HUD funding that is targeted specifically for households with at least one non-elderly household member with a disability. The funding was awarded to a collaborative of 21 public housing authorities located in the State of Washington, including SHA. Mainstream agency partners include:

- Asotin County Housing Authority
- Bellingham/Whatcom County Housing Authority
- Bremerton Housing Authority
- Housing Authority of Chelan County and the City of Wenatchee
- Columbia Gorge Housing Authority
- Housing Authority of Grant County
- Housing Authority of Grays Harbor County
- Housing Authority of Island County
- Housing Authority of Skagit County
- Housing Authority of the City of Kennewick
- Housing Authority of the City of Pasco & Franklin County
- Housing Authority of the City of Yakima

Housing Opportunities of Southwest Washington
Kelso Housing Authority
Okanogan County Housing Authority
Peninsula Housing Authority
Renton Housing Authority
Tacoma Housing Authority
Walla Walla Housing Authority

Each partner agency is allocated a specific portion of the total funding award through an Interlocal Agreement. Each partner will select Mainstream Program participants from their Housing Choice Voucher waiting list in accordance with their adopted Housing Choice Voucher Administrative Plan.

Each partner agency will be required to:

1. Enter into an Interlocal Agreement with Spokane Housing Authority outlining the specific terms and conditions under which the Mainstream Program will be administered, including the roles and responsibilities of both SHA and the partner agency (See Example in Appendix 4-2).
2. Provide a copy of their board-approved Housing Choice Voucher Administrative Plan in effect at the time of the Interlocal Agreement and provide a copy of any subsequent revisions to said plan within 10 days of the board-approved revisions.
3. Amend their Housing Choice Voucher Administrative Plan within 90 days of the effective date of the Interlocal Agreement to include the following provisions that are required to address selection of participants for the Targeted Funding for the Mainstream Program:
 - *The PHA will provide an admission preference for "Mainstream Voucher Targeted Funding" for non-elderly persons with disabilities transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless. Said preference must be documented by a reliable source (i.e., institution, medical or behavioral health provider, Department of Social and Health Services, or supportive services partner).*
 - *The PHA will not require Mainstream Program participants to utilize support services as a condition for participation. Moreover, individuals with disabilities are not required to accept any services as a condition of housing assistance. Individuals may receive services from any provider of their choosing or choose not to participate in any services.*
 - *The PHA must allow eligible applicants to apply for the program directly through the PHA (if their waiting list is open) and cannot limit vouchers only to those being referred or approved through a supportive services partner agency. The PHA cannot give preference to referred persons over applicants who apply directly through the PHA for the program.*

4. Provide SHA with adequate documentation to verify that the participant referred to SHA for participation in the Mainstream Program has been selected in the order required by the PHA's Administrative Plan (i.e, they are next on the waiting list).
5. Make the applicant or participant file available upon request for quality control file audits required by the Section 8 Management Assessment Program (SEMAP).
6. Adhere to SHA Mainstream Voucher Program instructions for participant referral and program administration (see Appendix 4-3).

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the SHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, the SHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

SHA Policy

The SHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Record of monthly income targeting levels will be maintained on the monthly Voucher Utilization Report. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The SHA system of preferences may select families based on local preferences according to the date and time of application.[24 CFR 982.207(c)]. If the SHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

SHA Policy

Families will be selected from the waiting list based on the targeted funding or local selection preference(s) for which they qualify and in accordance with the SHA's hierarchy of preferences. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the SHA. Documentation will be maintained by the SHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the SHA does not have to ask higher placed families each time targeted selections are made.

If SHA determines that it must freeze voucher issuance based upon appropriation

shortfall or over-leasing of vouchers, SHA's policy is to freeze applicants on the waiting list with lowest local preference priority 1st, assuring proper order of selection is consistent with the order of call up.

4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, the SHA must notify the family.

SHA Policy

The SHA will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:

- Date, time and location of the scheduled application interview, including any procedures for rescheduling the interview;
- Who is required to attend the interview; and
- All documents that must be provided at the interview, including information about what constitutes acceptable documentation.

If a notification letter is returned to the SHA with no forwarding address, the family will be removed from the waiting list. A notice of denial (see Chapter 3) will be sent to the family's address of record, as well as to any known alternate address.

4-III.E. THE APPLICATION INTERVIEW

HUD recommends that the SHA obtain the information and documentation needed to make an eligibility determination through a face-to-face interview with a SHA representative [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if the SHA determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by the SHA [Notice PIH 2012-10].

Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability.

SHA Policy

- Families selected from the waiting list are required to participate in an eligibility interview.
- The head of household and the spouse/cohead will be strongly encouraged to attend the interview together. However, either the head of household or the spouse/cohead may attend the interview on behalf of the family. Verification of information pertaining to adult members of the household not present at the interview will not begin until signed release forms are returned to the SHA.
- The head of household or spouse/cohead must provide acceptable documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity.) If the family representative does not provide the required documentation at the time of the interview, he or she will be required to provide it within 10 business days.

- Pending disclosure and documentation of social security numbers, the SHA will allow the family to retain its place on the waiting list for **30 calendar days**. If not all household members have disclosed their SSNs at the next time the SHA is issuing vouchers, the SHA will issue a voucher to the next eligible applicant family on the waiting list.
- The family must provide the information necessary to establish the family's eligibility and determine the appropriate level of assistance, as well as completing required forms, providing required signatures and submitting required documentation. If any materials are missing, the SHA will provide the family with a written list of items that must be submitted.
- Any required documents or information that the family is unable to provide at the interview must be provided within 10 business days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of eligible noncitizen status). If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (See Chapter 3).
- An advocate, interpreter or other assistant may assist the family with the application and the interview process.
- Interviews will be conducted in English. For limited English proficient (LEP) applicants, the SHA will provide translation services in accordance with the SHA's LEP plan.
- If the family is unable to attend a scheduled interview, the family should contact the SHA in advance of the interview to schedule a new appointment. In all circumstances, if a family does not attend a scheduled interview, the SHA will offer one "second chance," if requested by the family within 60 calendar days. Applicants who fail to attend a scheduled interview or who do not request the "second chance" within 60 calendar days will be denied assistance based on the family's failure to supply information needed to determine eligibility.

4-III.F. COMPLETING THE APPLICATION PROCESS

The SHA must verify all information provided by the family (see Chapter 7). Based on verified information, the SHA must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted funding admission or selection preference that affected the order in which the family was selected from the waiting list.

SHA Policy

- If the SHA determines that the family is ineligible, the SHA will send written notification of the ineligibility determination within 10 business days of the determination. The notice will specify the reasons for ineligibility and will inform the family of its right to request an informal review (Chapter 16).
- If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list (e.g. targeted funding, extremely low-income), the

family will be returned to its original position on the waiting list. The SHA will notify the family in writing that it has been returned to the waiting list and will specify the reasons for it.

- If the SHA determines that the family is eligible to receive assistance, the SHA will invite the family to attend a briefing in accordance with the policies in Chapter 5.

Moving On Preference: See Page 4-12.

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive assistance under the HCV program, the family must submit an application that provides the SHA with the information needed to determine the family's eligibility. HUD requires the SHA to place all families that apply for assistance on a waiting list. When HCV assistance becomes available, the SHA must select families from the waiting list in accordance with HUD requirements and the SHA policies as stated in the administrative plan and the annual plan.

The SHA is required to adopt clear policies and procedures for accepting applications, placing families on the waiting list and selecting families from the waiting list and must follow these policies and procedures consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the SHA that justify their selection. Examples of this are the selection of families for income targeting and the selection of families that qualify for targeted funding.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance and that the SHA affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that the SHA will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and the SHA policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

Part I: The Application Process. This part provides an overview of the application process and discusses how applicants can obtain and submit applications. It also specifies how the SHA will handle the applications it receives.

Part II: Managing the Waiting List. This part presents the policies that govern how the SHA's waiting list is structured, when it is opened and closed and how the public is notified of the opportunity to apply for assistance. It also discusses the process the SHA will use to keep the waiting list current.

Part III: Selection for HCV Assistance. This part describes the policies that guide the SHA in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that the SHA has the information needed to make a final eligibility determination.

PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the SHA policies for making applications available, accepting applications making preliminary determinations of eligibility and the placement of applicants on the waiting

list. This part also describes the SHA's obligation to ensure the accessibility of the application process to elderly persons, people with disabilities and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16, Notice PIH 2009-36]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits the SHA to determine the format and content of HCV applications, as well how such applications will be made available to interested families and how applications will be accepted by the SHA. The SHA must include Form HUD-92006, Supplement to Application for Federally Assisted Housing, as part of the SHA's application.

SHA Policy

- Depending upon the length of time that applicants may need to wait to receive assistance, the SHA may use a one- or two-step application process.
- A one-step process will be used when it is expected that a family will be selected from the waiting list within 60 days of the date of application. At application, the family must provide all of the information necessary to establish family eligibility and level of assistance.
- A two-step process will be used when it is expected that a family will not be selected from the waiting list for at least 60 days from the date of application. Under the two-step application process, the SHA initially will require families to provide only the information needed to make an initial assessment of the family's eligibility and to determine the family's placement on the waiting list. The family will be required to provide all of the information necessary to establish family eligibility and level of assistance when the family is selected from the waiting list.
- When the waiting list is open for applications, families may submit electronic application forms from the SHA's office during normal business hours or on line utilizing a link located on the SHA's website at spokanehousing.org.
- Applications must be complete in order to be accepted by the SHA for processing. If an application is incomplete, the SHA will notify the family of the additional information required.

4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]

The SHA must take steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard SHA application process. This could include people with disabilities, certain elderly individuals, as well as persons with limited English proficiency (LEP). The SHA must provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible or the SHA must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of the SHA's policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

The SHA is required to take reasonable steps to ensure equal access to its programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full

discussion on the SHA's policies related to ensuring access to people with limited English proficiency (LEP).

4-I.D. PLACEMENT ON THE WAITING LIST

The SHA must review each complete application received and make a preliminary assessment of the family's eligibility. The SHA must accept applications from families for whom the list is open unless there is good cause for not accepting the application (such as denial of assistance) for the grounds stated in the regulations [24 CFR 982.206(b)(2)]. Where the family is determined to be ineligible, the SHA must notify the family in writing [24 CFR 982.201(f)]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list or to any particular position on the waiting list [24 CFR 982.202(c)].

Ineligible for Placement on the Waiting List

SHA Policy

If the SHA can determine from the information provided that a family is ineligible, the family will not be placed on the waiting list. Where a family is determined to be ineligible, the SHA will send written notification of the ineligibility determination within 10 business days of receiving a complete application. The notice will specify the reasons for ineligibility and will inform the family of its right to request an informal review and explain the process for doing so (see Chapter 16).

Eligible for Placement on the Waiting List

SHA Policy

- The SHA will send written notification of the preliminary eligibility determination within 10 business days of receiving a complete application.
- Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list.
- Applicants with a targeted or local preference will be placed on the waiting list according to any preference(s) for which they qualify and the date and time their complete application is received by the SHA.

PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

The SHA must have policies regarding various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for assistance, as well as conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how the SHA may structure its waiting list and how families must be treated if they apply for assistance from a PHA that administers more than one assisted housing program.

4-II.B. ORGANIZATION OF THE WAITING LIST [24 CFR 982.204 and 205]

The SHA's HCV waiting list must be organized in such a manner to allow the SHA to accurately identify and select families for assistance in the proper order, according to the admissions policies described in this plan.

The waiting list must contain the following information for each applicant listed:

- Applicant name;
- Family unit size;
- Date and time of application;
- Qualification for any targeted or local preference; and
- Racial or ethnic designation of the head of household.

HUD requires the SHA to maintain a single waiting list for the HCV program unless it serves more than one county or municipality. SHA is permitted, but not required, to maintain a separate waiting list for each county or municipality served.

SHA Policy

The SHA will maintain separate waiting lists for each PBV project and each HCV jurisdiction:

1. Spokane/Lincoln
2. Pend Oreille/Stevens
3. Ferry
4. Whitman

And for the following special funding categories:

1. Family Unification Program (FUP)
2. Veterans Affairs Supportive Housing (VASH)
3. Mainstream Voucher Program

HUD directs that a family that applies for assistance from the HCV program must be offered the opportunity to be placed on the waiting list for any public housing, project-based voucher or moderate rehabilitation program the SHA operates if 1) the other programs' waiting lists are open, and 2) the family is qualified for the other programs.

A family's decision to apply for, receive or refuse other housing assistance must not affect the family's placement on the HCV waiting list or any preferences for which the family may qualify.

SHA Policy

The SHA will not merge the HCV waiting list with the waiting list for any other program the SHA operates.

4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

The SHA will close tenant-based waiting lists when the estimated waiting period for housing assistance for applicants on the list reaches 12 months for the most current applicants.

The tenant-based waiting list is always open to an otherwise eligible applicant that:

1. Is a Project-Based Voucher household living in a project-based voucher contract unit approved by the SHA (who has reached the end of their first year of participation and who has requested a tenant-based voucher);
2. Is eligible as set forth by a HUD award of funding to the SHA for one of the following Targeted categories of HCV eligible families (see Section 4-III.B Targeted Funding):
 - a. Family Unification Program (FUP) Vouchers
 - b. Veterans Affairs Supported Housing (VASH)
 - c. Mainstream Voucher Program
3. Is eligible as set forth by the SHA's Local Preferences, Categories 1-6 ONLY (see Section 4-III.C Local Preferences).

The project-based voucher site-based waiting lists are always open.

Reopening the Waiting List

If the waiting list has been closed, it cannot be reopened until the SHA publishes a notice in local newspaper(s) of general circulation, minority media and other suitable media outlets. The notice must comply with HUD fair housing requirements and must specify who may apply and where and when applications will be received.

SHA Policy

- The SHA will announce the reopening of the waiting list at least 10 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice.
- The SHA will give public notice by publishing in the local paper, through minority media and other suitable means, including the SHA website and notification to community partners.

4-II.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

The SHA must conduct outreach as necessary to ensure that the SHA has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires the SHA to admit a specified percentage of extremely-low income families to the program (see Chapter 4, Part III), the SHA may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21].

SHA outreach efforts must comply with fair housing requirements. This includes:

- Analyzing the housing market area and the populations currently being served to identify underserved populations;
- Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program; and
- Avoiding outreach efforts that prefer or exclude people who are members of a protected class.

SHA outreach efforts must be designed to inform qualified families about the availability of assistance under the program. These efforts may include, as needed, any of the following activities:

- Submitting press releases to local newspapers, including minority newspapers;
- Developing informational materials and flyers to distribute to other agencies;
- Providing application access to other public and private agencies that serve the low income population; or
- Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities.

SHA Policy

The SHA will monitor the characteristics of the population being served and the characteristics of the population as a whole in the SHA's jurisdiction. Targeted outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

SHA Policy

While the family is on the waiting list, the family must immediately inform the SHA of changes in contact information, including current residence, mailing address, and phone number. The changes must be submitted in writing unless a reasonable accommodation has been granted to accommodate a disability.

4-II.F. UPDATING THE WAITING LIST [24 CFR 982.204]

HUD requires the SHA to establish policies to use when removing applicant names from the waiting list.

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to a SHA request for information or updates and the SHA determines that the family did not respond because of the family member's disability, the SHA must reinstate the applicant family to their former position on the waiting list [24 CFR 982.204(c)(2)].

SHA Policy

- The waiting list will be updated regularly to ensure that all applicants and applicant information is current and timely.
- To update the waiting list, the SHA will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in and to qualify for, the program. This update request will be sent to the last address that the SHA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

- The family's response must be in writing and may be delivered in person, by mail or by fax. Responses should be postmarked or received by the SHA not later than 10 business days from the date of the SHA letter.
- If the family fails to respond within 10 business days, the family will be removed from the waiting list without further notice.
- If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.
- If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 10 business days to respond from the date the letter was re-sent.
- If a family is removed from the waiting list for failure to respond, the SHA may reinstate the family if it is determined that the lack of response was due to SHA error or to circumstances beyond the family's control or as a reasonable accommodation.

Removal from the Waiting List

SHA Policy

- If at any time an applicant family is on the waiting list and the SHA determines that the family is not eligible for assistance (see Chapter 3), the family will be removed from the waiting list.
- If a family is removed from the waiting list because the SHA has determined the family is not eligible for assistance, a notice will be sent to the family's address of record as well as to any alternate address provided on the initial application. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding the SHA's decision (see Chapter 16) [24 CFR 982.201(f)].

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by the SHA and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The SHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the SHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the SHA may admit such families whether or not they are on the waiting list and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The SHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award SHA funding for a specified category of families on the waiting list. The SHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the SHA may skip families on the waiting list that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

SHA Policy

The SHA administers the following types of targeted funding:

Non-Elderly Disabled (NED) Vouchers – Vouchers available for families whose head or co-head is disabled but not elderly, at the time they reach the top of the waiting list.

Family Unification Program (FUP) Vouchers – Vouchers are available for two different populations:

1. Families for whom the lack of adequate housing is a primary factor in:
 - a. The imminent placement of the family's child or children in out-of-home care, or
 - b. The delay in the discharge of the child or children to the family from out-of-home care
2. Youth 18-24 years of age, who have left foster care at age 16 or older, or will leave foster care within 90 days, and is homeless or is at risk of becoming homeless.

There is no time limit on Family Unification vouchers for families, however, FUP vouchers for youth have a time limitation of 36 months.

Eligible households for the Family Unification Program must be referred by the Department of Social and Health Services', Department of Children and Family Services.

Veterans' Affairs Supported Housing (VASH) Vouchers – Vouchers available for homeless veterans referred by the Department of Veterans' Affairs (VA).

Section 811 Vouchers (Mainstream Voucher Program)—Vouchers available for households with one or more non-elderly persons with disabilities. This program is operated by SHA in multiple jurisdictions through Interlocal Agreements with 19 other public housing authorities in the state of Washington. The participant selection method for this targeted funding is outlined in 4-III.C.

In accordance with the NOFA requirements, Mainstream Targeted Vouchers will adhere to the following preferences for admission:

1. Individuals being released from institutional or other segregated settings. These include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy; policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.
2. Individuals at serious risk of institutionalization: This includes an individual with a disability who as a result of a public entity's failure to provide community services or its cut to such services will likely cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution. This includes individuals experiencing lack of access to supportive services for independent living, long waiting lists for or lack of access to housing combined with community based services, individuals currently living under poor housing conditions or homeless with barriers to geographic mobility, and/or currently living alone but requiring supportive services for independent living. A person cannot be considered at serious risk of institutionalization unless that person has a disability. An individual may be designated as at serious risk of institutionalization either by a health and human services agency, by a community-based organization, or by self-identification.
3. An individual that is homeless: Homeless means:
 - a) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state or local government programs for low income individuals); or
 - (iii) An individual who 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.
 - b) An individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - (ii) No subsequent residence has been identified; and
 - (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
- c) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition but who:
- (i) Are defined as homeless under 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. 1785(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - (ii) 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;
 - (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of application for homeless assistance; and
 - (iv) 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 addition; 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 Diploma (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- d) Any individual or family who:
- i) Is 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 residence;

- ii) Has no other residence; and
 - i) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

4. Any individual or family at risk of becoming homeless, which means:

- a) Does not have sufficient resources or support networks, 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 paragraph a) of the "Homeless: definition in this section; and
- b) Meets one of the following conditions:
 - (i) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homeless prevention assistance;
 - (ii) Is living in the home of another because of economic hardship;
 - (iii) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
 - (iv) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, state, or local government programs for low-income individuals;
 - (v) Lives in a Single Room Occupancy (SRO) or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
 - (vi) Is exiting a publicly funded institution, or system of care (such as a healthcare facility, a mental health facility, foster care or other youth facility, or correction program or institution; or
 - (vii) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

The SHA must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the SHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

The SHA is permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the SHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the SHA plan and the consolidated plan and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

SHA Policy

The SHA will use the following local preferences:

1. Any family that has been terminated from its HCV or other tenant-based rental assistance program due to insufficient program funding.
2. Applicants who are currently residing in good standing in a SHA owned housing unit who are required to move and cannot be placed in another unit.
3. Any family residing in SHA Public Housing who are affected by a RAD conversion and who meet the eligibility requirements of the HCV program.
4. Applicants who have resided in SHA Public Housing for at least one year, who are in good standing and who qualify for the Section 8 Homeownership Program.
5. Applicants who are currently in a Project-Based Voucher household living in a project-based voucher contract unit approved by the SHA (who has reached the end of their first year of participation and who have requested a tenant-based voucher). Some families may qualify for an exception which allows for an earlier conversion to a tenant based voucher; for information on this exception, please refer to the section of SHA's Administrative Plan within Chapter 18-VI.E Moves, entitled, "*Exception" located under the heading "Choice Mobility".
6. Any participant family that has successfully completed a short term housing assistance program administered by SHA in partnership with another local agency.
7. Family Unification Program (FUP) participants who have: 1) successfully participated in the FUP for at least one year; and 2) had their Department of Social and Health Services (DSHS), Children's Administration, dependency case closed for at least one year. Once a FUP household has been identified as having met these criteria, the SHA reserves the right to transfer up to five households per month to a regular voucher (not special program) in order to free up the FUP voucher for a new FUP referral from DSHS. The order of transfer will start with FUP households that have had their dependency cases closed for the longest period.
8. Referral Voucher Program (RVP), the SHA will issue up to 50 vouchers per month (turnover and/or newly awarded vouchers) through SHA's RVP. RVP vouchers are awarded through a Request for Proposal (RFP) process to non-profit and government led supportive service agencies. Partners are required to enter into a Memorandum of Agreement (MOA) that defines the target population and the services required to be offered to the participant by the partner agency. Participants will not be required to participate in the services; however, the partner agency must offer the services outlined on the MOA.

Moving On Preference -->

Note: Almost all people with project-based vouchers are in PSH with services. SHA's Moving On Preference allows people in PSH a preference to transition to a regular voucher to move on.

9. A family whose head, cohead, spouse, or sole member is a person with disabilities; two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.
10. A family whose head, cohead, spouse, or sole member is a person who is at least 62 years of age; two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides.
11. A family that includes at least one household member who is over the age of 18, but not more than 62 years of age, who has a disability, and who is transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless.

Applicants who are admitted with Local Preferences are identified by codes in the automated system and are not maintained on separate lists. All applicants with a Local Preference will be placed on the waiting list with the highest priority. Those in category 1 –6 will be given 100 points (first priority) and those in category 7-8 will be given 90 points (second priority). Those in category 9-12 will receive 80 points (third priority).

Applicant families without dependent children and other singles that are not elderly or disabled will be given no preference and will not receive housing assistance unless all other family types have been assisted, regardless of date and time of application.

Project Based Vouchers:

Project Based Vouchers site-based waiting lists are always open and each project adopts its own specific preferences. These preferences are outlined in the project’s management plan.

Mainstream Program Vouchers

SHA’s Mainstream Program is an award of HUD funding that is targeted specifically for households with at least one non-elderly household member with a disability. The funding was awarded to a collaborative of 21 public housing authorities located in the State of Washington, including SHA. Mainstream agency partners include:

- Asotin County Housing Authority
- Bellingham/Whatcom County Housing Authority
- Bremerton Housing Authority
- Housing Authority of Chelan County and the City of Wenatchee
- Columbia Gorge Housing Authority
- Housing Authority of Grant County
- Housing Authority of Grays Harbor County
- Housing Authority of Island County
- Housing Authority of Skagit County
- Housing Authority of the City of Kennewick
- Housing Authority of the City of Pasco & Franklin County
- Housing Authority of the City of Yakima

Housing Opportunities of Southwest Washington
Kelso Housing Authority
Okanogan County Housing Authority
Peninsula Housing Authority
Renton Housing Authority
Tacoma Housing Authority
Walla Walla Housing Authority

Each partner agency is allocated a specific portion of the total funding award through an Interlocal Agreement. Each partner will select Mainstream Program participants from their Housing Choice Voucher waiting list in accordance with their adopted Housing Choice Voucher Administrative Plan.

Each partner agency will be required to:

1. Enter into an Interlocal Agreement with Spokane Housing Authority outlining the specific terms and conditions under which the Mainstream Program will be administered, including the roles and responsibilities of both SHA and the partner agency (See Example in Appendix 4-2).
2. Provide a copy of their board-approved Housing Choice Voucher Administrative Plan in effect at the time of the Interlocal Agreement and provide a copy of any subsequent revisions to said plan within 10 days of the board-approved revisions.
3. Amend their Housing Choice Voucher Administrative Plan within 90 days of the effective date of the Interlocal Agreement to include the following provisions that are required to address selection of participants for the Targeted Funding for the Mainstream Program:
 - *The PHA will provide an admission preference for "Mainstream Voucher Targeted Funding" for non-elderly persons with disabilities transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless. Said preference must be documented by a reliable source (i.e., institution, medical or behavioral health provider, Department of Social and Health Services, or supportive services partner).*
 - *The PHA will not require Mainstream Program participants to utilize support services as a condition for participation. Moreover, individuals with disabilities are not required to accept any services as a condition of housing assistance. Individuals may receive services from any provider of their choosing or choose not to participate in any services.*
 - *The PHA must allow eligible applicants to apply for the program directly through the PHA (if their waiting list is open) and cannot limit vouchers only to those being referred or approved through a supportive services partner agency. The PHA cannot give preference to referred persons over applicants who apply directly through the PHA for the program.*

4. Provide SHA with adequate documentation to verify that the participant referred to SHA for participation in the Mainstream Program has been selected in the order required by the PHA's Administrative Plan (i.e, they are next on the waiting list).
5. Make the applicant or participant file available upon request for quality control file audits required by the Section 8 Management Assessment Program (SEMAP).
6. Adhere to SHA Mainstream Voucher Program instructions for participant referral and program administration (see Appendix 4-3).

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the SHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, the SHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

SHA Policy

The SHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Record of monthly income targeting levels will be maintained on the monthly Voucher Utilization Report. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The SHA system of preferences may select families based on local preferences according to the date and time of application.[24 CFR 982.207(c)]. If the SHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

SHA Policy

Families will be selected from the waiting list based on the targeted funding or local selection preference(s) for which they qualify and in accordance with the SHA's hierarchy of preferences. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the SHA. Documentation will be maintained by the SHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the SHA does not have to ask higher placed families each time targeted selections are made.

If SHA determines that it must freeze voucher issuance based upon appropriation

shortfall or over-leasing of vouchers, SHA's policy is to freeze applicants on the waiting list with lowest local preference priority 1st, assuring proper order of selection is consistent with the order of call up.

4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, the SHA must notify the family.

SHA Policy

The SHA will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:

- Date, time and location of the scheduled application interview, including any procedures for rescheduling the interview;
- Who is required to attend the interview; and
- All documents that must be provided at the interview, including information about what constitutes acceptable documentation.

If a notification letter is returned to the SHA with no forwarding address, the family will be removed from the waiting list. A notice of denial (see Chapter 3) will be sent to the family's address of record, as well as to any known alternate address.

4-III.E. THE APPLICATION INTERVIEW

HUD recommends that the SHA obtain the information and documentation needed to make an eligibility determination through a face-to-face interview with a SHA representative [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if the SHA determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by the SHA [Notice PIH 2012-10].

Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability.

SHA Policy

- Families selected from the waiting list are required to participate in an eligibility interview.
- The head of household and the spouse/cohead will be strongly encouraged to attend the interview together. However, either the head of household or the spouse/cohead may attend the interview on behalf of the family. Verification of information pertaining to adult members of the household not present at the interview will not begin until signed release forms are returned to the SHA.
- The head of household or spouse/cohead must provide acceptable documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity.) If the family representative does not provide the required documentation at the time of the interview, he or she will be required to provide it within 10 business days.

- Pending disclosure and documentation of social security numbers, the SHA will allow the family to retain its place on the waiting list for **30 calendar days**. If not all household members have disclosed their SSNs at the next time the SHA is issuing vouchers, the SHA will issue a voucher to the next eligible applicant family on the waiting list.
- The family must provide the information necessary to establish the family's eligibility and determine the appropriate level of assistance, as well as completing required forms, providing required signatures and submitting required documentation. If any materials are missing, the SHA will provide the family with a written list of items that must be submitted.
- Any required documents or information that the family is unable to provide at the interview must be provided within 10 business days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of eligible noncitizen status). If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (See Chapter 3).
- An advocate, interpreter or other assistant may assist the family with the application and the interview process.
- Interviews will be conducted in English. For limited English proficient (LEP) applicants, the SHA will provide translation services in accordance with the SHA's LEP plan.
- If the family is unable to attend a scheduled interview, the family should contact the SHA in advance of the interview to schedule a new appointment. In all circumstances, if a family does not attend a scheduled interview, the SHA will offer one "second chance," if requested by the family within 60 calendar days. Applicants who fail to attend a scheduled interview or who do not request the "second chance" within 60 calendar days will be denied assistance based on the family's failure to supply information needed to determine eligibility.

4-III.F. COMPLETING THE APPLICATION PROCESS

The SHA must verify all information provided by the family (see Chapter 7). Based on verified information, the SHA must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted funding admission or selection preference that affected the order in which the family was selected from the waiting list.

SHA Policy

- If the SHA determines that the family is ineligible, the SHA will send written notification of the ineligibility determination within 10 business days of the determination. The notice will specify the reasons for ineligibility and will inform the family of its right to request an informal review (Chapter 16).
- If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list (e.g. targeted funding, extremely low-income), the

family will be returned to its original position on the waiting list. The SHA will notify the family in writing that it has been returned to the waiting list and will specify the reasons for it.

- If the SHA determines that the family is eligible to receive assistance, the SHA will invite the family to attend a briefing in accordance with the policies in Chapter 5.

Local Competition Announcement

From: [Tuno, Rebekah](#)
To: [Sharon Stadelman](#); dawn.kinder@cceasternwa.org; [Stephen Miller \(smiller@voaspokane.org\)](mailto:Stephen.Miller@voaspokane.org); [Bridget Cannon](#); jenniferh@ywcaspokane.org; [Carol Weltz](#); [Susan Tyler-Babkirk](#); aseybert@SNAPWA.org
Cc: [Lewis, David G.](#); [Schreiber, Brenda](#); [Davis, Matthew R.](#); [Cato, Debbie](#); [Griffith, Teague](#)
Subject: FY 2021 CoC Program Renewal Project RFP - Applications DUE 7/30
Date: Tuesday, July 13, 2021 8:02:03 AM
Attachments: [image001.png](#)
[image002.gif](#)
[image003.gif](#)
[image004.gif](#)
[FY 2021 CoC Renewal Application RFP - 7.13.21.pdf](#)
Importance: High

Good Morning,

It's that time of year again! It's time to work on your CoC project renewal applications. While I am no longer on the CHHS Homeless Programs Team, I am helping them out with the Annual CoC Competition this year so you will see me throughout this process. I'm excited to be able to work with all of you again!

I've attached a copy of the CoC Renewal RFP to this email. The remaining materials — HMIS & Financial Performance packets, your housing first assessment application template, and pre-award risk assessment document — are available via my OneDrive link<https://spokane-my.sharepoint.com/:f:/g/personal/rtuno_spokanecity_org/EgyDGU2wbyNMgG7Su_Qmpt8Bo5X1IXnFSGZajEkiQJSH1g?e=BFEuuH>. As a reminder, you may submit one application packet for similar intervention-typed projects just as you have in the past. All supporting documentation is required to support your narratives. Don't forget to include page numbers to any documents you reference in your narratives to ensure you get full points.

We will also need you to submit a Pre-Award Risk Assessment so we have an updated version for all of your agencies. HUD does require us to consider the risk assessment responses for applications. In the past, we used recently submitted ones, but it's been too long to utilize those previously submitted.

All renewal application packages are due by 11:59 PM on July 30th. No late applications will be accepted. We will not be conducting a workshop for the renewal RFP this year. However, I'm happy to provide TA as you need it.

Please don't hesitate to reach out to me if you have any questions!

Kind regards,
Becky

[cid:image001.png@01D774E2.AE261040]
Rebekah Tuno | City of Spokane | Community, Housing & Human Services
Program Professional – HOME Program | 509.625.6321 | rtuno@spokanecity.org<<mailto:rtuno@spokanecity.org>>

I'm currently working remotely, so please direct phone calls to my home office phone line at (509)723-4194.

[cid:image002.gif@01D774E2.AE261040]<<http://www.spokanecity.org/>>[cid:image003.gif@01D774E2.AE261040]
<<http://facebook.com/spokanecity>>[cid:image004.gif@01D774E2.AE261040]<<http://twitter.com/spokanecity>>
ADVISORY: Please be advised the City of Spokane is required to comply with the Public Records Act (Chapter 42.56 RCW). As such, the information exchanged via email, including personal information, may ultimately be subject to disclosure as a public record.

Local Competition Announcement



spokanecity ▾

live ▾

work ▾

enjoy ▾

engage ▾



Continuum of Care RFP

FY 2021 Continuum of Care (CoC) Program Funds Available for New and Renewal Projects

The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless; and to optimize self-sufficiency among those experiencing homelessness.

The FY 2021 CoC Renewal Project RFP & Application are available as of July 13th, and can be found in the Related Documents Section. Please read the instructions in the Funding Notice before starting the application.

All application materials for renewal projects are due July 30th and must be submitted to chhsrfp@spokanecity.org & rtuno@spokanecity.org.

Related Documents

Continuum of Care FY 2021

- [FY 2021 CoC New Project Application RFP](#) (PDF 583 KB)
- [FY 2021 CoC Renewal Application RFP](#) (PDF 420 KB)
- [Housing First Assessment – Renewals](#) (Excel 263 KB)
- [CoC Renewal Project Review & Ranking Process](#) (PDF 195 KB)

Items of Interest

- [2020-2025 Strategic Plan to Prevent and](#)

Questions should be directed to Becky Tuno at rtuno@spokanecity.org.

Additionally, the City is initiating a Request for Proposals (RFP), asking social service agencies to fill out applications for new permanent supportive housing, rapid rehousing, and/or joint transitional rapid rehousing projects to serve persons experiencing homelessness and survivors of domestic violence, dating violence, and stalking. Additional funds are available for permanent supportive housing, rapid rehousing, and coordinated entry.

New project applications are available as of September 13th and are due October 3rd by 11:59 PM PST.

Applications must be submitted to chhsrfp@spokanecity.org & rtuno@spokanecity.org. Questions about this new project RFP should be directed to Becky Tuno at rtuno@spokanecity.org.

[End Homelessness](#)
(PDF 1.6 MB)

- [CHHS Board](#)
- [Funding Cycle Changes](#)

Related Documents

- [FY 2021 CoC Renewal Application RFP](#) (PDF 420 KB)
- [Housing First Assessment – Renewals](#) (Excel 263 KB)
- [CoC Renewal Project Review & Ranking Process](#) (PDF 195 KB)
- [FY 2021 CoC New Project Application RFP](#) (PDF 583 KB)
- [FY 2021 CoC New Project Application - Joint TH - RRH](#) (Word 79 KB)
- [FY 2021 CoC New Project Application - PSH](#) (Word 81 KB)
- [FY 2021 CoC New Project Application - RRH](#) (Word 79 KB)

- [FY 2021 CoC New Project Application - SSO CE](#) (Word 75 KB)
- [2021 New Project Application - Budget Tables](#) (Excel 50 KB)
- [Housing First Assessment – New Projects](#) (Excel 262 KB)
- [Standard CHHS Applicant Pre-Award Risk Assessment](#) (Word 21 KB)

Closed RFP(s)



The City of Choice



808 W. Spokane Falls Blvd.
Spokane, WA 99201

Dial 311 or 509.755.CITY (2489)

spokanecity ▾



[Terms of Use](#) • [Your Privacy](#) • [Legal Notices](#)

 [City of Spokane](#) • [Washington](#) • [USA](#)

CoC Project Review, Scoring & Ranking Procedures

TABLE OF CONTENTS

- I. Purpose of this Document
- II. Application Process
- III. CoC Project Review Procedure
- IV. Project Scoring and Ranking Procedure
- V. Reallocation Process
- VI. Appeal Process

CoC Project Review, Scoring & Ranking Procedures

I. Purpose of this Document

CoC Projects are reviewed, scored and ranked to ensure Spokane's Continuum of Care is strategically allocating resources across funding sources in a way that aligns with Spokane's Homeless Plan goals and The Federal Plan Home Together goals of ending homelessness. The purpose of this document is to detail the procedures for reviewing, scoring and ranking CoC Project applications prior to renewal.

II. Application Process

All renewal contracts are required to complete a separate renewal application. Agencies receiving multiple grants through the Continuum of Care (CoC) Program will be required to submit individual renewal applications for each grant. Projects will be ranked using two components: (1) Project accessibility & services provided and (2) Project Performance Report. Applications will be scored (100 points possible) and ranked by members of the Continuum of Care (CoC) Board RFP & Evaluation Committee comprised of non CoC-funded community members. Renewal applicants will be notified via writing whether their project was rejected, ranked, or reallocated.

III. CoC Project Review Procedure

The review process will be split into two components, reviewing three factors. The first component, the Staff Review, encompasses the barriers to entry and housing first philosophy of each project and is worth 45% of the project score. The second component, CoC Project Performance measures, will be reviewed by the RFP & Evaluation CoC Committee, and is worth 55% of the project score.

A. Staff Review

Component One: Barriers to Project entry and Housing First Philosophy (45% of total score). Projects are asked to review *Housing First Assessment* questions and provide backup documentation to staff explaining how they are putting these strategies into practice. Staff will review the application and backup documentation provided to determine if the project will receive points for each strategy. Questions are weighted equally for each project type (i.e. PSH, PH-RRH, TH, SSO).

B. CoC RFP & Evaluation Committee Review

Component Two: Project Performance (55% of total score).

The following information will be provided for each project to the RFP and Evaluation CoC Committee for review. Committee members will score the overall performance of the project. Performance data will be pulled from HMIS for the reporting period of 5/1/2020 – 4/30/2021 to

CoC Project Review, Scoring & Ranking Procedures

ensure that the data is as current as possible, and the period of performance is consistent between all projects reviewed.

Supportive Services Only Projects-

Project Performance:

Number of Households Served

Number of Households Served/Projected Households Served

Average # of Days Until Engagement

% of Households exiting to a permanent housing destination

% of Households who successfully exit from street outreach (street outreach typed projects only)

% of Households that exit to temporary & some institutional destinations (street outreach typed projects only)

Extent to which persons who exit homelessness to PH return to homelessness within 2 years

Financial Management:

Sub-recipient Award Amount

% of budget expended at CoC18 grant close out

% of budget expended at CoC19 grant to date

Costs per household served

Invoices Submitted on Time

Invoices Held for Compliance

Data Timeliness

Data Submitted

Data Submitted on Time

Supportive Services Only Projects- Coordinated Entry –

Project Performance:

Number of Households Served

Number of Households Served/Projected Households Served

Average Number of Days to Referral Acceptance

Exits to Permanent Destinations

Local Measure: Percentage of successful referral outcomes

Financial Management:

Sub-recipient Award Amount

% of budget expended at CoC18 grant close out

CoC Project Review, Scoring & Ranking Procedures

% of budget expended at CoC19 grant to date
Costs per household served
Invoices Submitted on Time
Invoices Held for Compliance

Data Timeliness

Data Submitted
Data Submitted on Time

Transitional Housing Projects-

Project Performance:

Average Utilization Rate
Number of Households Served
Number of Households Served/Projected Households Served Average Length of Time Homeless in Days
% of Households exiting to a permanent housing destination
% of Households exiting with income (adult leavers)
Extent to which persons who exit homelessness to PH return to homelessness within 2 years

Financial Management:

Sub-recipient Award Amount
% of budget expended at CoC18 grant close out
% of budget expended at CoC19 grant to date
Costs per household served
Invoices Submitted on Time
Invoices Held for Compliance

Data Timeliness

Data Submitted
Data Submitted on Time

Permanent Housing

Rapid Re Housing Projects-

Project Performance:

Number of Households Served
Number of Households Served/Projected Households Served Average Number of Days Until Housing Placement

CoC Project Review, Scoring & Ranking Procedures

% of Households exiting to a permanent destination

% of Households exiting with increased income (adult leavers)

Percentage of Households Exiting to Permanent Destinations Who Return to the System Within 2 Years

Financial Management:

Sub-recipient Award Amount

% of budget expended at CoC18 grant close out

% of budget expended at CoC19 grant to date

Costs per household served

Invoices Submitted on Time

Invoices Held for Compliance

Data Timeliness

Data Submitted

Data Submitted on Time

Permanent Supportive Housing Projects-

Project Performance:

Utilization Rate

Number of Households Served

Number of Households Served/Projected Households Served% of Households exiting to or retaining permanent housing

% of Households exiting with increased income

% of Households with Increased Income at Annual Assessment

% of Households Exiting to Permanent Destinations Who Return to the system Within 2 Years

Financial Management:

Sub-recipient Award Amount

% of budget expended at CoC18 grant close out

% of budget expended at CoC19 grant to date

Costs per household served

Invoices Submitted on Time

Invoices Held for Compliance

Data Timeliness

Data Submitted

Data Submitted on Time

CoC Project Review, Scoring & Ranking Procedures

IV. Project Scoring and Ranking Procedure

A. Scoring Procedure

The CoC Program Renewal Ranking Application which encompasses the first component is worth 45% of total score, the Project Performance Scoring is worth 55% of the total score.

Three staff members score the CoC Program Renewal Ranking Application for the barriers to entry and housing first model by the strategy listed. Each housing first and low barrier strategy is scored at 0%, 50% or 100%. Zero points are awarded for any strategy where the box is not checked, indicating that the project does not implement this practice OR for a box that was checked where there was no supporting documentation or contradictory supporting documentation. Fifty percent of the points are awarded for a box that is checked where supporting documentation is provided but does not clearly show how the statement is being implemented. One hundred percent of the points are awarded for a checked box and clear supporting documentation is provided showing how the strategy is being implemented.

Committee members are provided the project performance and financial management data listed above in Section III-B. Staff will provide the data and color code the performance measures to indicate how close the project is to meeting HUD's goals of project performance. Committee members will score the performance measures between 0-55.

B. Ranking Procedure

The average staff score is added to the average of the committee members' scores to get the overall score of the project. Projects are then ranked by the combined score for the initial ranking, not considering the re-allocated or bonus projects.

V. Reallocation Process

The committee reviews the ranking and recommends projects for reallocation based on timeliness of submitted application, if the project is low barrier and practicing a housing first model, and project performance measures. Any reallocation recommendations are to be approved first by the CoC Board.

VI. Appeal Process

Projects that were recommended for reallocation are notified by letter on a date to be determined and given the details on how to appeal the decision of the reallocation. Below is the appeal language each reallocated project will be given, ensuring each applicant had the necessary information to appeal the decision:

CoC Project Review, Scoring & Ranking Procedures

Project applicants that attempted to participate in the CoC planning process for FY 2021 funds in the geographic area in which they operate, that believe they were denied the right to participate in a reasonable manner may appeal the CoC's decision not to include their project application in the CoC Priority Listing for FY 2021 funds. In order to appeal, the project applicant must have submitted a Solo Application for funding to HUD, in e-snaps by the application submission deadline per the FY 2021 Continuum of Care Program Notice of Funding Availability released by the Department of Housing and Urban Development.

From: [Tuno, Rebekah](#)
To: [Tuno, Rebekah](#)
Cc: [Cato, Debbie](#); [Davis, Kirstin](#)
Subject: FY 2021 Continuum of Care New Project Funding Opportunity Public Notice
Date: Monday, September 13, 2021 5:09:14 PM
Attachments: [image001.png](#)
[FY 2021 CoC New Project Application RFP.pdf](#)
[2020-2025-strategic-plan-to-prevent-and-end-homelessness.pdf](#)

9/13/2021

Contact: Community, Housing and Human Services
625-6325

CITY SEEKS APPLICATIONS FOR
New Permanent Housing Projects to Serve Persons Experiencing Homelessness
New Permanent Supportive Housing and Rapid Re-housing Projects and Services for
Survivors of Domestic Violence, Dating Violence, and Stalking

The City of Spokane’s Community, Housing and Human Services Department is inviting social service agencies to apply to provide additional services to the homeless via the 2021 Continuum of Care (CoC) New Project Funding Notice.

The City is initiating a Request for Proposals (RFP), asking social service agencies to fill out applications for new permanent supportive housing, rapid rehousing, and/or joint transitional rapid rehousing projects to serve persons experiencing homelessness and/or survivors of domestic violence, dating violence, and stalking.

The CoC Program (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless; and to optimize self-sufficiency among those experiencing homelessness.

Funded projects will support Spokane's Strategic Plan to End Homelessness through innovative practices that limit barriers to entry and focus on permanent housing options for clients. All projects are required to adhere to Housing First principles for project delivery.

Applications for this RFP are available on the City’s Community, Housing and Human Services website, <https://my.spokanecity.org/chhs/funding-opportunities/continuum-of-care/>, and are due to the City’s Community, Housing and Human Services department no later than **Sunday, October 3, 2021 by 11:59 p.m. PST via email.** Please view the RFP document for the new

project RFP workshop meeting information and link.

Applications will not be accepted after 10/03/21 11:59 p.m. PST.

One-on-one technical assistance is available upon request. Please contact Becky Tuno, the RFP Coordinator, by phone at (509) 625-6321 or via email at rtuno@spokanecity.org for questions regarding project eligibility, consolidation/prioritization of multiple needs, clarification of application questions, etc.

Kind regards,

Becky



Rebekah Tuno | City of Spokane | Community, Housing & Human Services
HOME Program Manager | 509.625.6321 | rtuno@spokanecity.org

***If you are inquiring about a [home rehabilitation loan](#), please call (509) 505-3526.*



ADVISORY: Please be advised the City of Spokane is required to comply with the Public Records Act (Chapter 42.56 RCW). As such, the information exchanged via email, including personal information, may ultimately be subject to disclosure as a public record.

Project Review and Selection Process

Scoring tool (blank), page 1

Project: WA0XXX

Project Threshold Requirements	
	YES/NO
1. Applicant has active SAM registration with current information.	
2. Applicant has valid DUNS number in application.	
3. Applicant has no Outstanding Delinquent Federal Debts - It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds, unless: (a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or (b) Other arrangements satisfactory to HUD are made before the award of funds by HUD.	
4. Applicant has no Debarments and/or suspensions - In accordance with 2 CFR 2424 no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government.	
5. Disclosed any violations of Federal criminal law - Applicants must disclose in a timely manner, in writing to HUD, all violations of Federal criminal law involving fraud, bribery, or gratitude violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR Section 200.338, Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose to the pass-through entity from which it receives HUD funds.	
6. Submitted the required certifications as specified in the NOFA.	
7. Demonstrated the population to be served meets program eligibility requirements as described in the Act, and the project application establishes eligibility of project applicants. This includes any additional criteria for certain types of projects contained in the NOFA.	
8. Participation in HMIS - Project applicants must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, and personally identifying information about any client. Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards. While not prohibited from using HMIS, legal service providers may use a comparable database that complies with federal HMIS data and technical standards, if deemed necessary to protect attorney client privilege.	
9. Met HUD Expectations - When considering renewal projects for award, HUD will review information in eLOCCS; Annual performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants. HUD will also assess renewal projects using the following performance standards in relation to the project's prior grants: (a) Whether the project applicant's performance met the plans and goals established in the initial application, as amended; (b) Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met; (c) The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; (d) Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project	
10. Met HUD financial expectations - If a project applicant has previously received HUD grants, the organization must have demonstrated its ability to meet HUD's financial expectations. If any of the following have occurred, the project applicant would NOT meet this threshold criteria: (a) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon; (b) Audit finding(s) for which a response is overdue or unsatisfactory; (c) History of inadequate financial management accounting practices; (e) Evidence of untimely expenditures on prior award; (f) History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.	
11. Demonstrated Project is consistent with Jurisdictional Consolidated Plan(s) - All projects must be consistent with the relevant jurisdictional Consolidated Plan(s). The CoC will be required to submit a Certification of Consistency with the Consolidated Plan at the time of application submission to HUD.	
12. Commits to Housing First and/or Low Barrier implementation	
13. Documented, secured minimum match	
14. Project has reasonable costs per permanent housing exit, as defined locally	
15. Project is financially feasible	
16. Applicant is active CoC participant	
17. Application is complete and data are consistent	
18. Data quality at or above 90%	
19. Bed/unit utilization rate at or above 90%	

Scoring tool, blank (page 2)

Housing First Assessment							
Standard	Supporting Documentation		Notes	Implementation		Notes	TOTAL SCORE
	Documentation provided ADDRESSES question (.25pt)	Documentation provided addresses ALL ELEMENTS of question (.25 pt)		Documentation shows HOW the they implement on a daily basis via policy/process/procedures (.25 pt)	All documentation provides/shows the program is implementing comprehensively via policy/process & applicable tools (e.g. forms) (.25 pt)		
Applicable to:							
PSH, RRH, TH, SSO-CE, SSO	Access 1						0
PSH, RRH, TH, SSO-CE, SSO	Access 2						0
PSH, RRH, TH, SSO-CE, SSO	Access 3						0
PSH, RRH, TH, SSO-CE, SSO	Access 4						0
PSH, RRH, TH, SSO-CE, SSO	Access 5						0
PSH, RRH, TH, SSO-CE, SSO	Access 6						0
PSH, RRH, TH, SSO-CE, SSO	Access 7						0
PSH, RRH, TH, SSO-CE, SSO	Participant Input 1						0
PSH, RRH, TH, SSO-CE, SSO	Participant Input 2						0
PSH, RRH	Leases 1						0
PSH, RRH, TH	Leases 2						0
PSH, RRH, TH	Leases 3						0
PSH, RRH, TH	Leases 4						0
PSH, RRH, TH	Leases 5						0
PSH, RRH, TH	Leases 6						0
PSH, RRH, TH	Leases 7						0
PSH, RRH, TH	Services 1						0
PSH, RRH, TH	Services 2						0
PSH, RRH, TH	Services 3						0
PSH, RRH, TH	Services 4						0
PSH, RRH, TH	Services 5						0
PSH, RRH, TH	Services 6						0
PSH, RRH, TH	Services 7						0
PSH, RRH, TH	Housing 1						0
PSH, RRH, TH	Housing 2						0
PSH, RRH, TH	Housing 3						0
PSH, RRH, TH	Housing 4						0
RRH	Project 1						0
RRH	Project 2						0
PSH, RRH, TH, SSO-CE, SSO	Project 3						0
TH ONLY	Project 4						0
TH ONLY	Project 5						0
Population Specific Standards							
Population 1 - Youth							0
Population 2 - Youth							0
Population 3 - Youth							0
Population 4 - Youth							0
Population 1 - DV							0
Population 2 - DV							0
Population 3 - DV							0

Scoring tool, blank (page 3) - Renewals only. Not used for new projects

2021 CoC Project Renewal Application	CoC Project #:
Reporting Period:	Population Served:

Performance Measure	Scoring	Available	Awarded	Percentage
Permanent Housing: Percentage of households who exit to or retain permanent housing (CoC Measure 7b.2)	Exits to or Retention of Permanent Housing	12		0%
Returns to Homelessness: Percentage of returns to homelessness within 24 months of exit to permanent housing (CoC Measure 2a and 2b)	Returns to Homelessness	10		0%
Utilization: Rate of utilization (Average served per night/Maximum capacity)	Utilization	10		0%
Income Growth: Percentage of adult stayers with Income growth, including earned Income and non-employment cash (CoC Measure 4.3)	Income Growth	4		0%
Income Growth: Percentage of adult leavers with income growth, including earned income and non-employment cash (CoC Measure 4.6)	Income Growth	4		0%
Financial Management: Cost per household & Spend down CoC 16 & CoC 17	Financial Management	11		0%
Data Quality Reporting Timeliness	Data Quality Reporting Timeliness	4		0%
		55	0	

Additional Information:

Evaluator Comments:

Completed scoring tool for a renewal project

Project: VOA PSH (WA0111, WA0128, WA0129, WA0130, WA0218, WA0332)

Project Threshold Requirements		YES/NO
1. Applicant has active SAM registration with current information.		Yes
2. Applicant has valid DUNS number in application.		Yes
3. Applicant has no Outstanding Delinquent Federal Debts - It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds, unless: (a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or (b) Other arrangements satisfactory to HUD are made before the award of funds by HUD.		No N/A N/A
4. Applicant has no Debarments and/or suspensions - In accordance with 2 CFR 2424 no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government.		No
5. Disclosed any violations of Federal criminal law - Applicants must disclose in a timely manner, in writing to HUD, all violations of Federal criminal law involving fraud, bribery, or gratitude violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR Section 200.338, Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose to the pass-through entity from which it receives HUD funds.		No
6. Submitted the required certifications as specified in the NOFA.		Yes
7. Demonstrated the population to be served meets program eligibility requirements as described in the Act, and the project application establishes eligibility of project applicants. This includes any additional criteria for certain types of projects contained in the NOFA.		Yes
8. Participation in HMIS - Project applicants must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, and personally identifying information about any client. Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards. While not prohibited from using HMIS, legal service providers may use a comparable database that complies with federal HMIS data and technical standards, if deemed necessary to protect attorney client privilege.		Yes
9. Met HUD Expectations - When considering renewal projects for award, HUD will review information in eLOCCS; Annual performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants. HUD will also assess renewal projects using the following performance standards in relation to the project's prior grants: (a) Whether the project applicant's performance met the plans and goals established in the initial application, as amended; (b) Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met; (c) The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; (d) Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project		Yes Yes Yes Yes No
10. Met HUD financial expectations - If a project applicant has previously received HUD grants, the organization must have demonstrated its ability to meet HUD's financial expectations. If any of the following have occurred, the project applicant would NOT meet this threshold criteria: (a) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon; (b) Audit finding(s) for which a response is overdue or unsatisfactory; (c) History of inadequate financial management accounting practices; (e) Evidence of untimely expenditures on prior award; (f) History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.		Yes No No No No No
11. Demonstrated Project is consistent with Jurisdictional Consolidated Plan(s) - All projects must be consistent with the relevant jurisdictional Consolidated Plan(s). The CoC will be required to submit a Certification of Consistency with the Consolidated Plan at the time of application submission to HUD.		Yes
12. Commits to Housing First and/or Low Barrier implementation		Yes
13. Documented, secured minimum match		Yes
14. Project has reasonable costs per permanent housing exit, as defined locally		Yes
15. Project is financially feasible		Yes
16. Applicant is active CoC participant		Yes
17. Application is complete and data are consistent		Yes
18. Data quality at or above 90%		Yes
19. Bed/unit utilization rate at or above 90%		Yes

94%

Completed scoring tool for a renewal project

2021 CoC Project Renewal Application	CoC Project #: WA-130 PSH
Reporting Period: 5/1/202 to 4/30/2021	Population Served: Single Men + Single Women

Performance Measure	Scoring	Available	Awarded	Percentage
Permanent Housing: Percentage of households who exit to or retain permanent housing (CoC Measure 7b.2)	Exits to or Retention of Permanent Housing	12	12	100%
Returns to Homelessness: Percentage of returns to homelessness within 24 months of exit to permanent housing (CoC Measure 2a and 2b)	Returns to Homelessness	10	10	100%
Utilization: Rate of utilization (Average served per night/Maximum capacity)	Utilization	10	10	100%
Income Growth: Percentage of adult stayers with Income growth, including earned Income and non-employment cash (CoC Measure 4.3)	Income Growth	4	3	75%
Income Growth: Percentage of adult leavers with income growth, including earned income and non-employment cash (CoC Measure 4.6)	Income Growth	4	4	100%
Financial Management: Cost per household & Spend down CoC 16 & CoC 17	Financial Management	11	10	91%
Data Quality Reporting Timeliness	Data Quality Reporting Timeliness	4	3	75%

55

52

Additional Information:

Evaluator Comments:

Scored Projects

Project	Intervention	Committee Average	Staff	Total
New	PSH			97.58
New	PSH			95.80
WA0457	PSH		96.09	96.09
WA0130	PSH	52.00	43.26	95.26
WA0373	CE	51.50	43.50	95.00
WA0218	PSH	51.67	43.26	94.93
WA0288	RRH	52.00	42.50	94.50
WA0353	RRH	52.00	42.50	94.50
WA0420	RRH	51.00	43.31	94.31
WA0129	PSH	51.00	43.26	94.26
WA0111	PSH	50.33	43.26	93.59
WA0418	PSH	50.50	42.26	92.76
WA0128	PSH	49.33	43.26	92.59
WA0374	PSH	49.67	42.19	91.86
WA0126	TH	49.00	42.16	91.16
WA0109	TH	48.33	41.60	89.93
WA0331	RRH	48.67	34.63	83.30
WA0330	CE	51.50	30.38	81.88
WA0125	SSO - SO	35.00	45.00	80.00
WA0119	RRH	44.33	34.63	78.96

Project Reductions public notice -- project contacts highlighted in pink. Final reductions announced in this email are reflected in the final rankings found at the end of this document as well as in the attachment that was part of this email (see spreadsheet after this email).

From: [Finch, Eric](#)
To: [Norman, Danielle](#); ["ajchapman@help4women.org"](#); ["dalebriese82@gmail.com"](#); ["lromero@voaspokane.org"](#); ["jenniferh@ywcaspokane.org"](#); ["fschott@voaspokane.org"](#); ["micheleh@giin.org"](#); ["phaley@spokanevalley.org"](#); [Crowley, Tim](#); [Singley, David](#); ["calderman@fbhwa.org"](#); ["mmattke@wdcspokane.com"](#); ["erik.larson@dshs.wa.gov"](#); ["pparr@spokanehousing.org"](#); ["CathreneN@DVA.WA.GOV"](#); ["bob.lutz@doh.wa.gov"](#); ["jsimpson@spokaneeve.com"](#); ["danielklemme@gmail.com"](#); ["bdavenport2@ewu.edu"](#); ["Robert.lippman@providence.org"](#); ["AndreyM@unitedwayspokane.org"](#); [Ben Stuckart](#); ["JTCampbell@chas.org"](#); ["aanderson@spokanevalley.org"](#); ["barrybarfield@gmail.com"](#); ["Cdorcheus@spokanecounty.org"](#); [Morrison, Melissa](#); ["erice-sauer@help4women.org"](#); ["sgraves@familypromiseofspokane.org"](#); ["mchandler@voaspokane.org"](#); ["jhenrichsen@voaspokane.org"](#); ["bower@snapwa.org"](#); ["CecilyF@unitedwayspokane.org"](#); ["bcannon@voaspokane.org"](#); ["BradenF@giin.org"](#); ["david.sackmann@ceasternwa.org"](#); ["ERobison@giin.org"](#); [Shannon Boniface](#); [Burnett, Kelly](#); [Davis, Kirstin](#); [Ramos III, Daniel](#); [Tuno, Rebekah](#); [Ferguson, Cecily](#); ["morgans@unitedwayspokane.org"](#); ["mwstimson@gmail.com"](#); ["mdunn@esd101.net"](#)
Cc: [Larson, Erik \(DCYF\)](#); [Mark Mattke](#); [Walker, Brian B.](#); [Amanda Boyer](#); [katie@thinkwritetogrow.com](#); [Sharon Stadelman](#); [CHHS Leadership](#)
Subject: Re: CoC Full Board Meeting - Final HUD NOFO Project Ranking sheet - three options
Date: Saturday, October 30, 2021 2:15:08 PM
Attachments: [FY 2021 CoC Project Ranking 10-29-21 BOARD RECOMMENDATION three options.xlsx](#)

All,

Sending on behalf of the RFP and Evaluation Committee and Ben Stuckart (away until tomorrow afternoon). We wanted to ensure the full CoC Board had this latest information ahead of the 8am Monday November 1st Board meeting where the attached project ranking list will be reviewed, discussed, and then finalized/approved. This must occur by Nov 1st as the City needs to post by that day to meet the HUD 15 day public notice requirement of the prioritized project list.

The attached spreadsheet presents three ranking options. The first option was the CoC Board voted item from last week, the second option was the original recommendation by the RFP Committee to look at better utilization of some RRH dollars into other projects; and the third option grew out of feedback discussion and is a hybrid of the first and second options. The third option acknowledges that the brunt of any re-allocation should be borne by projects that were ranked lowest on the list based on overall scores (rather than due to underspending which is not a large part of the scoring rubric today).

We invite you to review either of the detailed tabs that shows the annualized dollar performance during the past year which in major part led to the RFP and Eval Committee to recommend some minor reallocation of RRH dollars to fund both new projects and COLA adjustments for other projects. In most cases, discussions with project partners indicated that the future financial performance for RRH is expected to be much better now that they have developed processes and staffing to address the more complicated rental and housing market. All on staff and the committee acknowledge that the past year is a difficult period to look at performance trends based on unique COVID and housing environments.

The attached spreadsheet presents three ranking options:

- The first option reflects the CoC Board vote on Wednesday by adding a 5% COLA to all renewal projects except WA0457 (only rolls into UFA in 3Q 2022) and HMIS (HUD

calculated). This results in the last three projects falling into Tier 2 for funding.

- The second option was originally recommended by the RFP Committee to fund both new projects, COLAs, and was based on underspent RRH projects to prevent any projects from falling below the dotted line. It reallocates funds away from RRH projects that were underspent with a weighting based on past RRH financial performance. The RFP Committee wanted some level of review of this and feedback, especially since the period is difficult to assess for financial performance due to environmental conditions. This led to the third option which was developed after brief general conversations on the projects that could be affected by this option.
- The third option is a hybrid of the other two with minor reallocation of RRH and with renewal COLAs. It acknowledges that the brunt of the reallocation should be borne by project(s) that were ranked lowest on the list based on overall scores rather than on projects that are underspent but otherwise scored high on the list. Four of the RFP and Evaluation Committee members that reviewed Option 3 from yesterday and responded changed their recommendation to this third option. The rest of committee have not yet responded and four votes is not a quorum at this point, but 100% of those that have responded. If they respond back before Monday we will update you at the start of the 8am meeting with any additional information received.

We are mindful about the times it has taken to get to this point, and appreciate the past input and patience. We look forward to your final review, discussion, and approval on Monday morning.

Let Ben Stuckart and I know if you have any questions.

Regards,

Eric and the CHHS/Contract HUD NOFO Grants Team
on behalf of the RFP and Evaluation Committee

Eric Finch | City of Spokane | Chief Innovation and Technology Officer - Mayor's Cabinet
O: 509.625-6455 C:559.287.0177 | efinch@spokanecity.org | spokanecity.org

Emails and attachments sent to or from the City, including personal information, are presumptively public records that are subject to disclosure. - Chapter 42.56 RCW

From: Norman, Danielle

Sent: Thursday, October 21, 2021 9:35 AM

To: Norman, Danielle <dnorman@spokanecity.org>; 'ajchapman@help4women.org' <ajchapman@help4women.org>; 'dalebriese82@gmail.com' <dalebriese82@gmail.com>; 'lromero@voaspokane.org' <lromero@voaspokane.org>; 'jenniferh@ywcaspokane.org'

This spreadsheet was attached to the email. Other reductions not highlighted in this spreadsheet were known by projects because the request they submitted with their renewal application was a reduction from the GIW.

Option that reallocates dollars to fund new projects and renewal COLAs from under-performing (mainly RRH) projects

Project Name	Population	Project	Intervention	Committee Average	Staff	Total	Original Request By Project	Revised Request with COLA	Factor
City of Spokane HMIS Project	System (HMIS)	WA0329					\$ 197,468	\$ 197,468	100.00%
	NEW PSH (CCEW)		PSH			97.58	\$ 203,218	\$ 203,218	100.00%
	NEW PSH (VOA)		PSH			95.80	\$ 203,000	\$ 203,000	100.00%
Hope House 2.0	Chronic	WA0457	PSH		96.09	96.09	\$ 182,201	\$ 182,201	100.00%
VOA / Samaritan 05-06	Chronic	WA0130	PSH	52.00	43.26	95.26	\$ 213,427	\$ 224,098	105.00%
HFCA Renewal DV Expansion	System	WA0373	CE	51.50	43.50	95.00	\$ 249,018	\$ 249,018	100.00%
VOA Samaritan III	Chronic	WA0218	PSH	51.67	43.26	94.93	\$ 135,745	\$ 142,532	105.00%
CCEW RRH for Families Consolidation	Families	WA0288	RRH	52.00	42.50	94.50	\$ 498,100	\$ 473,195	95.00%
YWCA Rapid Rehousing for Households with Children	Families	WA0353	RRH	52.00	42.50	94.50	\$ 343,527	\$ 326,351	95.00%
YWCA RRH for Survivors of DV	Families & Singles	WA0420	RRH	51.00	43.31	94.31	\$ 313,185	\$ 328,844	105.00%
VOA Off-Site PSH	Chronic	WA0129	PSH	51.00	43.26	94.26	\$ 300,391	\$ 315,411	105.00%
VOA PSH Off Site	Chronic	WA0111	PSH	50.33	43.26	93.59	\$ 293,880	\$ 308,574	105.00%
CCEW PSH II	Chronic	WA0418	PSH	50.50	42.26	92.76	\$ 215,949	\$ 226,746	105.00%
VOA Hope House	Chronic	WA0128	PSH	49.33	43.26	92.59	\$ 54,708	\$ 57,443	105.00%
CCEW PSH Consolidation CoC 2019	Chronic	WA0374	PSH	49.67	42.19	91.86	\$ 219,869	\$ 219,869	100.00%
VOA Alexandria's House	Pregnant & Parenting Youth	WA0126	TH	49.00	42.16	91.16	\$ 72,572	\$ 76,201	105.00%
Catholic Charities SMS TH	Families	WA0109	TH	48.33	41.60	89.93	\$ 64,529	\$ 67,755	105.00%
SNAP Rapid Rehousing for Households without Children	Singles	WA0331	RRH	48.67	34.63	83.30	\$ 194,834	\$ 185,092	95.00%
Coordinated Assessment – SHCA	System	WA0330	CE	51.50	30.38	81.88	\$ 141,273	\$ 148,337	105.00%
Transitions / Women's Hearth	Women	WA0125	SSO - SO	35.00	45.00	80.00	\$ 21,055	\$ 22,108	105.00%
SNAP Small Cities Rapid Rehousing	Singles	WA0119	RRH	44.33	34.63	78.96	\$ 148,824	\$ 110,118	74.00%
Total							\$ 4,266,773	\$ 4,267,579	

\$ 4,267,579 \$ (0)

5%

Annual Renewal Demand (ARD) \$ 4,064,361 \$ 203,218.05 CoC Bonus
 Total with CoC bonus \$ 4,267,579

- A hybrid option that looks at RRH reductions but weights the higher scoring projects:
- Fully fund both new projects
 - Allocate 105% to projects that have financially performed well to have COLAs
 - Allocate 100% to new projects including new to UFA in Aug 2022 VOA Hope House 2.0; lesser financially performing
 - Reallocate 5% from underspent RRH to fully fund new projects and renewal COLAs
 - Reallocate 26% from lowest scoring program RHH WA0119 to get to HUD ARD + CoC Bonus total

From: [Davis, Kirstin](#)
 To: [katie@thinkwritetoprow.com](#); [Bamos III, Daniel](#)
 Cc: [Walker, Brian B.](#); [Finch, Eric](#)
 Subject: RE: NFOFO Screenshot Required, perhaps?
 Date: Monday, November 1, 2021 5:40:58 PM
 Attachments: [image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[image003.png](#)
[RE-UPDATE CHHS NFOFO Information \(731_KB\).msg](#)

Maybe these screen shots (I included the time in the bottom right hand corner) and this email? I can ask web to see if they can provide a time-stamped sort of thing tomorrow.

Project	Population	Intervention	Committee Average	Staff	Total	ARD
WA0329	System (HMIS)					\$ 197,468
NEW	PSH (CEW)	PSH		97.58		\$ 203,218
NEW	PSH (VCA)	PSH		95.80		\$ 203,000
WA0457	Chronic	PSH		96.09	96.09	\$ 182,201
WA0130	Chronic	PSH	52.00	43.26	95.26	\$ 224,098
WA0372	System	CE	51.50	43.50	95.00	\$ 249,018
WA0218	Chronic	PSH	51.67	43.26	94.93	\$ 142,532
WA0288	Families	RRH	52.00	42.50	94.50	\$ 473,195
WA0353	Families	RRH	52.00	42.50	94.50	\$ 326,351
WA0420	Families & Singles	RRH	51.00	43.31	94.31	\$ 328,844
WA0129	Chronic	PSH	51.00	43.26	94.26	\$ 315,411
WA0111	Chronic	PSH	50.33	43.26	93.59	\$ 308,574
WA0418	Chronic	PSH	50.50	42.26	92.76	\$ 226,746
WA0128	Chronic	PSH	49.33	43.26	92.59	\$ 57,443
WA0374C	Chronic	PSH	49.67	42.19	91.86	\$ 219,869
WA0126	Pregnant & Parenting Youth	TH	49.00	42.16	91.16	\$ 76,201
WA0109	Families	TH	48.33	41.00	89.33	\$ 67,755
WA0331	Singles	RRH	48.67	34.63	83.30	\$ 185,092
WA0330	System	CE	51.50	30.38	81.88	\$ 148,337
WA0125	Women	SSD - SD	35.00	45.00	80.00	\$ 22,108
WA0119	Singles	RRH	44.33	34.63	78.96	\$ 116,118
Total						\$ 4,267,579
Annual Renewal Demand (ARD)						\$ 4,064,301
Total ARD plus CoC bonus						\$ 4,267,579

Project Consolidations
 WA0128, WA0129, WA0130, WA0218 WA0130C \$ 739,485

Approved by CoC Board

- Fully fund both new projects
- Allocate 105% to projects that have financially performed well to have COLAs
- Allocate 100% to new projects including new to UFA in Aug 2022 VDA Hope House 2.0
- Reallocate 5% from underspent RRH to fully fund new projects and renewal COLAs
- Reallocate 26% from lowest scoring program RRH WA0119 to get to HUD ARD + CoC Bonus total

Kirstin

From: [Davis, Kirstin](#)
 To: [katie@thinkwritepro.com](#); [Bamos III, Daniel](#)
 Cc: [Walker, Brian B.](#); [Finch, Eric](#)
 Subject: RE: NFOFO Screenshot Required, perhaps?
 Date: Monday, November 1, 2021 5:40:58 PM
 Attachments: [image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[image001.png](#)
[RE-UPDATE CHHS NFOFO Information \(731_KB\).msg](#)

Public Posting - Projects Accepted

Posted November 1, 2021

Maybe these screen shots (I included the time in the bottom right hand corner) and this email? I can ask web to see if they can provide a time-stamped sort of thing tomorrow.

Project	Population	Intervention	Committee Average	Staff	Total	ARD
WA0329	System (HMIS)					\$ 197,468
NEW	PSH (CEW)	PSH		97.58		\$ 203,218
NEW	PSH (VCA)	PSH		95.80		\$ 203,000
WA0457	Chronic	PSH		96.09	96.09	\$ 182,201
WA0130	Chronic	PSH	52.00	43.26	95.26	\$ 224,098
WA0372	System	CE	51.50	43.50	95.00	\$ 249,018
WA0218	Chronic	PSH	51.67	43.26	94.93	\$ 142,532
WA0288	Families	RRH	52.00	42.50	94.50	\$ 473,195
WA0353	Families	RRH	52.00	42.50	94.50	\$ 326,351
WA0420	Families & Singles	RRH	51.00	43.31	94.31	\$ 328,844
WA0129	Chronic	PSH	51.00	43.26	94.26	\$ 315,411
WA0111	Chronic	PSH	50.33	43.26	93.59	\$ 308,574
WA0418	Chronic	PSH	50.50	42.26	92.76	\$ 226,746
WA0128	Chronic	PSH	49.33	43.26	92.59	\$ 57,443
WA0374C	Chronic	PSH	49.67	42.19	91.86	\$ 219,869
WA0126	Pregnant & Parenting Youth	TH	49.00	42.16	91.16	\$ 76,201
WA0109	Families	TH	48.33	41.60	89.93	\$ 67,755
WA0331	Singles	RRH	48.67	34.63	83.30	\$ 185,092
WA0330	System	CE	51.50	30.38	81.88	\$ 148,337
WA0125	Women	SSD - SD	35.00	45.00	80.00	\$ 22,108
WA0119	Singles	RRH	44.33	34.63	78.96	\$ 116,118
Total						\$ 4,267,579
Annual Renewal Demand (ARD)						\$ 4,064,301
Total ARD plus CoC bonus						\$ 4,267,579

Project Consolidations

WA0128, WA0129, WA0130, WA0218 WA0130C \$ 739,485

Approved by CoC Board

- Fully fund both new projects
- Allocate 105% to projects that have financially performed well to have COLAs
- Allocate 100% to new projects including new to UFA in Aug 2022 VDA Hope House 2.0
- Reallocate 5% from underspent RRH to fully fund new projects and renewal COLAs
- Reallocate 26% from lowest scoring program RRH WA0119 to get to HUD ARD + CoC Bonus total

Kirstin

Public Posting Projects Accepted

This email notifies the CoC Board and CoC partners that the public notice will be available on November 1. Email addresses for partners who submitted renewals are highlighted in pink.

From: [Finch, Eric](#)
To: [Norman, Danielle](#); ["ajchapman@help4women.org"](#); ["dalebriese82@gmail.com"](#); ["lromero@voaspokane.org"](#); ["jenniferh@ywcaspokane.org"](#); ["fschott@voaspokane.org"](#); ["micheleh@giin.org"](#); ["phaley@spokanevalley.org"](#); [Crowley, Tim](#); [Singley, David](#); ["calderman@fbhwa.org"](#); ["mmattke@wdcspokane.com"](#); ["erik.larson@dshs.wa.gov"](#); ["pparr@spokanehousing.org"](#); ["CathreneN@DVA.WA.GOV"](#); ["bob.lutz@doh.wa.gov"](#); ["jsimpson@spokaneeye.com"](#); ["danielklemme@gmail.com"](#); ["bdavenport2@ewu.edu"](#); ["Robert.lippman@providence.org"](#); ["AndreyM@unitedwayspokane.org"](#); [Ben Stuckart](#); ["JTCampbell@chas.org"](#); ["aanderson@spokanevalley.org"](#); ["barrybarfield@gmail.com"](#); ["Cdorcheus@spokanecounty.org"](#); [Morrison, Melissa](#); ["erice-sauer@help4women.org"](#); ["sgraves@familypromiseofspokane.org"](#); ["mchandler@voaspokane.org"](#); ["jhenrichsen@voaspokane.org"](#); ["bower@snapwa.org"](#); ["CecilyF@unitedwayspokane.org"](#); ["bcannon@voaspokane.org"](#); ["BradenF@giin.org"](#); ["david.sackmann@cceasternwa.org"](#); ["ERobison@giin.org"](#); [Shannon Boniface](#); [Burnett, Kelly](#); [Davis, Kirstin](#); [Ramos III, Daniel](#); [Tuno, Rebekah](#); [Ferguson, Cecily](#); ["morgans@unitedwayspokane.org"](#); ["mwstimson@gmail.com"](#); ["mdunn@esd101.net"](#)
Cc: [Larson, Erik \(DCYF\)](#); [Mark Mattke](#); [Walker, Brian B.](#); [Amanda Boyer](#); [katie@thinkwritetgrow.com](#); [Sharon Stadelman](#); [CHHS Leadership](#)
Subject: Re: CoC Full Board Meeting - Final HUD NOFO Project Ranking sheet - three options
Date: Saturday, October 30, 2021 2:15:08 PM
Attachments: [FY 2021 CoC Project Ranking 10-29-21 BOARD RECOMMENDATION three options.xlsx](#)

All,

Sending on behalf of the RFP and Evaluation Committee and Ben Stuckart (away until tomorrow afternoon). We wanted to ensure the full CoC Board had this latest information ahead of the 8am Monday November 1st Board meeting where the attached project ranking list will be reviewed, discussed, and then finalized/approved. This must occur by Nov 1st as the City needs to post by that day to meet the HUD 15 day public notice requirement of the prioritized project list.

The attached spreadsheet presents three ranking options. The first option was the CoC Board voted item from last week, the second option was the original recommendation by the RFP Committee to look at better utilization of some RRH dollars into other projects; and the third option grew out of feedback discussion and is a hybrid of the first and second options. The third option acknowledges that the brunt of any re-allocation should be borne by projects that were ranked lowest on the list based on overall scores (rather than due to underspending which is not a large part of the scoring rubric today).

We invite you to review either of the detailed tabs that shows the annualized dollar performance during the past year which in major part led to the RFP and Eval Committee to recommend some minor reallocation of RRH dollars to fund both new projects and COLA adjustments for other projects. In most cases, discussions with project partners indicated that the future financial performance for RRH is expected to be much better now that they have developed processes and staffing to address the more complicated rental and housing market. All on staff and the committee acknowledge that the past year is a difficult period to look at performance trends based on unique COVID and housing environments.

The attached spreadsheet presents three ranking options:

- The first option reflects the CoC Board vote on Wednesday by adding a 5% COLA to all renewal projects except WA0457 (only rolls into UFA in 3Q 2022) and HMIS (HUD

calculated). This results in the last three projects falling into Tier 2 for funding.

- The second option was originally recommended by the RFP Committee to fund both new projects, COLAs, and was based on underspent RRH projects to prevent any projects from falling below the dotted line. It reallocates funds away from RRH projects that were underspent with a weighting based on past RRH financial performance. The RFP Committee wanted some level of review of this and feedback, especially since the period is difficult to assess for financial performance due to environmental conditions. This led to the third option which was developed after brief general conversations on the projects that could be affected by this option.
- The third option is a hybrid of the other two with minor reallocation of RRH and with renewal COLAs. It acknowledges that the brunt of the reallocation should be borne by project(s) that were ranked lowest on the list based on overall scores rather than on projects that are underspent but otherwise scored high on the list. Four of the RFP and Evaluation Committee members that reviewed Option 3 from yesterday and responded changed their recommendation to this third option. The rest of committee have not yet responded and four votes is not a quorum at this point, but 100% of those that have responded. If they respond back before Monday we will update you at the start of the 8am meeting with any additional information received.

We are mindful about the times it has taken to get to this point, and appreciate the past input and patience. We look forward to your final review, discussion, and approval on Monday morning.

Let Ben Stuckart and I know if you have any questions.

Regards,

Eric and the CHHS/Contract HUD NOFO Grants Team
on behalf of the RFP and Evaluation Committee

Eric Finch | City of Spokane | Chief Innovation and Technology Officer - Mayor's Cabinet
O: 509.625-6455 C:559.287.0177 | efinch@spokanecity.org | spokanecity.org

Emails and attachments sent to or from the City, including personal information, are presumptively public records that are subject to disclosure. - Chapter 42.56 RCW

From: Norman, Danielle

Sent: Thursday, October 21, 2021 9:35 AM

To: Norman, Danielle <dnorman@spokanecity.org>; 'ajchapman@help4women.org' <ajchapman@help4women.org>; 'dalebriese82@gmail.com' <dalebriese82@gmail.com>; 'lromero@voaspokane.org' <lromero@voaspokane.org>; 'jenniferh@ywcaspokane.org'

Memorandum of Understanding Between:

Catholic Charities Spokane (CCS)
AND
Washington State Department of Children, Youth & Families (DCYF)
AND
Spokane Housing Authority (SHA)

This Memorandum of Understanding (MOU) establishes a formal relationship between **CCS, DCYF & SHA** to streamline the coordination of SHA's Family Unification Program referrals through HFCA for DCYF families at risk of having a child removed from the home or ready for family reunification.

Together, the Parties listed above enter into this Memorandum of Understanding to enhance housing resources and services available for DCYF involved families. Accordingly, CCS, DCYF & SHA operating under this MOU agree as follows:

I. BACKGROUND, PURPOSE AND SCOPE

Background: In late 2020, CCS received a Keeping Families Together (KFT) grant through the Corporation for Supportive Housing (CSH). This grant is designed to replicate KFT in targeted communities within the States of Minnesota and Washington by working with communities to plan, launch, implement and sustain a KFT approach in their communities or region. Specifically, this project connects supportive housing to high-need, unstably housed families involved in the child welfare system. It also facilitates the partnerships necessary to employ culturally centered, evidence-based practices as families stabilize in housing while also building awareness to support current and new projects by making the case for scaling and expansion beyond CSH's initial engagement with the community.

To that end, as part of this grant, CCS, DCYF & SHA are committed to formally partnering to streamline the flow of DCYF involved families accessing coordinated entry & referred to either Gonzaga Family Haven units **OR** referred to FUP scattered site vouchered units.

Purpose and Scope:

This project will plan, launch, and fully implement a KFT supportive housing model and approach for families, in partnership with CSH. The Spokane KFT CORE Team will receive and participate in a 24-28 month package of technical assistance provided by CSH, and include active partnership with, and meaningful inclusion of family members with lived expertise and representing the communities to be served.

CCS is opening Gonzaga Family Haven, a 72 unit supportive housing development for families. We anticipate serving **32 families** at Gonzaga Family Haven through

KFT, with another **20 families** served utilizing Coordinated Entry (CE)/FUP scattered site housing units.

Project goals include:

- 80% to 90% of families served through KFT will achieve housing stability and will not have subsequent episodes of homelessness. It is the expectation that KFT will focus on families experiencing housing instability and homelessness and are at risk of negative child welfare outcomes.
- Families whose children have been placed in out-of-home care will experience both higher and faster rates of reunification.
- Families with open child welfare cases who remain intact while receiving services will experience lower child removal rates.

II. RESPONSIBILITIES

Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out this MOU/ for KFT/FUP program implementation. The initial appointees of each organization are:

Shannon Boniface, CCS: 19 W. Pacific, Spokane, WA 99201 509.624.9788

Christy Stretch, Quality Practice Specialist Region 1
Phone (cell) 509-822-1518
christina.stretch@dcyf.wa.gov

Pamela Parr, Spokane Housing Authority
25 West Nora Avenue, Spokane, WA 99201
509-252-7139
pparr@spokanehousing.org

The organizations agree to the following tasks for this MOU:

CCS will:

Overall:

- Agree to participate in CSH Training Center and CSH Technical Assistance offerings; facilitate Spokane KFT Core Meetings and take point on CSH + Spokane Core Team meetings.
- Agree to align HFCA services with a KFT approach and house DCYF involved families via Coordinated Entry utilizing a KFT service model.
- Coordinate the design, implementation and operationalization of a multi-system screening referral and engagement process for child welfare involved families accessing Coordinated Entry services and referred to Gonzaga Family Haven or scattered site FUP Vouchers.

- Implement outcome monitoring, dashboard, and Continuous Quality Improvement (CQI) including Community Management Information System (CMIS) enhancements to support KFT data support ongoing.
 - *Compare outcomes against needs shown during planning.*
 - *Monitor data to identify the inflow of newly eligible KFT families.*
 - *Disseminate outcomes and future needs data.*
- Work to project future housing needs for all KFT-eligible families across sites.
- Identify/respond to external barriers to housing KFT families.
- Work with Integrated Case Management Team to decrease time from coordinated entry to move-in for families connected with HFCA and housed at Gonzaga Family Haven.
- Demonstrate progress for family supportive housing projects toward system performance targets as defined in the Spokane Five-Year Plan to End Homelessness.
- Establish permanent support services funding for post-Child Welfare case closure.

Specific to the FUP Voucher Process:

- Modify Diversion/HFCA intake language to ensure that we are capturing all FUP eligible DCYF involved families.
- Work with CMIS team to ensure we can extrapolate FUP referrals without requiring the families to go through the full HFCA/ Family Service Prioritization Decision Assistance Tool (F-SPDAT) assessment.
- Agree to train & support DCYF staff on screening, intake and referral protocols for HFCA to streamline the efficiency of FUP vouchers through Coordinated Entry (CE).
 - *Create an abbreviated CE/FUP intake process for DCYF staff.*
 - *Partner with DCYF staff to schedule intake appointments directly with DCYF families.*
- Engage in case conferencing to support families involved in child welfare with accessing FUP vouchers via CE.
- Increase utilization of FUP vouchers for Black, Indigenous Persons of Color (BIPOC) through CE.
 - *Work to strengthen relationships between BIPOC communities and the local systems of Supportive Housing for families.*
- Identify/respond to external barriers to housing KFT families.
- Agree to share data—following confidentiality guidelines—to optimize outcome tracking for referred families.

Washington State Department of Children, Youth and Families will:

Overall:

- Agree to participate in Spokane KFT Core Meetings & CHS KFT trainings/meetings.

Specific to FUP:

- Agree to educate DCYF staff on the FUP/CE referral/housing process and KFT model.
- Ensure all Release of Information forms are up to date for data sharing between CCS, SHA & DCYF.
- Invite HFCA staff to train DCYF team members on family coordinated entry services/shortened CE intake process.
 - Agree to provide a warm hand off for DCYF families referred to HFCA.
- Engage in case conferencing to support families involved in child welfare with accessing FUP vouchers via CE.
- Partner to support increased utilization of FUP vouchers for BIPOC families through CE.
 - *Work to strengthen relationships between BIPOC communities and the local systems of SH for families.*
- Identify/respond to external barriers to housing KFT families.
- Collaborate around ways to scale housing assessment/screening within child welfare/CPS.
- Agree to share data—following confidentiality guidelines—to optimize outcome tracking for referred families.

Spokane Housing Authority will:

Overall:

- Agree to participate in Spokane KFT Core Meetings & CHS KFT trainings/meetings.

Specific to FUP:

- Agree to educate SHA staff on the FUP/CE referral/housing process and KFT model.
- Engage in case conferencing to support families involved in child welfare with accessing SHA FUP vouchers via CE.
- Partner to support increased utilization of FUP vouchers for BIPOC families through CE.
 - *Agree to work to strengthen relationships between BIPOC communities and the local systems of SH for families.*
- By August 2021, begin offering **3 FUP Vouchers per month** for families to utilize through HFCA.
- Agree to share data—following confidentiality guidelines—to optimize outcome tracking for referred families.

III. TERMS OF UNDERSTANDING

The term of this MOU is for a period of 1 year from the effective date of this agreement and may be extended upon written mutual agreement. During this MOU's pendency, the parties shall review the terms of this MOU on a periodic basis (not less frequently than an annual basis) to (i) confirm that the MOU is fulfilling its purpose and (ii) make any necessary revisions. Any of the Parties to this MOU, may

terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

IV. CONFIDENTIALITY

All parties agree to obtain proper written consent by the client, attorney or legal representative before disclosing/sharing any identifiable information. Unauthorized disclosure of confidential information shall be considered a material breach of this agreement. Where appropriate, client releases/data sharing agreements will be secured before confidential client information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.

V. NON-DISCRIMINATION

There shall be no discrimination of any person or group of persons on account of race, color, creed, religion, sex, marital status, sexual orientation, age, handicap, ancestry or national origin in the operation of this KFT Project by CCS, DCYF or SHA.

VI. HOLD HARMLESS

CCS shall defend and hold harmless DCYF & SHA, their officers and employees from all claims, demands, or suits in law or equity arising from CCS' and/or its agents intentional acts, negligent acts, and/or performance of CCS obligations under the MOU. DCYF & SHA shall defend and hold harmless CCS its officers and employees from all claims, demands, or suits in law or equity arising from DCYF & SHA' own intentional or negligent acts or breach of its obligations under the MOU. This provision shall be subject to the limitations of Washington State Law.

VII. Authorization

The signatories will strive to reach, to the best of their ability, the tasks outlined in the MOU.

On behalf of the organization I represent, I wish to sign this MOU and contribute to its further development.

Catholic Charities Spokane

<u>Sharon Stadelman</u>	Sharon Stadelman	9/1/2021
Name: Printed Name & Signature	CCS/VP of Crisis Response	Date

Washington State Department of Children, Youth and Families

<u>Stephen Cotter</u>	Stephen Cotter	9/1/2021
Name: Printed Name & Signature		Date

DCYF Contract Number: _____

Spokane Housing Authority

Pamela Parr

Pamela Parr

9/13/2021

Name: Printed Name & Signature

Date



WHEREAS: SAMUEL MURRAY and Catholic Charities Eastern Washington (CCEW) entered into a Memorandum of Understanding to provide psychiatric services for CCEW clients which began on April 7, 2021 (attached for reference); and

WHEREAS: Both parties wish to extend the MOU beyond the original termination date.

NOW THEREFORE, both parties wish to modify The MOU as follows:

Section A. MOU TIMELINE will now be modified to read:

This MOU will commence on April 7, 2021 and continue through July 31, 2022 unless earlier terminated in accordance with the terms of this MOU.

Section B (2). Service Location and Place of Work will now be modified to read:

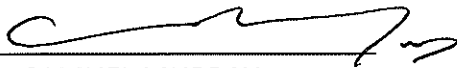
Services will be provided at the below locations. CCEW agrees to provide office space wherein SAMUEL MURRAY may conduct the Services. Space used for assessment, treatment, individual or group sessions will provide adequate privacy.

Myrtle Woldson Institute (HOC Annex)	19 W Pacific Ave., Spokane WA 99201
Donna Hansen Haven	24 W 2 nd Ave., Spokane, WA 99201
Jacklin Family Haven	164 S State St., Spokane, WA 99201
Fr. Bach Haven	108 S State St., Spokane, WA 99201
Schweitzer Haven	9 E 1 st Ave., Spokane, WA 99202
Buder Haven	201 E 2 nd Ave., Spokane, WA 99202
Pope Francis Haven	16412 E Sprague Ave., Spokane Valley, WA 99037
Sisters Haven	1935 N Holy Names Ct., Spokane, WA 99224
Gonzaga Family Haven	975 E North Foothills Dr., Spokane, WA 99207


In witness whereof, the parties hereto have executed this modification to the original MOU on the dates set forth below.

Signatures

Date: 8/27/2021


By: SAMUEL MURRAY

Date: 8/30/21


By: Dawn Kinder, VP Stabilization Services
12 E 5th Ave.
Spokane, WA 99202



This Memorandum of Understanding (MOU) is made for the purpose of detailing the understanding of the two parties involved on this 7th day of April 2021, between SAMUEL MURRAY and Catholic Charities Eastern Washington ("CCEW").

WHEREAS: SAMUEL MURRAY provides a range of psychiatric services to the Spokane community; and

WHEREAS: CCEW provides supportive housing, peer support, supported employment, and behavioral health services in the Spokane community at CCEW properties ("havens," or "haven properties"); and

WHEREAS: CCEW desires to co-locate with a licensed professional Psychiatric provider at the havens to provide psychiatric services to CCEW clients.

NOW THEREFORE, both parties agree to support the provision of services as described in this MOU:

A. MOU TIMELINE

This MOU will commence on April 7, 2021 and continue through September 30, 2021 unless earlier terminated in accordance with the terms of this MOU.

B. SERVICES

1. Description of Services.

SAMUEL MURRAY will provide psychiatric evaluation and treatment and medication management services to clients enrolled for services at CCEW ("Services"). Case consultation with staff and educational presentations will also be available to staff of CCEW. CCEW staff will execute appropriate authorizations of release of medical information and referral forms with prospective clients so that the client record will be available for the consultation if needed. The Psychiatric evaluation and treatment and medication management records are the property of SAMUEL MURRAY.

2. Service Location and Place of Work.

Services will be provided at the below locations. CCEW agrees to provide office space wherein SAMUEL MURRAY may conduct the Services. Space used for assessment, treatment, individual or group sessions will provide adequate privacy.

Myrtle Woldson Institute (HOC Annex)	19 W Pacific Ave., Spokane WA 99201
Donna Hansen Haven	24 W 2 nd Ave., Spokane, WA 99201
Jacklin Family Haven	164 S State St., Spokane, WA 99201
Fr. Bach Haven	108 S State St., Spokane, WA 99201
Schweitzer Haven	9 E 1 st Ave., Spokane, WA 99202
Buder Haven	201 E 2 nd Ave., Spokane, WA 99202
Pope Francis Haven	16412 E Sprague Ave., Spokane Valley, WA 99037
Sisters Haven	1935 N Holy Names Ct., Spokane, WA 99224

C. PAYMENT

Catholic Charities Eastern Washington shall reimburse SAMUEL MURRAY for Services specified under this MOU within 30 days of receipt of invoice from SAMUEL MURRAY. SAMUEL MURRAY will provide CCEW with an itemized statement outlining dates, duration, location, and type of service, along with any reimbursement requests. SAMUEL MURRAY will also provide CCEW with a log of interactions including client names and location. The fee schedule is attached as Attachment "A". This and any agreed upon reimbursement for liability insurance and electronic medical records constitutes the total compensation Murray shall receive for providing Services under this MOU. Murray will receive an IRS Form 1099-NEC from CCEW, and will be solely responsible for all federal, state, and local taxes.

D. RELATIONSHIP OF THE PARTIES

1. Independence. SAMUEL MURRAY and CCEW are independent entities. None of the provisions of this MOU are intended to create, nor shall they be deemed or construed to create, any relationship other than that of independent entities collaborating solely for the purposes of this MOU. Neither of the parties to this MOU nor any of their respective employees shall hold themselves out or be construed to be principal, agent, employee, or representative of the other. Neither shall be a third party beneficiary to any agreement related the services described in this MOU which may be executed by either or both parties with the City of Spokane.
2. Without limiting the above, Murray agrees that he will not be eligible to participate in any vacation, group medical or life insurance, disability, profit sharing or retirement

benefits, or any other fringe benefits or benefit plans offered by CCEW to its employees, and CCEW will not be responsible for withholding or paying any income, payroll, Social Security, or other federal, state, or local taxes, making any insurance contributions, including for unemployment or disability, or obtaining workers' compensation insurance on Murray's behalf.

3. Indemnification. Each party shall keep, defend, indemnify, and hold harmless the other party and all of the officers, agents, and employees of such other party from and against claims, damages, attorney fees, expenses or liabilities arising out of this MOU, including without limitation, claims, damages, expenses or liabilities for loss or damage to property, or from death or injury to any person or persons in proportion to or to the extent such claims, damages, expenses or liabilities are caused by or result from the negligent or intentional acts or omissions of that party, its officers, agents or employees.

E. ADMINISTRATIVE

1. CCEW's Assistant Director of Integrated Case Management, David Sackmann, or his designee, shall be the contact person for all coordination and communication.

F. LICENSES

SAMUEL MURRAY represents and warrants that he will perform the Services in compliance with all applicable federal, state and local laws and regulations. SAMUEL MURRAY further represents and warrants that he is fully qualified and duly licensed and/or credentialed by the appropriate state or other governmental board or other agency to provide Services. Proof of licensure and credentials will be provided to CCEW upon the execution of this MOU. SAMUEL MURRAY must immediately notify CCEW of any change in the status of any required license or certification or insurance coverage impacting any involvement with activity conducted under this MOU.

G. OWNERSHIP OF CONSUMER RECORDS

Catholic Charities Eastern Washington recognizes and agrees that all client records and data related to professional services rendered and all statistical, financial, confidential and/or personal data relating to CCEW consumers, that is generated by SAMUEL MURRAY for the Services performed under this MOU shall belong to and remain the property of SAMUEL MURRAY.

H. CONFIDENTIALITY

SAMUEL MURRAY and CCEW will comply with all applicable laws and regulations regarding protection of the confidentiality of consumer information, including but not

limited to the Health Insurance Portability and Accountability Act, and enacted by the Health Insurance Portability and Accountability Act, and Chapters 71.05 and other state statutes and codes related to behavioral health records, 70.02 RCW, the Washington State Health Care Information Access and Disclosure Act of 1991, and 42 Code of Federal Regulations Part 2.

These records can be shared provided appropriate releases of information are obtained and signed by the client. CCEW will release this information to other parties as needed provided that a release of information is signed by the client. **SAMUEL MURRAY agrees not to release, to any other parties, any information provided by CCEW without a valid CCEW Authorization to Release Information consent form signed by the client. Both parties will collaborate on any request by the client to copy or view records before a decision is made.**

I. TERMINATION

Either party may terminate this MOU with or without cause with thirty (30) calendar days' written notice.

J. INSURANCE

During the Term of the MOU, SAMUEL MURRAY will maintain in force adequate commercial general liability, errors and omissions, and other forms of insurance, in each case with insurers reasonably acceptable to the CCEW, with policy limits sufficient to protect and indemnify the CCEW, and each of its officers, directors, agents, employees, and successors and assigns, from any losses resulting from MURRAY's acts or omissions or the acts or omissions of his agents, contractors, servants, or employees. CCEW shall be listed as additional insured under such policy, and MURRAY shall forward a certificate of insurance verifying such insurance upon the CCEW's written request, which certificate will indicate that such insurance policies may not be canceled before the expiration of a 30 calendar day notification period and that CCEW will be immediately notified in writing of any such notice of termination.

K. DISCRIMINATION

There shall be no discrimination against any person because of race, color, national origin, ancestry, religion, gender, marital status, age, sexual orientation, gender identity and expression, disability, veteran status, and any other reason(s) prohibited by law, in the provision of Services or in employment practices by either party.

L. COMPLIANCE

Each party shall comply with requirements of federal and state laws and regulations.

M. NOTICE

All notices given pursuant to this MOU shall be made by mailing the same, postage-paid, to SAMUEL MURRAY or CCEW at the address set forth opposite the signature of each party or such other address as either may advise the other pursuant to the provision of the MOU.

N. INTEGRATION

This MOU, together with any modification or amendments signed by the parties, comprises the complete MOU. Neither party has made any representation nor warranty other than those set forth in this MOU.

O. MODIFICATIONS

This MOU may be modified at any time by mutual consent of the parties. Such modifications shall be in writing and signed by both parties and attached hereto.

P. ADDITIONAL TERMS

1. State or Federal agencies may request reasonable access to CCEW administrative and medical records associated with this MOU, at its regular place of business, for the limited purpose of monitoring and evaluating the clinical, fiscal, and administrative performance of CCEW. Access shall be granted and records maintained for a period of ten (10) years from the expiration or other termination of this MOU. Records shall document sufficiently all performance under this MOU or otherwise required by law, including sufficient substantiation of invoices.

2. SAMUEL MURRAY, by signature to this MOU, certifies that he, nor any of his staff, is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this MOU by any Federal or state department or agency.

3. SAMUEL MURRAY agrees to acknowledge, execute and deliver upon reasonable request by CCEW, any document which CCEW reasonable deems necessary or desirable to evidence or effectuate this MOU.

4. There are no third parties to this MOU.

5. The parties, as covered entities under federal law, recognize the nature of this collaboration and the necessity of keeping confidential any incidental disclosure of protected or personal health information that may occur for clients of either or both parties that are not involved in services related to this MOU.

6. The parties agree to collaborate in the development of and abide by protocols developed for the safety of persons, equipment, records and other data, and security of the facility related to this MOU.

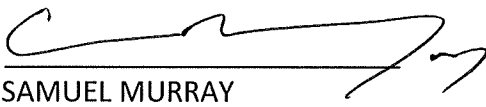
7. CCEW will add SAMUEL MURRAY, and any other persons or entities involved with this agreement, to its monthly OIG/SAW Medicaid Excluded Provider checks.

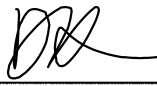
In witness whereof, the parties hereto have executed this MOU on the dates set forth below.

Signatures

Date: 4/7/2021

Date: 4/8/21


By: SAMUEL MURRAY


By: Dawn Kinder, VP Stabilization Services
12 E 5th Ave.
Spokane, WA 99202

ATTACHEMENT "A" – Fee Schedule

Type of Service	Fee
Services for clients at CCEW Haven Properties, case conferencing and educational presentation with case managers. Services will be weekly for 4 hours per week)	\$1,100 per week (\$275 per hour)
EMR Reimbursement	\$150 Monthly

Business Associate Agreement

Definitions

Catch-all definition:

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

Specific definitions:

- (a) Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean Catholic Charities Eastern Washington
- (b) Covered Entity. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean Samuel Murray.
- (c) HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

Obligations and Activities of Business Associate

Business Associate agrees to:

- (a) Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;
- (b) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;
- (c) Report to covered entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;
- (d) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information;
- (e) Make available protected health information in a designated record set to the Covered Entity as necessary to satisfy covered entity's obligations under 45 CFR 164.524;
- (f) Forward any request for Personal Health Information received directly from the Individual to the Covered Entity within five (5) business days;
- (g) Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy covered entity's obligations under 45 CFR 164.526;

- (h) Maintain and make available the information required to provide an accounting of disclosures to the covered entity as necessary to satisfy covered entity's obligations under 45 CFR 164.528;
- (i) To the extent the business associate is to carry out one or more of covered entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s); and
- (j) Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

Permitted Uses and Disclosures by Business Associate

- (a) Business associate may use or disclose protected health information as required by law.
- (b) Business associate agrees to make uses and disclosures and requests for protected health information consistent with covered entity's minimum necessary policies and procedures.
- (c) Business associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by covered entity, except for the specific uses and disclosures set forth below.
- (d) Business associate may disclose protected health information to carry out the legal responsibilities of the business associate, provided the disclosures are required by law, or business associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies business associate of any instances of which it is aware in which the confidentiality of the information has been breached.

Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

- (a) Covered entity shall notify business associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect business associate's use or disclosure of protected health information.
- (b) Covered entity shall notify business associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect business associate's use or disclosure of protected health information.

Term and Termination

- (a) Term. The Term of this Agreement shall be effective as of 4/1/2021, and shall terminate on 4/1/2022 or on the date covered entity terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner.
- (b) Termination for Cause. Business associate authorizes termination of this Agreement by covered entity, if covered entity determines business associate has violated a material term of the

Agreement and business associate has not cured the breach or ended the violation within the time specified by covered entity.

(c) Obligations of Business Associate Upon Termination. Upon termination of this Agreement for any reason, business associate shall return to covered entity or, if agreed to by covered entity, destroy all protected health information received from covered entity, or created, maintained, or received by business associate on behalf of covered entity, that the business associate still maintains in any form. Business associate shall retain no copies of the protected health information.

(d) Survival. The obligations of business associate under this Section shall survive the termination of this Agreement.

Miscellaneous

(a) Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

(b) Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

(c) Revision. This Agreement is subject to revision, and any revision agreed to by both parties shall supersede and replace this Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement on the dates set forth below.

Covered Entity

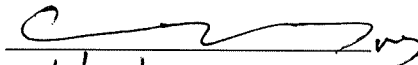
Business Associate

Name: SAMUEL MURRAY

Name: Dawn Kinder

Title: PHYSICIAN

Title: VP, Stabilization Services

Signature: 

Signature: _____

Date: 4/7/2021

Date: _____

Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.

- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHPD Renewal; and
- YHDP Replacement.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- New and Renewal Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.

- Project applications on the following Project Listings must be approved, they are not ranked per the FY 2021 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHPD Renewal Project Listing; and
- YHDP Replacement Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.

- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.

- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

Collaborative Applicant Name: City of Spokane

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2022 into one or more new projects? Yes

3. Reallocation - Grant(s) Eliminated

CoCs reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2021 CoC Program Competition NOFO – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
This list contains no items				

4. Reallocation - Grant(s) Reduced

CoCs reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2021 CoC Program Competition NOFO – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects must identify those projects on this form.

Amount Available for New Project (Sum of All Reduced Projects)					
\$405,532					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
WA0111 VOA PSH Of...	WA0111	\$345,984	\$308,574	\$37,410	Regular
SNAP Small Cities...	WA0119	\$172,528	\$110,118	\$62,410	Regular
VOA Hope House Co...	WA0128	\$61,956	\$57,443	\$4,513	Regular
VOA Off-Site PSH ...	WA0129	\$345,646	\$315,411	\$30,235	Regular
VOA / Samaritan 0...	WA0130	\$243,905	\$224,098	\$19,807	Regular
VOA Samaritan Ill...	WA0218	\$158,394	\$142,532	\$15,862	Regular
CCEW RRH for Fami...	WA0288	\$498,100	\$473,195	\$24,905	Regular
Rapid Rehousing f...	WA0331	\$240,007	\$185,092	\$54,915	Regular
Rapid Rehousing ...	WA0353	\$343,527	\$326,351	\$17,176	Regular
CCEW PSH Consolid...	WA0285	\$347,186	\$219,869	\$127,317	Regular
HFCA Renewal DV E...	WA0373	\$260,000	\$249,018	\$10,982	Regular

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2021 reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.

Reduced Project Name: WA0111 VOA PSH Off Site CoC 2019
Grant Number of Reduced Project: WA0111
Reduced Project Current Annual Renewal Amount: \$345,984
Amount Retained for Project: \$308,574
Amount available for New Project(s): \$37,410
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

COVID realities have created an unprecedented situation for Spokane County's CoC. Reductions take these realities into account. This project submitted a renewal request that was lower than the ARA, and the CoC Board accepted this project-proposed reduction in our ranking and approval process. We added a 5% COLA to the amount and reallocated the reduction into resources available for new projects and the handful of renewals that requested an increase. Across our CoC projects, final reduction decisions were made in the context of the CoC's standard performance review process, by which we reallocate funds from lower performing projects to create higher performing projects.

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2021 reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.

Reduced Project Name: SNAP Small Cities Rapid Rehousing CoC 2019
Grant Number of Reduced Project: WA0119
Reduced Project Current Annual Renewal Amount: \$172,528
Amount Retained for Project: \$110,118
Amount available for New Project(s): \$62,410
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

COVID realities have created an unprecedented situation for Spokane County's CoC. Reductions take these realities into account. This project submitted a renewal request that was lower than the ARA, and the CoC Board reduced the budget further due to this project's underspending in 2020 and the broader shortage of housing stock that is affecting RRH in Spokane at this time. The reduction was reallocated into resources available for new projects and the handful of renewals that requested an increase. Across our CoC projects, final reduction decisions were made in the context of the CoC's standard performance review process, by which we reallocate funds from lower performing projects to create higher performing projects.

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2021 reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.

Reduced Project Name: VOA Hope House CoC 2019
Grant Number of Reduced Project: WA0128
Reduced Project Current Annual Renewal Amount: \$61,956
Amount Retained for Project: \$57,443
Amount available for New Project(s): \$4,513
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

COVID realities have created an unprecedented situation for Spokane County's CoC. Reductions take these realities into account. This project submitted a renewal request that was lower than the ARA, and the CoC Board accepted this project-proposed reduction in our ranking and approval process. We added a 5% COLA to the amount and reallocated the reduction into resources available for new projects and the handful of renewals that requested an increase. Across our CoC projects, final reduction decisions were made in the context of the CoC's standard performance review process, by which we reallocate funds from lower performing projects to create higher performing projects.

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2021 reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.

Reduced Project Name: VOA Off-Site PSH CoC 2019
Grant Number of Reduced Project: WA0129
Reduced Project Current Annual Renewal Amount: \$345,646
Amount Retained for Project: \$315,411
Amount available for New Project(s): \$30,235
(This amount will auto-calculate by selecting

"Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

COVID realities have created an unprecedented situation for Spokane County's CoC. Reductions take these realities into account. This project submitted a renewal request that was lower than the ARA, and the CoC Board accepted this project-proposed reduction in our ranking and approval process. We added a 5% COLA to the amount and reallocated the reduction into resources available for new projects and the handful of renewals that requested an increase. Across our CoC projects, final reduction decisions were made in the context of the CoC's standard performance review process, by which we reallocate funds from lower performing projects to create higher performing projects.

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2021 reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.

Reduced Project Name: VOA / Samaritan 05-06 CoC 2019
Grant Number of Reduced Project: WA0130
Reduced Project Current Annual Renewal Amount: \$243,905
Amount Retained for Project: \$224,098
Amount available for New Project(s): \$19,807
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

COVID realities have created an unprecedented situation for Spokane County's CoC. Reductions take these realities into account. This project submitted a

renewal request that was lower than the ARA, and the CoC Board accepted this project-proposed reduction in our ranking and approval process. We added a 5% COLA to the amount and reallocated the reduction into resources available for new projects and the handful of renewals that requested an increase. Across our CoC projects, final reduction decisions were made in the context of the CoC's standard performance review process, by which we reallocate funds from lower performing projects to create higher performing projects.

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2021 reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.

Reduced Project Name: VOA Samaritan III CoC 2019
Grant Number of Reduced Project: WA0218
Reduced Project Current Annual Renewal Amount: \$158,394
Amount Retained for Project: \$142,532
Amount available for New Project(s): \$15,862
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

COVID realities have created an unprecedented situation for Spokane County's CoC. Reductions take these realities into account. This project submitted a renewal request that was lower than the ARA, and the CoC Board accepted this project-proposed reduction in our ranking and approval process. We added a 5% COLA to the amount and reallocated the reduction into resources available for new projects and the handful of renewals that requested an increase. Across our CoC projects, final reduction decisions were made in the context of the CoC's standard performance review process, by which we reallocate funds from lower performing projects to create higher performing projects.

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2021 reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.

Reduced Project Name: CCEW RRH for Families Consolidation CoC 2019

Grant Number of Reduced Project: WA0288

Reduced Project Current Annual Renewal Amount: \$498,100

Amount Retained for Project: \$473,195

Amount available for New Project(s): \$24,905
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

COVID realities have created an unprecedented situation for Spokane County's CoC. Reductions take these realities into account. This project submitted a renewal request that was lower than the ARA, and the CoC Board reduced the budget further due to this project's underspending in 2020 and the broader shortage of housing stock that is affecting RRH in Spokane at this time. The reduction was reallocated into resources available for new projects and the handful of renewals that requested an increase. Across our CoC projects, final reduction decisions were made in the context of the CoC's standard performance review process, by which we reallocate funds from lower performing projects to create higher performing projects.

4. Reallocation - Grant(s) Reduced Details

Instructions:

Project Priority List FY2021	Page 11	11/14/2021
------------------------------	---------	------------

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2021 reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.

Reduced Project Name: Rapid Rehousing for Households without Children CoC 2019

Grant Number of Reduced Project: WA0331

Reduced Project Current Annual Renewal Amount: \$240,007

Amount Retained for Project: \$185,092

Amount available for New Project(s): \$54,915
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

COVID realities have created an unprecedented situation for Spokane County's CoC. Reductions take these realities into account. This project submitted a renewal request that was lower than the ARA, and the CoC Board reduced the budget further due to this project's underspending in 2020 and the broader shortage of housing stock that is affecting RRH in Spokane at this time. The reduction was reallocated into resources available for new projects and the handful of renewals that requested an increase. Across our CoC projects, final reduction decisions were made in the context of the CoC's standard performance review process, by which we reallocate funds from lower performing projects to create higher performing projects.

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2021 reallocation process. Refer to the FY 2021

Grant Inventory Worksheet to ensure all information entered is accurate.

Reduced Project Name: Rapid Rehousing for Households with Children CoC 2019
Grant Number of Reduced Project: WA0353
Reduced Project Current Annual Renewal Amount: \$343,527
Amount Retained for Project: \$326,351
Amount available for New Project(s): \$17,176
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

COVID realities have created an unprecedented situation for Spokane County's CoC. Reductions take these realities into account. This project submitted a renewal request that was lower than the ARA, and the CoC Board reduced the budget further due to this project's underspending in 2020 and the broader shortage of housing stock that is affecting RRH in Spokane at this time. The reduction was reallocated into resources available for new projects and the handful of renewals that requested an increase. Across our CoC projects, final reduction decisions were made in the context of the CoC's standard performance review process, by which we reallocate funds from lower performing projects to create higher performing projects.

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2021 reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.

Reduced Project Name: CCEW PSH Consolidation CoC 2019
Grant Number of Reduced Project: WA0285
Reduced Project Current Annual Renewal \$347,186

Amount:

Amount Retained for Project: \$219,869

Amount available for New Project(s): \$127,317
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

COVID realities have created an unprecedented situation for Spokane County's CoC. Reductions take these realities into account. This project submitted a renewal request that was lower than the ARA, and the CoC Board accepted this project-proposed reduction in our ranking and approval process. We added a 5% COLA to the amount and reallocated the reduction into resources available for new projects and the handful of renewals that requested an increase. Across our CoC projects, final reduction decisions were made in the context of the CoC's standard performance review process, by which we reallocate funds from lower performing projects to create higher performing projects.

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2021 reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.

Reduced Project Name: HFCA Renewal DV Expansion

Grant Number of Reduced Project: WA0373

Reduced Project Current Annual Renewal Amount: \$260,000

Amount Retained for Project: \$249,018

Amount available for New Project(s): \$10,982
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced

Project Priority List FY2021	Page 14	11/14/2021
------------------------------	---------	------------

**and include the date the project applicant was notified of the reduction.
(limit 750 characters)**

COVID realities have created an unprecedented situation for Spokane County's CoC. Reductions take these realities into account. This project submitted a renewal request that was lower than the ARA, and the CoC Board accepted this project-proposed reduction in our ranking and approval process. The Board reallocated the reduction into resources available for new projects and the handful of renewals that requested an increase. Across our CoC projects, final reduction decisions were made in the context of the CoC's standard performance review process, by which we reallocate funds from lower performing projects to create higher performing projects.

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realoc	PSH/RRH	Expansion
Catholic Charitie...	2021-11-13 15:43:...	PH	City of Spokane	\$203,218	1 Year	2	Both	PSH	
VOA PSH Scattered ...	2021-11-13 17:33:...	PH	City of Spokane	\$203,000	1 Year	4	Both	PSH	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
WA0331 SNAP RRH f...	2021-11-12 18:03:...	1 Year	City of Spokane	\$185,092	19	RRH	PH		
WA0329 City of Sp...	2021-11-12 17:29:...	1 Year	City of Spokane	\$197,468	1		HMIS		
WA0418 Catholic C...	2021-11-12 17:53:...	1 Year	City of Spokane	\$226,746	14	PSH	PH		

WA0109 Catholic C...	2021-11-12 17:35:...	1 Year	City of Spokane	\$67,755	18		TH		
WA0330 SNAP Singl...	2021-11-12 19:43:...	1 Year	City of Spokane	\$148,337	20		SSO		
WA0288 Catholic C...	2021-11-13 10:52:...	1 Year	City of Spokane	\$473,195	8		Joint TH & PH- RRH		
WA0353 YWCA RRH f...	2021-11-12 19:51:...	1 Year	City of Spokane	\$326,351	9	RRH	PH		
WA0373 Catholic C...	2021-11-12 19:30:...	1 Year	City of Spokane	\$249,018	6		SSO		
WA0130 VOA Samari...	2021-11-12 20:40:...	1 Year	City of Spokane	\$224,098	C5	PSH	PH	Survivor	
WA0218 VOA Samari...	2021-11-13 11:02:...	1 Year	City of Spokane	\$142,532	C7	PSH	PH	Individua l	
WA0457 VOA Hope H...	2021-11-12 20:33:...	1 Year	City of Spokane	\$182,201	3	PSH	PH		
WA0129 VOA Off- Si...	2021-11-12 20:47:...	1 Year	City of Spokane	\$315,411	C12	PSH	PH	Individua l	
WA0125 Transitio n...	2021-11-12 19:45:...	1 Year	City of Spokane	\$22,108	21		SSO		
WA0126 VOA Alexan...	2021-11-12 20:36:...	1 Year	City of Spokane	\$76,201	17		TH		
WA0111 VOA PSH Of...	2021-11-12 20:28:...	1 Year	City of Spokane	\$308,574	13	PSH	PH		
WA0374 Catholic C...	2021-11-12 20:19:...	1 Year	City of Spokane	\$219,869	16	PSH	PH		
WA0420 YWCA RRH f...	2021-11-12 20:24:...	1 Year	City of Spokane	\$328,844	11	RRH	PH		
WA0119 SNAP Small...	2021-11-14 11:44:...	1 Year	City of Spokane	\$110,118	22	RRH	PH		
WA0128 VOA Hope H...	2021-11-14 12:17:...	1 Year	City of Spokane	\$57,443	C15	PSH	PH	Individua l	

Continuum of Care (CoC) UFA Costs Project Listing

Instructions:

Prior to starting the CoC UFA Costs Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide, available on HUD’s website.

To upload the UFA Costs project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the UFA Costs Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one UFA Costs project application can be submitted and only by the Collaborative Applicant designated by HUD as UFA (UFA designation was determined during the FY 2021 CoC Registration process) and must match the Collaborative Applicant information on the CoC Applicant Profile.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
City of Spokane U...	2021-11-14 13:32:...	1 Year	City of Spokane	\$110,494	Yes

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
City of Spokane C...	2021-11-12 20:00:...	1 Year	City of Spokane	\$110,494	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal and replacement projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing.

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing renewal projects.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted ?	PSH/RRH	Consolidation Type
This list contains no items								

Continuum of Care (CoC) YHDP Replacement Project Listing

Instructions:

Prior to starting the YHDP Replacement Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP replacement project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP replacement projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the YHDP Replacement Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?
This list contains no items						

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after the you approved, ranked (New and Renewal Project Listings only), or rejected project applications. You must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount your CoC's Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$3,861,361
New Amount	\$406,218
CoC Planning Amount	\$110,494
UFA Costs Amount	\$110,494
YHDP Amount	\$0
Rejected Amount	\$0
TOTAL CoC REQUEST	\$4,488,567

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	Certification of ...	11/14/2021
FY 2021 Rank Tool (optional)	No		
Other	No		
Other	No		

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan (HUD-2991)

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY2021 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

WARNING: The FY2021 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	11/04/2021
2. Reallocation	11/12/2021
3. Grant(s) Eliminated	No Input Required
4. Grant(s) Reduced	11/14/2021
5A. CoC New Project Listing	11/13/2021
5B. CoC Renewal Project Listing	11/14/2021
5C. UFA Costs Project Listing	11/14/2021
5D. CoC Planning Project Listing	11/13/2021

Project Priority List FY2021	Page 26	11/14/2021
------------------------------	---------	------------

5E. YHDP Renewal	No Input Required
5F. YHDP Replace	No Input Required
Funding Summary	No Input Required
Attachments	11/14/2021
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Spokane City/County CoC

Project Name: WA-502 CoC Registration FY2021

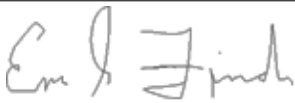
Location of the Project: Spokane County

Name of the Federal Program to which the applicant is applying: 2021 Continuum of Care Competition

Name of Certifying Jurisdiction: City of Spokane

Certifying Official of the Jurisdiction Name: Eric Finch

Title: Team Lead - Housing and Human Services Executive Transition Team

Signature: 

Date: 11/13/2021